

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  125048	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/22/2024
NAME OF PROVIDER OR SUPPLIER  Ann Pearl Nursing Facility		STREET ADDRESS, CITY, STATE, ZIP CODE  45-181 Waikalua Road Kaneohe, HI 96744	

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 0550</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 dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47783</b></p> <p>Based on observation, interview and record review, the facility failed to maintain the dignity of one of the 14 residents (R) in the sample. The urinary catheter bag for R101 was not covered and visible from the hallway, revealing his medical condition to other residents and visitors to the facility. This deficient practice has the potential to affect all residents in the facility with an indwelling urinary catheter.</p> <p>Findings include:</p> <p>R101 is an [AGE] year-old resident admitted to the facility on [DATE] for short-term rehabilitation and wound care. R101 had an indwelling urinary catheter (flexible tube placed in the body to drain and collect urine from the bladder) to prevent getting the wounds to groin area wet.</p> <p>On 03/19/24 at 08:47 AM, observed R101 lying in bed in his room watching videos on his tablet. R101's bed was positioned closest to the door and is visible from the hallway. The collection bag for his indwelling urinary catheter was hung on the right side of his bed facing the door. There was no cover for the bag.</p> <p>On 03/21/24 at 3:01 PM, an interview was conducted with Licensed Practical Nurse (LPN) 50 just outside of R101's room. Asked LPN50 what was the reason they cover the collection bag for the indwelling urinary catheter. LPN50 responded The cover for the bag is used to maintain the resident's dignity. LPN50 added. It's supposed to be on the collection bag all the time, even when they get up on their wheelchairs.</p> <p>Review of R101's baseline care plan done. Under the problem Indwelling Catheter, intervention included but not limited to, Keep drainage bag below level of bladder. Place in dignity bag.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  125048	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/22/2024
NAME OF PROVIDER OR SUPPLIER  Ann Pearl Nursing Facility		STREET ADDRESS, CITY, STATE, ZIP CODE  45-181 Waikalua Road Kaneohe, HI 96744	
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 0580</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42160</b></p> <p>Based on interview and record review, the facility failed to ensure the resident's (R)12's physician was notified after an incident that occurred resulted in an injury for one resident sampled. On 02/08/24, R12 reported that during physical therapy he experienced a loud crack and sharp pain to his hip when physical therapist (PT)1 pushed R12's left knee to the resident's chest. R12's physician and his treatment team were not notified of the incident which resulted in a left hip fracture that was delayed in diagnosis and treatment. On 02/26/24, R12 was transferred to a hospital for a surgical repair of the fracture. As a result of this deficient practice, R12 suffered pain, continued to decline and sustained harm.</p> <p>Findings include:</p> <p>Cross reference to F610 Investigation.</p> <p>During an interview with R12 on 03/20/24 at 2:40 PM in his room, he stated he recently had hip surgery. R12 reported during physical therapy during an assisted exercise of his legs, the physical therapist (PT)1 was pushing his legs to his chest. When PT1 extended his left leg on the third push to his chest, he heard a crack and felt a sharp pain. The PT1 then stopped and stated, All [NAME] (finished) for the day.</p> <p>Conducted a review of R12's electronic health record (EHR) of the incident.</p> <p>Minimum Data Set (MDS) with an assessment reference date (ARD) of 12/22/23, documented in Section C. Cognitive Patterns, R12 scored a 15 out of 15, indicating the resident's cognition is intact.</p> <p>Reviewed progress notes of R12's reported incident:</p> <p>-02/02/24 at 8:50 PM, Nurse Practitioner (NP) in facility with new order to obtain x-ray of the left knee and left hip. Order carried out.</p> <p>-02/06/24 at 8:54 PM, NP in facility with new orders. Referral to orthopedic surgeon for further eval for osteo arthritis (OA) to left (L) hip and L knee (Send copies of recent x-rays). Start Tramadol (pain medication) 50 milligrams (mg) every night (QHS) for right (R) knee pain. Orders carried out.</p> <p>-02/07/24 at 08:10 AM, Received and reviewed progress note from NP facility visit on 02/2/24, seen for knee pain. See scanned note for details.</p> <p>-02/08/24 02:02 AM, Nurses notes. Resident complained of (c/o) 10/10 sharp pain to left knee whenever he moves it. Resident states he hurt it while he was in PT. Resident mention that the guy was pushing it down and lifting his knee against his chest and resident heard a loud crack noise. No sign of swelling or redness to area. Resident unable to fully make his left knee straight. Administered as needed (PRN) tramadol and hot pack. P: continue plan of care.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  125048	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/22/2024
NAME OF PROVIDER OR SUPPLIER  Ann Pearl Nursing Facility		STREET ADDRESS, CITY, STATE, ZIP CODE  45-181 Waikalua Road Kaneohe, HI 96744	
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 0580</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R12's progress notes after reporting the incident to registered nurse (RN)99.</p> <p>-02/12/24 02:43 AM, resident awake when entering room to care for another resident, resident voiced he was in pain to the right lower extremity (RLE). The resident was asked to rate it and voiced 5/10. Resident was given the option of PRN Tylenol or PRN tramadol; residents request was PRN tramadol. Given 0244.</p> <p>-02/13/2024 at 4:12 PM, NP in facility with new orders. Apply a small amount of Voltaren to L hip and L knee and reposition. Offer heat packs PRN. Orders carried out.</p> <p>-02/14/24 at 1:45 PM, Received and reviewed progress note from NP facility visit on 2/6/24, seen for follow up on pain. See scanned note for details.</p> <p>-02/15/24 at 13:59, medical doctor (MD) in facility. Reviewed x-ray on 2/3/24, see scanned note for details.</p> <p>-02/19/24 at 2:32 PM, .Resident states that he is unable to move left knee since two nights ago. Residents had complaints of pain to L knee .</p> <p>-02/20/24 at 5:11 PM, NP in facility with new orders to repeat X-ray of L hip and L knee for Diagnosis (Dx). Pain. Orders carried out. Imaging to be here late this evening.</p> <p>-02/20/24 at 8:20 PM, Received X-ray results: L knee unchanged. L hip: New acute avulsion fracture involving the lesser trochanter, along the attachment of the iliopsoas tendon. Called physician, awaiting call back. Notified director of nursing (DON).</p> <p>- 02/23/24 at 9:48 PM, Resident continue to have left hip pain 10/10, noted left leg unable to move .New order to send resident to . (acute hospital) .for evaluation. Acute lack of sensation to left lower extremities (LLE); diminished sensation to RLE .Resident left facility at 9:40 PM</p> <p>-02/24/24 02:27AM, Called Emergency department for an update on resident. Resident was admitted for Hip fracture. DON and resident clinic manager (RCM) notified.</p> <p>Review of provider notes documented:</p> <p>- 02/13/24, NP1 documented, He presented in stable condition but noted to still have pain to his left knee and hip at rest and with movement. He notes pain cream was effective to left knee but had not tried to hip. Reported tramadol was effective during night to both led hip and knee pain. Was still able to reposition left leg but limited ROM (range of motion). Noted PT was held due to (d/t) pain. Requested for trial of pain cream to hip and encouraged him to request for PRN tramadol during day if needed since only scheduled QHS. Discussed if pain did not improve will repeat imaging.</p> <p>- 02/20/24, NP1 documented,</p> <p>-Since x-ray on 2/3, he initially reported pain improved with tramadol, pain cream, and repositioning of left side. Prior ortho referral was still pending.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  125048	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/22/2024
NAME OF PROVIDER OR SUPPLIER  Ann Pearl Nursing Facility		STREET ADDRESS, CITY, STATE, ZIP CODE  45-181 Waikalua Road Kaneohe, HI 96744	
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 0580</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>- Today registered nurse (RN) reported he was not able to move his left leg. During the visit, he noted he was also unable to tolerate turning side to side with certified nurse aide (CNA). During the exam, he was not able to move or straighten his leg and noted to have more tenderness to his left hip and surrounding area. No warmth, edema, erythema noted. Still had lack of sensation below the knee, which he stated having in the past but intact sensations proximal from knee. Skin remained warm to touch along with extremity, given pain progressed, he agreed to repeat x-ray.</p> <p>-02/23/24, NP1 documented, Today during his visit, he noted since he was last seen, he lost sensation to his left upper leg and knee as well as right upper leg. Of note, had loss of sensation below knee which was his baseline. The pain to L-leg described as sharp but still unable to move but noted Tramadol; was slightly effective. During exam, he was noted to also loss sensation to his left hip and surrounding area upon palpation, which he had pain to on Tuesday .</p> <p>Review of x-ray results taken on 02/03/24 documented .No obvious displaced or impacted fracture noted at this time No evidence of osteomyelitis . A second x-ray taken on 02/20/24 documented There is an avulsion fracture of the lesser trochanter, new from prior . An avulsion fracture occurs when an injury causes a ligament or tendon to break off (avulse) a piece of a bone that's attached to it and usually happens as the result of a traumatic injury or explosive movement. Indicating an incident with force needed to have happened for this type of injury to occur.</p> <p>On 03/20/24 at 2:55 PM, conducted a confidential interview with direct care staff (DCS). Inquired regarding R12's level of function prior to sustaining a left hip fracture. DCS1 and DCS2 confirmed prior to physical therapy, R12 was able to move his lower extremities, but was unable to bear weight. Both DCS confirmed R12 informed them that during a physical therapy session, there was a loud pop, then sharp pain, then over the next couple of days the resident's pain increased and his movement decreased to the point R12 decided he shouldn't do physical therapy, related to the pain. Inquired with both staff about R12's cognition and if the resident is a reliable source of information. DCS1 and DCS2 confirmed R12 is a reliable source of information, and the resident is alert and oriented to person, place, time, and situation.</p> <p>On 03/21/24 at 3:45 PM, conducted an interview with the DON, resident care manager (RCM)1 and RCM2 regarding the facility's investigation of R12's hip fracture. Reviewed the facility's investigation which was submitted to the state agency (SA). Informed the DON, RCM1, and RCM2 about the progress note written on 02/08/24 by RN99 during which R12 informed the staff of an incident during physical therapy regarding the resident hearing a loud crack and felt a sharp pain. Inquired if the facility was aware of the situation. DON, RCM1, and RCM2 reviewed R12's EHR, the facility's morning meeting huddle information and all other additional documents then confirmed the facility was not aware of R12's report of the incident to RN99 and it was not investigated as a potential source of R12's left hip fracture. RCM1 and RCM2 both confirmed R12 is a reliable source of information.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  125048	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/22/2024
NAME OF PROVIDER OR SUPPLIER  Ann Pearl Nursing Facility		STREET ADDRESS, CITY, STATE, ZIP CODE  45-181 Waikalua Road Kaneohe, HI 96744	
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 0580  Level of Harm - Actual harm  Residents Affected - Few	<p>On 03/22/24 at 08:54 AM, conducted an interview and concurrent record review with NP1. Inquired if NP had been informed that R12's verbalized incident during a physical therapy session, where PT1 assisted the resident with range of motion and the resident heard a loud crack and experienced a sharp pain. NP1 confirmed she was not notified of the incident. Reviewed R12's progress notes and inquired if she had been informed of the incident would the course of treatment have been different. NP1 confirmed, the course of treatment would have been different, an x-ray would have been done on 02/08/24 to ensure there was no injury to the resident. The identification of an injury would have ended all future physical therapy sessions, and the resident would have been sent out to an acute setting for further treatment. NP1 confirmed R12's treatment was delayed 12 days. NP1 stated she was in close communication with R12's physician and confirmed they both were not informed of R12's report of the incident.</p> <p>Review of the facility's policy and procedure, change in a Resident Condition of Status, revision date 05/19/23, documented .The nurse will notify the resident's Attending Physician or physician on call when there has been a(an): 1. accident or incident involving the resident; b. discovery of injuries of an unknown source .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  125048	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/22/2024
NAME OF PROVIDER OR SUPPLIER  Ann Pearl Nursing Facility		STREET ADDRESS, CITY, STATE, ZIP CODE  45-181 Waikalua Road Kaneohe, HI 96744	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>42160</p> <p>Based on interview and record review, the facility failed to ensure an injury of unknown origin was thoroughly investigated for one resident sampled. On 02/25/24, the facility submitted a completed event report for resident (R)12 who sustained a left hip fracture, origin of the injury was not known. The investigation report did not include documentation of R12's incident during physical therapy that was reported to nursing staff. Interview of staff responsible for completing the investigation confirmed the facility was unaware of the resident's report and the incident during PT could have potentially been the source of R12's injury. The investigation was initiated by the facility after becoming aware of R12's left hip fracture. As a result of this deficient practice, the Resident experienced a delay in the diagnosis and treatment of a left hip fracture.</p> <p>Findings include:</p> <p>Cross reference F580- notification of physician.</p> <p>Conducted a review of R12's electronic health record (EHR).</p> <p>Initial x-ray results take on 02/03/24 documented No obvious displaced or impacted fracture noted at this time No evidence of osteomyelitis .</p> <p>A second x-ray taken on 02/20/24 documented There is an avulsion fracture of the lesser trochanter, new from prior .An avulsion fracture occurs when an injury causes a ligament or tendon to break off (avulse) a piece of a bone that's attached to it and usually happens as the result of a traumatic injury or explosive movement. Indicating an incident with force needed to have happened for this type of injury to occur.</p> <p>On 03/21/24 at 3:45 PM, conducted an interview with the director of nursing (DON), resident care manager (RCM)1 and RCM2 regarding the facility's investigation of R12's hip fracture. Reviewed the facility's investigation which was submitted to the state agency (SA). Informed the DON, RCM1, and RCM2 about the progress note written on 02/08/24 by RN99 during which R12 informed the staff of an incident during physical therapy regarding the resident hearing a loud crack and felt a sharp pain. Inquired if the facility was aware of the situation. DON, RCM1, and RCM2 reviewed R12's EHR, the facility's morning meeting huddle information and all other additional documents then confirmed the facility was not aware of R12's report of the incident to RN99 and it was not investigated as a potential source of R12's left hip fracture. RCM1 and RCM2 both confirmed R12 is a reliable source of information.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  125048	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/22/2024
NAME OF PROVIDER OR SUPPLIER  Ann Pearl Nursing Facility		STREET ADDRESS, CITY, STATE, ZIP CODE  45-181 Waikalua Road Kaneohe, HI 96744	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>42160</p> <p>Based on observation, interview, and review of the facility's policy and procedure, the facility failed to ensure the controlled drug records were reconciled between shifts. The deficient practice potentially places the facility at risk for the diversion of controlled medications.</p> <p>Findings include:</p> <p>On 03/21/24 at 09:08 AM, while conducting medication administration observations with registered nurse (RN)19, staff proceeded to initial the controlled medication reconciliation count sheet, for the off-going (11 PM- 7 AM) shift and the on-coming (3 PM-11 PM) shift. Inquired with RN19 what the facility's procedure is for verifying the count of the controlled medications between shifts is. RN19 stated the off-going shift and the on-coming shift nurses do the count together and sign the sheet once the count is completed and correct. RN19 stated, I probably shouldn't have done this in front of you, then confirmed he/she did not sign the controlled medication reconciliation sheet in the presence of the off-going nurse and pre-signed the form for the on-coming shift and by doing so there is an opportunity for an error in the reconciliation of the controlled medication(s).</p> <p>While conducting an interview with the director of nursing (DON) on 03/21/23 at 3:45 PM, informed the DON of observation of RN19 not signing the controlled medication reconciliation in the presence of the off-going or on-coming shift. DON confirmed for the facility to ensure all controlled drug counts are in order and accurate, staff is required to reconcile the controlled medication between shifts, and the nurses should be signing (initialing) the reconciliation sheet in the presence of each other right after the count is confirmed.</p> <p>Review of the facility's policy and procedure, 7.4 Controlled Substances (01/23), 7. At each shift change, a physical inventory of controlled medications, as defined by state regulation, is conducted by two licensed clinicians and is documented on an audit record.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  125048	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/22/2024
NAME OF PROVIDER OR SUPPLIER  Ann Pearl Nursing Facility		STREET ADDRESS, CITY, STATE, ZIP CODE  45-181 Waikalua Road Kaneohe, HI 96744	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>47783</p> <p>Based on observation, interview and record review, the facility failed to label medications in accordance with acceptable professional standards. Proper labeling of medications is necessary for safe administration practices and to decrease the risk of medication errors. This deficient practice has the potential to affect all the residents in the facility.</p> <p>Findings include:</p> <p>On 03/20/24 at 08:03 AM, observed Licensed Practical Nurse (LPN)23 during the morning medication pass. While LPN23 was preparing the medications for Resident (R)252, observed the box for the inhaler (device used to deliver medicine into the lungs) with no open and discard dates.</p> <p>On 03/20/24 at 09:41 AM during a concurrent interview with LPN23 and inspection of the medication cart for the Ilima wing, LPN23 confirmed that the inhaler for R252 was supposed to be labeled with the open and discard dates.</p> <p>Review of the facility policy titled Medication Storage stated, . 10. Medications, . need to be labeled when opened. It [sic] using a label tag that requires open and discard dates, these should be filled in appropriately.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  125048	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/22/2024
NAME OF PROVIDER OR SUPPLIER  Ann Pearl Nursing Facility		STREET ADDRESS, CITY, STATE, ZIP CODE  45-181 Waikalua Road Kaneohe, HI 96744	

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 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>47783</p> <p>Based on observation, interview and record review, the facility failed to implement the facility's infection prevention and control measures. The facility did not ensure the staff were wearing applicable personal protective equipment (PPE) when providing care to a resident on enhanced barrier precautions (EBP). This deficient practice placed all the residents at risk for the potential spread of infections and communicable diseases.</p> <p>Findings include:</p> <p>On 03/19/24 at 08:11 AM, observed a sign by the entrance of Resident (R)101's room that stated he was on EBP and to check with the nurse before entering the room. Asked Licensed Practical Nurse (LPN)23 if a gown was needed prior to entering the room. LPN23 said a gown is only needed when providing high contact care like bathing, dressing, transferring to wheelchair, wound dressing change or catheter care. LPN23 added that a gown is not needed if staff are going in just to talk to the resident, giving oral medications or serving meals. When asked why R101 was on EBP, LPN23 said it was because he had an indwelling urinary catheter and open wounds to groin area.</p> <p>On 03/19/24 at 08:37 AM, observed Certified Nurses' Aide (CNA)53 emptying R101's urinary catheter collection bag. CNA53 was not wearing a gown.</p> <p>On 03/21/24 at 09:02 AM, an interview was conducted with the Infection Preventionist (IP) in her office. IP confirmed that CNA53 was supposed to be wearing a gown when she was emptying R101's urinary catheter collection bag.</p> <p>Review of facility policy titled Transmission Based Precautions under Enhanced Barrier Precautions stated, . Used to reduce transmission of multidrug resistant organisms (MDROs) to staff hands and clothing during resident care activities . Apply to any resident/guest with wounds, indwelling medical devices (central line, urinary catheter, feeding tube, tracheostomy) . Staff will wear gown and gloves during high contact resident care activities .</p>