STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105855	A. Building B. Wing	01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ruleme Center	2810 Ruleme St Eustis, FL 32726

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 50123 Based on observation, interview, and record review, the facility failed to ensure staff used proper personal protective equipment (PPE) while providing high contact care to the residents on enhanced barrier precautions (EBP).to prevent the possible spread of infection and communicable diseases. Findings include: During an observation on 1/30/2025 at 10:00 AM, Staff A, Licensed Practical Nurse (LPN), was administering medications into Resident #4's gastric tube. Staff A had gloves. Staff A did not have a gown. There was an Enhanced Barrier Precautions signage on the door. There were personal protective equipment in the hallway, containing gowns and masks. During an interview on 1/30/2025 at 10:15 AM, Staff A, LPN, stated, I wore gloves. I sometimes wear gowns. During an interview on 1/30/2025 at 2:10 PM, the Assistant Director of Nursing (ADON) stated, They have to have all the PPE, the gloves, the gown, the mask, and any additional items that they might require. Review of the facility policy and procedure titled Standards and Guidelines: Enhanced Barrier Precautions issued in March 2024 showed it read, Definitions: Enhanced Barrier precautions (EBP) refers to an infection control intervention designed to reduce transmission of multidrug-resistant organism resistant organisms that employs targeted gown and glove use during high contact resident care activities . Procedure: 1. Enhanced Barrier Precautions (EBP) are used for residents with any of the following . b. Wounds and/or indwelling medical devices, even if the resident is not known to be colonized with MDRO [multidrug-resistant organism] . 6. Indwelling Medical Devices include the following: a. Central lines (excluding dialysis catheters), b. Urinary catheters (excluding condom catheters), c. Feeding Tubes, d. Tracheostomies . 10. Employees should wear appropriate PPE when performing the following duties for residents requiring EBP: a. Dressing, b. Bathing/Showering, C. Transferring, d. Providing hygiene, e. Changing linens, f. Providing pericare such as changing briefs, g. Toileting, h. Device care, i. Wound care.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE