

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115599	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/16/2025
NAME OF PROVIDER OR SUPPLIER Magnolia Manor of Marion County		STREET ADDRESS, CITY, STATE, ZIP CODE 349 Geneva Road Buena Vista, GA 31803	

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)
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49138</p> <p>Based on observations, staff interviews, and review of the facility's policy titled, Residents Rights/ Facility Responsibilities, the facility failed to provide a safe/clean/comfortable/homelike environment for six rooms of (49) rooms (Rm) (Rm 112, Rm 114, Rm 120, Rm 109, Rm 138b, and Rm 139). Specifically, Rm 112, Rm 114 and Rm 120 all had leaking faucets, Rm 138b had a broken bed side dresser, Rm 109 had a blown light bulb in the room, and Rm 139 had dirty blinds, and the air conditioning unit was discolored with a brown tent.</p> <p>Findings include:</p> <p>1. Review of the facility's policy titled Residents Rights/ Facility Responsibilities with a revised date of 12/18/2023 revealed, Intent -It is the intent of [named facility] to ensure each resident is treated with respect and dignity and care, in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life. We believe that such a program should include resident, family, and all employees of the nursing home. Resident Rights: The resident has the right to: 6. A safe, clean, comfortable, home-like environment and to receive treatment safely.</p> <p>An observation during screening on 1/14/2025 at 9:30 am; rooms [ROOM NUMBER]. All three rooms had a leaking faucet in the bathroom on the hot water side. Water was pooling on the top of the sink.</p> <p>An observation on 1/14/2025 at 9:33 am, on 1/15/2025 at 9:51 am, and on 1/16/2025 at 11:15 am revealed in Rm 138b a broken bedside dresser.</p> <p>An observation on 1/14/2025 at 9:42 am, on 1/15/2025 at 10:05 am, and on 1/16/2025 at 11:20 am revealed in the Rm 139, dirty blinds and air condition unit.</p> <p>An observation and interview during walking rounds on 1/16/2025 at 11:45 am with the Maintenance Director (MD) confirmed the leaking faucet in Rm 114, Rm 112 and Rm 120. Confirmed a broken bedside dresser in Rm 138b, a blown out light bulb in Rm 109, and confirmed dirty blinds and rusty/discolored air condition unit in Rm 139. The MD revealed the facility used TEL's system, he was not aware of the identified concerns needing repair.</p> <p>(continued on next page)</p>

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
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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview on 1/16/2025 at 1:58 pm with the Administrator revealed he has been working at the facility since December 2023, all staff have access to the TELS system (electronic system used to monitor maintenance tasks) and he expects staff to report all needed repairs in the TELS system. The system will alert the Administrator, and the Maintenance Director of repairs needed in the facility.</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45811</p> <p>Based on observations, interviews, record review, and review of the facility's policy titled, Restorative Nursing, the facility failed to obtain a physician order for one of five residents (R) (R3) with known contractures. The deficient practice had the potential to increase the progression of contractures for R3.</p> <p>Findings included:</p> <p>Review of the facility's policy titled, Restorative Nursing, reviewed and updated March 2014, under the Procedural Guidelines section revealed, The facility's rehabilitative/restorative nursing care program is designed to assist each resident to maintain their highest level of functioning.</p> <p>Review of the electronic medical record revealed R3 had diagnoses of but not limited to, intellectual disabilities, feeding difficulties, cerebral palsy, and anxiety disorder.</p> <p>Review of the Annual Minimum Data Set (MDS) assessment dated [DATE] Section C- cognitive patterns, revealed a Brief Interview for Mental Status (BIMS) score of 9 which indicated moderate cognitive impairment; Section GG-functional condition revealed upper and lower extremity impairment on both sides, uses wheelchair; is dependent on staff to assist with eating, oral hygiene, toileting hygiene, and shower/bathe.</p> <p>Review of Physician's orders dated 9/5/2024 included Restorative: eating and swallowing and passive range of motion.</p> <p>There was no specific order for the splints until 1/16/2025 (during the survey).</p> <p>Continued record review revealed an order dated 1/16/2025 for Restorative: Splints to be applied to bilateral hands daily for 3-4 hours as tolerated by the resident.</p> <p>Review of the care plan dated 9/5/2024 revealed R3 requires assistance with activities of daily living (ADL), and the level of staff assistance may vary. Risk for pain related to diagnoses of cerebral palsy; anxiety; lack of muscle control; spasms; and risk of contractures (has splints & braces).</p> <p>Review of the Restorative Documentation revealed that from 12/16/2024 to 1/16/2025, the splint was applied nine out of 32 days, on 12/23/2024, 12/27/2024, 12/30/2024, 12/31/2024, 1/2/2025, 1/6/2025, 1/7/2025, 1/10/2025, 1/11/2025, for 240 minutes. There was no documentation that R3 refused the splints or refused care.</p> <p>Observation and interview on 1/14/2025 at 11:15 am with R3 revealed he was sitting up in wheelchair, both hands were contracted, and he could open them slightly.</p> <p>Observation and interview on 1/15/2025 at 9:30 am with R3 sitting up in wheelchair in the hallway revealed he is alright, both hands were contracted, there were no hand splints noted during observation.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation on 1/15/2025 at 12:46 pm of R3 sitting up in dining room, there were no hand splints noted during observation.</p> <p>Observation on 1/16/2025 at 9:12 am of R3 sitting up in chair, hand splints to both hands.</p> <p>Interview on 1/16/2025 at 9:20 am with Certified Medication Aide (CMA) DD revealed R3 required total assistance by staff for all his care needs and resident did have hand splints that the Restorative aide was responsible for applying. Further interview also revealed that R3 only wore the splints a couple of hours a day.</p> <p>Interview on 1/16/2025 at 11:35 am with Restorative CNA FF revealed R3 was ordered to wear splint daily for 240 minutes. Documentation was reviewed with CNA FF for the period from 12/11/2024 to 1/16/2025. During the interview CNA FF confirmed the splint was not worn during this time frame due to no times were documented on the form, and if it was not documented then R3 did not get the splint applied that day.</p> <p>Interview on 1/16/2025 at 1:50 pm with the Rehabilitation Director revealed the Restorative staff is responsible for ensuring that R3 splints are applied daily, and R3 will refuse to wear the hand splints at times.</p>

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>45811</p> <p>Based on observation, staff interviews, record review, and review of the facility's policy titled, Medication Administration-General, the facility failed to ensure a medication error rate of less than five percent (5%) during medication administration for one of three residents (R) (R14). There were 26 opportunities observed and two medication errors for a medication error rate of 7.69%. This deficient practice had the potential to cause adverse drug reactions for R14.</p> <p>Findings included:</p> <p>Review of the facility's undated policy titled, Medication Administration-General, under the Guidelines section it was revealed, Prior to medication administration: The nurse should always identify the patient and verify the patient is available for medication administration. The nurse should read the administration directions on the MAR (Medication Administration Record) and verify correct medication, dose, and directions for use.</p> <p>Review of the electronic medical record for R14 revealed pertinent diagnoses of but not limited to hypertensive chronic kidney disease, essential primary hypertension, and morbid obesity.</p> <p>Review of Physician orders for R14 included Furosemide 40 mg (milligram) once a day by mouth, hold for SBP (systolic blood pressure) (the first, or top number of the blood pressure reading) less than 110, and losartan 100 mg 1 tablet by mouth daily, special instructions: hold for SBP less than 110.</p> <p>Review of vital signs for R14 revealed:</p> <p>1/15/2025 8:20 am Blood Pressure: 108/68 mmHg (millimeters of mercury) (a unit of measurement for pressure used to measure blood pressure). The blood pressure (B/P) was taken before the medication was given. The time indicated when the B/P was documented.</p> <p>Medication administration observation on 1/15/2025 at 8:13 am with LPN CC revealed Certified Nurse Aide (CNA BB) reported R14's blood pressure level as 108/68 to the nurse before the medication was administered. The nurse administered the following medications to R14 during the medication administration observation; acetaminophen 325 mg - 2 tablets, losartan 100 mg - 1 tablet, fluoxetine HCL (hydrochloride) 10 mg - 1 capsule, furosemide 40 mg - 1 tablet, and potassium chloride 10 meq (milliequivalent) - 1 tablet.</p> <p>During an interview on 1/15/2025 at 12:00 pm with LPN CC, revealed that the nurse confirmed that the B/P for R14 was 108/68 which indicated the residents medications, furosemide 40 mg and losartan 100 mg should not have been given according to the parameters set by the physicians order, however LPN CC denied that she gave the medication.</p> <p>During an interview on 1/15/2025 at 12:30 pm with Assistant Director of Nursing (ADON), she was informed of two medication errors that occurred during the medication administration observation which included the nurse administering losartan 100 mg - 1 tablet and furosemide 40 mg - 1 tablet after having knowledge of R14s' SBP below 110. The ADON reviewed</p> <p>(continued on next page)</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>the Medication Administration Record which confirmed that the furosemide and the losartan were not to be given if the SBP was below 110. LPN CC confirmed to the ADON that she did give R14 the medication to the resident after knowing the systolic blood pressure was below 110.</p>

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>49138</p> <p>Based on observations, staff interviews and review of the facility's policy titled, Pureed Food Preparation, the facility failed to ensure the nutritional value of meat during the pureed process. Specifically, the facility failed to follow the recipe by not measuring all ingredients while pureeing meat. The deficit practice had potential to place 16 of 16 residents who received a pureed diet at risk of decreased nutritional intake.</p> <p>Finding included:</p> <p>Review of the facility's undated policy titled, Pureed Food Preparation revealed, Facility will prepare pureed foods in a manner that sustains nutritional value and taste. The foods will be pureed to assure the desired consistency. Procedure: Pureed foods will be made from regular menu items to assure similar taste and nutritional quality. Recipes for regular menu items will be followed during production. Puree procedures are as follows: 7. Please follow manufacturer's directions when adding thickeners to foods to assure proper consistency.</p> <p>An interview and observation on 1/15/2025 at 10:15 am with [NAME] AA revealed that she prepares pureed food for 16 residents. [NAME] AA did not follow the correct instructions per recipe as evidenced by pouring chicken base from the container without measuring it. [NAME] AA confirmed that she was supposed to follow instructions according to the recipe when preparing pureed food.</p> <p>An interview on 1/15/2025 at 10:35 am with the Certified Food Manager (CFM) confirmed that staff should follow recipe instructions when preparing pureed food for residents.</p> <p>An interview on 1/16/2025 at 9:48 am with the Register Dietitian (RD) revealed the cook should follow a recipe when preparing pureed food and if the recipe is not followed it could affect the nutritional value of the food.</p> <p>An interview on 1/16/2025 at 1:58 pm with the Administrator revealed he expects the facility cooks to follow policy and procedure and follow the recipe for preparing pureed food.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>45811</p> <p>Based on observations, staff interviews, record reviews, and review of the facility's policies titled, Capillary Blood Sampling (Finger Stick Blood Sugar), Cleaning and Disinfection of Resident-Care Items and Equipment, and Infection Prevention and Control, the facility failed to ensure infection control practices were followed for four of 39 residents (R) (R44, R20, R14, and R33). Specifically, the facility failed to ensure the glucometer was cleaned per the user instruction manual for R44; failed to ensure shared resident equipment was sanitized between uses and failed to ensure staff followed Enhanced Barrier Precaution (EBP) guidelines during wound care for R33.</p> <p>Findings included:</p> <p>Review of facility's policy titled, Capillary Blood Sampling (Fingerstick Blood Sugar), reviewed and updated March 2014, revealed under Procedural Guidelines, Our facility follows the manufacturers recommended guidelines in using their machine for FSBS. Follow current standards of care regulations related to handling potentially infectious materials including but not limited to standard precautions, use of personal protective equipment, hand washing and hand hygiene for capillary blood sampling and care of resident care equipment.</p> <p>Review of facility's policy titled, Cleaning and Disinfection of Resident-Care Items and Equipment, revised October 2018, revealed under Policy Statement, Resident-care equipment, including reusable items and durable medical equipment will be cleaned and disinfected according to current CDC recommendations for disinfection and the OSHA (Occupational Safety and Health Administration) Bloodborne Pathogens Standard. Under the section Policy Interpretation and Implementation, Reusable resident care equipment will be decontaminated and/or sterilized between residents according to manufacturers' instructions.</p> <p>Review of facility's undated policy titled, Infection Prevention and Control, under Section 3 subtitled Enhanced Barrier Precautions revealed, (the policy) expands the use of PPE (personal protective equipment) beyond situations in which exposure to blood and body fluids is anticipated, refers to the use of gown and gloves during high contact resident care activities that provide opportunities for transfer of MDROs (multi-drug resistant organism) to staff hands and clothing.</p> <p>Review of the electronic medical record for R44 revealed a diagnosis of Type 2 Diabetes Mellitus.</p> <p>Review of physician orders included Lantus Solostar U (unit)-100 Insulin (insulin glargine) 100 units/ml (units per milliliter) -24 units once daily, sliding scale insulin Novolog Flex Pen, fingerstick blood sugar before meals and at bedtime.</p> <p>Observation on 1/16/2025 at 11:25 am of fingerstick blood sugar procedure for R44 with Licensed Practical Nurse (LPN) EE revealed the nurse sanitized her hands, gathered equipment and put the equipment in a plastic cup. Once the procedure was completed LPN EE took off one glove and held the glucometer in her ungloved hand. The nurse put the used glucometer on the medication cart without a barrier then cleaned the glucometer with an alcohol swab. LPN EE revealed she was told it was okay to use an alcohol swab to clean the glucometer.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/16/2025 at 11:40 am with the Administrator, the policy on Capillary Blood Sampling (Fingerstick Blood Sugar) was reviewed and verified that the policy referred staff to the manufacturer guidelines for cleaning the glucometer.</p> <p>Review of the Assure Prism Blood Glucose Monitoring System - User Instruction Manual revealed under Cleaning and Disinfecting: .We have validated Clorox Healthcare Bleach Germicidal Wipes, Dispatch Hospital Cleaner Disinfectant Towels with Bleach, CaviWipes1 and PDI Super Sani-Cloth Germicidal Disposable Wipe for disinfecting the meter.</p> <p>Observation on 1/15/2025 at 8:45 am, Certified Nursing Assistant (CNA) BB was taking vital signs and was observed using the blood pressure cuff on one resident, she sanitized her hands and proceeded to take the blood pressure of another resident. She did not sanitize the equipment between residents The two residents for blood pressure monitoring were R20 and R14.</p> <p>Interview on 1/16/2025 at 11:52 am with the Infection Control Nurse (ICN) revealed the glucometer could be cleaned using an alcohol swab.</p> <p>Interview on 1/16/2025 at 1:00 pm with CNA BB revealed she was asked if she cleaned the blood pressure equipment between residents and she revealed she does not and she cannot have the Sani wipes on the machine.</p> <p>50808</p> <p>Review of the physician orders revealed R4 was on Enhanced Barrier Precautions (EBP) due to his wound.</p> <p>Wound care observation on 1/16/2025 at 10:00 am for R4 revealed LPN GG did not don the appropriate PPE (personal protective equipment) (gloves and gown) before performing wound care for R4. LPN GG only donned gloves before performing wound care.</p> <p>Interview on 1/16/ 2025 at 10:15 am with LPN GG confirmed that she knew R4 was previously on EBP but was told by the corporate nurse that when R4's wound was downgraded from a stage 2 that it was her understanding that R4 no longer had to be on EBP.</p> <p>Interview on 1/16/2025 at 11:00 am with the DON (Director of Nursing) confirmed her understanding from CDC (Centers for Disease Control and Prevention) that states any wound that requires a dressing must be on Enhanced Precautions. DON revealed that she would ensure all staff know that R4 is on EBPs and any care in which bodily fluid may be exposed, staff must wear appropriate PPE before performing task.</p>		