STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145427	A. Building B. Wing	09/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nexus at Alton	3523 Wickenhauser Alton, IL 62002

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, observation, and record review, the facility failed to provide clean linens for 1 of 11 residents (R4) reviewed for linens in the sample of 20.Findings include:R4 admission record, print date of 9/17/25, documents R4 was admitted [DATE] with diagnoses of Chronic Respiratory Failure with Hypoxia and Tracheostomy Status.R4's Minimum Data Set, dated [DATE] documents R4 is cognitively intact, dependent on staff for activities of daily living, and mobility.On 9/16/25 at 12:00 PM, R4 is lying in bed. R4's pillowcase is soiled with a large brown stain.On 9/17/25 at 1:51 PM, R4's pillowcase remains with the large brown stain that was observed on 9/16/25 at 12:00 PM. On the right quarter side rail there is a white towel with dried green, brown stains on it.On 9/24/25 at 9:01 AM, V2, Director of Nurses, stated linens should be changed when dirty.On 9/29/25 at 11:19 AM, V1, Administrator, stated, I am not sure where the linen policy is, but I expect dirty linens to be changed no matter what.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145427	A. Building B. Wing	09/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nexus at Alton	3523 Wickenhauser Alton, IL 62002

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, observation, and record review, the facility failed to provide complete incontinent care to prevent Urinary Tract Infections for 2 of 3 residents (R7, R13) reviewed for incontinent care in the sample of 20. Findings include:1. R7's admission record, print date of 9/25/25, documents R7 was admitted on [DATE] and has diagnoses of Chronic Obstructive Pulmonary Disease and Diabetes.R7's Minimum Data Set, dated [DATE], documents that R7 is severely cognitively impaired, dependent on staff for toileting, and is always incontinent of bowel and bladder. On 9/25/25 at 9:11 AM, V19, Certified Nurse Aide (CNA) removed R7's incontinent brief. The brief was soiled with urine and feces. R7 with pre-moistened periwash cloths cleansed, the groins, labia, perivaginal area, rolled R7 over onto her side, cleansed the rectal are with multiple cloths, placed a new incontinent brief, had R7 roll to her back, and then roll to the right to cleanse the right buttock, roll to her back and then fastened the incontinent brief. On 9/25/25 at 9:15 AM, V19 stated she missed the left buttock because she was nervous.2. On 9/17/25 at 2:15 PM, V12, CNA removed R13's incontinent brief. The brief was soiled with urine. With a wet soapy washcloth, V12 wiped R13's groins, labia, meatus, rectal area, and left buttocks. V12 used the same portion of the washcloth, did not cleanse the right buttocks, and did not dry R13 before putting on a new incontinent brief.R13's Face Sheet, print date of 9/25, documents R13 was admitted on [DATE] and has a diagnosis of Congestive Heart Failure.R13's MDS, dated [DATE], documents R13 is cognitively intact, requires supervision touching assistance with toileting, and is always incontinent of bowel and bladder.On 9/24/25 at 9:05 AM, V2, Director of Nurses, stated staff should be doing complete incontinent care. Staff should have multiple towels so when you clean a dirty area you get a new towel and clean again. You need towels for rinsing and drying also. The incontinent care policy, dated 1/25, documents, 2. Perform hand hygiene and don gloves. It continues, 5. Clean peri area with appropriate cleanser and dry. Appropriate cleanser can mean soap and water, periwash, etc. Cleansing should always be from front to back. 6. If resident needs more cleansing than above, a bath or shower may be given,' It continues, 11. Perform hand hygiene.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145427	A. Building B. Wing	09/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nexus at Alton	3523 Wickenhauser Alton, IL 62002

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145427	A. Building B. Wing	09/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nexus at Alton	3523 Wickenhauser Alton, IL 62002

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, observation, and record review, the facility failed to provide complete tracheostomy care and educate the resident on the proper way to provide tracheostomy care for 1 of 2 residents (R4) reviewed for tracheostomies in the sample of 20.Findings include:R4 admission record, print date of 9/17/25, documents, R4 was admitted [DATE] with diagnoses of Chronic Respiratory Failure with Hypoxia and Tracheostomy (trach) Status.R4's Physician Orders, dated 11/7/24, documents, Change inner cannula daily on dayshift and PRN (as needed) every day shift AND as needed as needed.R4's Physician Orders, dated 10/18/24, documents, CHANGE TRACH COLLAR/TIES TWICE WEEKLY AND PRN every day shift every Tue, Fri AND as needed. R4's Physician Orders, dated 10/18/24, documents, TRACH CARE EVERY SHIFT AND PRN every shift.R4's Minimum Data Set, dated [DATE] documents R4 is cognitively intact and dependent on staff for activities of daily living.On 9/16/25 at 12:00 PM, R4 is lying in bed. R4 has a tracheostomy. R4's neck ties and trach collar are wet, soiled with yellow, green, and brown drainage. There is no drainage sponge under the trach. When R4 raised his head to expose the trach, a foul odor was detected. R4 has a red spotted rash on his neck and upper chest.On 9/17/25 at 1:51 PM, V4, Licensed Practical Nurse, entered R4's room to provide tracheostomy care. V4 stated R4 does the tracheostomy care himself and needs very little assistance with the care. V4 washed her hands and donned gloves. V4 opened multiple drawers gathering supplies for the care, sterile saline, gauze pads, tracheostomy kit, and placed the supplies on the bedside table. V4 changed her gloves without hand hygiene. R4 removed the left tracheostomy tie and loosened the tracheostomy collar. The left side of the collar has green, brown drainage on it. R4's left neck and under his neck has dried drainage on it. V4 gathered more supplies and changed her gloves without hand hygiene. R4 grabbed a 4 x 4 gauze pad and dipped it in sterile saline multiple times. R4 began to clean the left side of his neck and around the tracheostomy tube of the dried drainage with one 4 x 4 gauze pad dipping it in the sterile saline multiple times. V4 removed her gloves, washed her hands, and donned sterile gloves. V4 attached the new tracheostomy tie and collar to the left side. R4 took another 4 x 4 gauze pad, dipped it in the sterile water, and cleaned the right side of his neck. With a 4 x4 gauze pad V4 dried R4's neck and around the tracheostomy tube. V4 removed the sterile gloves and donned non-sterile gloves without hand hygiene. R4 was attempting to remove the tracheostomy collar from behind his neck. V4 with her gloved hands is touching her long hair and moving it to her back. With the same gloves, V4 assisted R4 with removing the tracheostomy collar. V4 then attached the right tracheostomy tie and the tracheostomy collar. V4 changed her gloves without hand hygiene, obtained a gauze tracheostomy pad and placed it under the tracheostomy tube and collar. R4 is also trying to tuck the pad.On 9/17/25 at 2:00 PM, R4 stated he has been taking care of his tracheostomy for almost 4 years now. He stated that he takes the tracheostomy tube out and cleanses it when it is needed. R4 stated if he asks the staff to do it they will, but he prefers to do it. On 9/24/25 at 8:59 AM, V2, Director of Nurses, stated we just recently did an in service on tracheostomy care for the nurses. I did not know that R4 was doing his trach care. We cannot tell him he can't do it, but we need to educate him and make sure he is doing the care correctly. V4 should have followed the sterile procedure for tracheostomy care. R4 should have been offered hand hygiene and told not reuse gauze pads. The inner cannula should be cleaned daily, the trach ties, and collar should be changed when soiled. The Tracheostomy Care Policy, dated 10/24, documents, Procedure: III. Tracheostomy care. B. Gather equipment and apply sterile gloves; maintain sterility of the dominant hand. C. Suction as needed. D. Assess the need for hyper-oxygenation prior to procedure and provide supplemental oxygen if indicated. It continues, D. Wash hands, open tracheotomy kit, don gloves, and arrange contents on the sterile field. It continues, G. With clean hand, remove the inner cannula. 1. For disposable cannula, insert new inner cannula and lock into place; maintain sterility. 2. For reusable cannula, reapply tracheostomy collar over outer cannula to provide oxygenation during cleaning; cleanse secretions from outside and inside of inner cannula and rinse in sterile saline; gently reinsert cannula and lock into place; maintain sterility. H. Cleanse stoma site. 1 With sterile hand, moisten applicators or gauze with sterile and cleanse around stoma site and flange of outer cannula. 2. Assess for signs of infection, dry with sterile gauze. 3. Place new drain sponge under tracheostomy flange. I. Replace ties as needed. 1. For Velcro ties, with assistance, remove old Velcro tie, replace tie, and fasten Velcro securely.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145427	A. Building B. Wing	09/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nexus at Alton	3523 Wickenhauser Alton, IL 62002

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 0755 Level of Harm - Actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide Physician prescribed medication for 2 of 7 (R2, R9) reviewed for medications in the sample of 20. This failure resulted in R9 missing 6 doses of pain medication leaving her in pain.Findings include:1. On 9/17/25 at 10:00 AM, R9 stated I ran out of my pain medication oxy (oxycodone). I went for 3 days without pain medication. I wanted to cut my leg off it hurt so bad. I take it for my phantom pain in my right leg and the wound infection in my left leg. I don't know why I ran out either they didn't reorder it, or pharmacy didn't deliver it.R9's Minimum Data Set, dated [DATE], documents R9 is cognitively intact.On 9/25/25 at 1:47 PM, V4 LPN, stated R9 did run out of her oxycodone. Her prescription had run out, and I think she was changing providers or something. R9's Physician Order, dated 9/13/25, documents, oxyCODONE HCl Oral Tablet 5 MG (Oxycodone HCl) Give 5 mg by mouth every 4 hours for Pain.R9's September 2025 Medication Administration Record documents R9 did not receive her prescribed 5 mg of Oxycodone on 9/15/25 the 9 AM dose, 1 PM dose, 5 PM dose, 9 PM dose, 9/16/25 1 AM dose, and the 5 AM dose.2. R2's Physician Order, documents, oxyCODONE HCl Oral Tablet 15 MG (Oxycodone HCl) (Oxycodone HCl) Give 7.5 mg (milligrams) by mouth six times a day for pain start date of 5/8/25.R2's Nurses Note, dated 8/29/2025 06:32, documents, Call out to (pharmacy) to obtain the status of order for pain medication. Per pharmacy a quantity of 4 was ordered and 2 sent. Remaining 2 will be sent this morning. New order from MD (Medical Doctor) will be needed.R2's Medication Administration Record (MAR), dated August 2025, documents R2 did not receive the prescribed oxycodone 7.5 mg on 8/28/25 10 PM dose, 8/29/25 2 AM dose, and 6 AM dose.R2's Minimum Data Set, dated [DATE], documents R2 is cognitively intact.On 9/16/25 at 11:27 AM, R2 stated about a month or so ago I ran out of my pain medication, but it is better now.On 9/25/25 at 1:16 PM, V2, Director of Nurses stated that R2 missed 3 doses of oxycodone.On 9/24/25 at 10:02 AM, V4, Licensed Practical Nurse, stated, sometimes we do run out of pain medication for the residents. I will call the doctor and get them to send over a prescription to the pharmacy if a new prescription needed to be written. If their order needs to be rewritten, you can't get the medication from the (emergency medicine dispensing machine).On 9/24/25 at 9:01 AM, V2, Director of Nurses, stated, we are in the middle of changing pharmacies. The nurses should be calling pharmacy when the resident is down to a weeks' worth of pills. If the resident needs a new prescription, the pharmacy will call the doctor, and the doctor will send a prescription. If the resident does run out of medication, we have the (emergency medicine dispensing machine) which the staff can pull medications from. Most narcotics are in there.The policy medication Administration, dated 4/25, documents, 26. If medication is ordered, but not present, check to see if it was misplaced and then call the pharmacy to obtain the medication. If available, obtain from the contingency or convenience box. 27. If the physician's order cannot be followed for any reason, the physician should be notified in a timely manner, and a note should reflect the situation in the resident's medical record.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145427	A. Building B. Wing	09/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nexus at Alton	3523 Wickenhauser Alton, IL 62002

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 0808 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, observation, and record review, the facility failed to provide Health Shakes for 5 of 5 residents (R14, R15, R16, R17, R20) reviewed for Dietary Supplements in the sample of 20.Findings include:On 9/24/25 at 12:17 PM the dining room was entered. R14, R15, R16, R17, and R20, all did not have their Physician prescribed health shake. On 9/24/25 at 12:20 PM, R16 stated, They forget the shakes a lot.On 9/24/25 at 12:28 PM, V15, Dietary Manager, stated the shakes are poured up and on this cart. The aides just took the tray and didn't look at the ticket to know that resident needed a health shake.1.R14's admission record, print date of 9/24/25, documents that R14 was admitted on [DATE] and has diagnoses of aphasia and Cerebrovascular disease.R14's Minimum Data Set, dated [DATE], documents R14 is severely cognitively impaired and requires supervision / touching assistance with eating.R14's Physician Order, dated 4/15/25, documents Diabetic shakes with meals Sugar Free. 2. R15's admission record, print date of 9/24/25, document R15 was admitted on [DATE], and has diagnoses of Type 2 Diabetes and Dementia. R15's MDS, dated [DATE], documents R15 is severely cognitively impaired and requires touching or supervision with eating.R15's Physician Order, dated 4/15/25, documents MED PASS 2.0 with meals.3.R16's admission Record, print date of 9/24/25, documents R16 was admitted on [DATE] and has diagnosis of schizoaffective disorder.R16's MDS, dated [DATE], documents R16 has modified independence for decision making, requires set up clean up assistance with meals.R16's Physician Order, dated 5/2/25, documents, Health Shakes in the afternoon with lunch.4.R17's admission Record, print date of 9/24/25, documents R17 was admitted on [DATE] and has a diagnosis of hemiplegia and hemiparesis affecting the right dominant side after a stroke.R17's MDS, dated [DATE], documents R17 is severely cognitively impaired and requires partial to moderate assistance with eating.R17's Physician Order, dated 4/10/25, documents, Health Shakes with meals for supplement.5. R20's admission Record, print date of 9/24/25, documents R20 was admitted on [DATE] and has a diagnosis of Alcohol Abuse with other Alcohol Induced Disorder.R20's MDS, dated [DATE], documents R20 is cognitively intact and requires supervision touching assistance with eating.R20's Physician Order, dated 7/24/25, documents, Health Shakes with meals.The policy Meal Service, dated 8/25, documents, 8. When the tray is delivered, the staff ensures that the correct tray is given to the correct resident and the diet on the card matches what is on the tray.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145427	A. Building B. Wing	09/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nexus at Alton	3523 Wickenhauser Alton, IL 62002

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, observation, and record review, the facility failed to wear a personal protective gown, wash hands when needed, change soiled gloves, encourage residents to wash hands, and clean multi-use equipment for 1of 5 residents (R4) reviewed for infection control in the sample of 20.Findings include:1. R4's Physician Orders dated 9/19/24, documents, Enhanced Barrier Precautions related to colonization for wounds, colostomy, tracheotomy.R4 admission record, print date of 9/17/25, documents R4 was admitted [DATE] with diagnoses of Chronic Respiratory Failure with Hypoxia and Tracheostomy Status.On 9/17/25 at 1:51 PM, V4, Licensed Practical Nurse, entered R4's room to provide tracheostomy care. V4 stated R4 does the tracheostomy care himself and needs very little assistance with the care. V4 washed her hands and donned gloves. V4 opened multiple drawers gathering supplies for the care and placed them on the bedside table. V4 changed her gloves without hand hygiene. R4 removed the left tracheostomy tie and loosened the tracheostomy collar. The left side of the collar has green, brown drainage on it. R4's left neck and under his neck has dried drainage on it. V4 gathered more supplies and changed her gloves without hand hygiene. R4 grabbed a 4 x 4 gauze pad and dipped it in sterile saline multiple times. R4 began to clean the left side of his neck and around the tracheostomy tube of the dried drainage with one 4 x 4 gauze pad. V4 removed her gloves, washed her hands, and donned sterile gloves. V4 attached the new tracheostomy tie and collar to the left side. R4 took another 4 x 4 gauze pad and cleaned the right side of his neck dipping it into the sterile saline multiple times. With a 4 x4 gauze pad V4 dried R4's neck and around the tracheostomy tube. V4 removed the sterile gloves and donned non-sterile gloves without hand hygiene. R4 was attempting to remove the tracheostomy collar from behind his neck. V4 with her gloved hands is touching her long hair and moving it to her back. With the same gloves, V4 assisted R4 with removing the tracheostomy collar. V4 then attached the right tracheostomy tie and the tracheostomy collar. V4 changed her gloves without hand hygiene, obtained a gauze tracheostomy pad and placed it under the tracheostomy tube and collar. R4 is also trying to tuck the pad. With the same gloves, V4 took a bottle of Nystatin powder and sprinkled and rubbed the powder in on his neck and upper chest. V4 removed her gloves and washed her hands. V4 left the room to get a pulse oximetry. V4 returned and placed it on R4's finger and obtained a reading of 95%. V4 did not wear a Personal Protective Gown, provide a sterile field for supplies, did not cleanse the pulse oximetry after use, and did not encourage or offer to cleanse R4's hands before, during, or after the care.On 9/24/25 at 8:59 AM, V2, Director of Nurses, stated V4 should have washed her hands, wear a gown, change gloves with hand hygiene, and follow the sterile procedure. R4 should have been offered hand hygiene and not reuse gauze pads.The policy Equipment Cleaning, dated 10/24, documents, general: To provide guidance on how to clean equipment between residents. Policy: 1. Obtain bleach wipe. 2 apply gloves. 3. Take a pre-moistened disinfectant wipe and clean the entire surface of monitor. Inspect to ensure all areas are clean. 4. Allow product to remain on equipment according to manufacturer's recommendations. 5. Remove and discard gloves. Sanitize hands.The policy Enhanced Barrier Precautions, dated 10/16/23, documents, Staff utilize gown and gloves for high contact resident care activities when residents require EBP (Enhanced Barrier Precautions); high contact activities may include Device Care or use: central line, urinary catheter, feeding tube, tracheostomy / ventilator.The Policy Hand Hygiene, dated 1/24, documents, hand hygiene is done before and after resident contact, before and after any procedure.The Tracheostomy Care Policy, dated 10/24, documents, Procedure: III. Tracheostomy care. B. Gather equipment and apply sterile gloves; maintain sterility of the dominant hand. It continues, D. Wash hands, open tracheotomy kit, don gloves, and arrange contents on the sterile field.