STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145571	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cedar Ridge Health & Rehab Ctr	One Perryman Street Lebanon, IL 62254

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	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. Based on observation, interview and record review the facility failed to document when a multi use vial of Aplisol (Tuberculosis/TB testing solution) was opened. This has the potential to affect all 106 residents in the facility.Findings include:On 3/10/2026 at 12:04 PM the facility's medication storage room was observed with V27 (Licensed Practical Nurse/LPN). V27 pulled an opened bottle of Aplisol from the medication refrigerator. There was no date documented on the bottle or packaging that documented when the bottle was open or when it would expire. V27 stated she did not know when the bottle was first opened.The medication label on the bottle of Aplisol states Refrigerate. Protect from light. Discard in use vial after 30 days. V27 states that this entire facility would use this medication.On 3/12/2026 at 9:54 am V11 (Wound Nurse) who states she is covering for the Director of Nursing in her absence, stated that multi use vials including TB solution should be dated when they are opened.The facility's policy, Medication Storage, revised on 8/23/22, documents the facility stores all drugs and biologicals in a safe, secure, and orderly manner and in accordance with state and federal regulations. Medications shall be administered prior to the manufacturer's expiration date.The form CMS-671, Long-Term care facility application for Medicare and Medicaid, dated 3/9/2026 documents there are 106 residents residing in the facility.

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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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to maintain Sanitary conditions in the kitchen to promote safe food handling. This failure has the potential to affect all 106 residents residing in the building.The findings include: On 3/9/26 at 10:45 AM, during the lunch observation, V7 (Cook), and V8 (Cook) were seen serving food from the steam table onto plates, then placing the plate on a tray which was delivered to the residents. Directly above the steam table of food, there was a ceiling vent with vents that were pointed down towards the food. The vent itself, the ceiling around the vent, the light close to the vent, and the adjacent wall by the vent was dirty with a lot of greasy dirt and/or lint seen. This vent blows air down onto the steam table with potentially the dirt/lint falling onto food items and being served to the residents.On 3/11/26 at 3:15 PM, V4 (Dietary Manager) stated I don't have any cleaning logs. I just tell V22 (Dietary Aide) to clean the walls about once a week.On 3/11/26 at 3:17 PM, V22 (Dietary Aide) stated I just wiped down the walls and the ceiling about a week ago.On 3/11/26 at 3:20 PM, When showed the greasy grime and dust on the walls, ceiling, vent, and light V4 stated That must just be from a week ago because (V22) stated he cleaned it. I can see what you are seeing now, that is blowing directly onto the steam table. I believe the steam table was in front of the serving window before and someone moved it to where it is now. Maybe they will have to move it back.On 3/12/26 at 10:15 AM, V1 (Administrator) stated I would expect the dietary department to follow their policies on cleaning and food preparation.On 3/12/26 at 10:40 AM, V31 (Regional Director of Dining) stated The staff called me yesterday and told me about the grime on the ceiling, vent, and wall and they even sent me a picture of it. I agree, that did not look like it has been cleaned lately. I had them clean everything and we may be moving the steam table back to where it was.The Facility's Cleaning and Sanitizing and Proper Hair Restraints Policy, dated 9/1/21, documents in part Food contact surfaces are properly cleaned and sanitized before and after use, in order to help prevent food-borne illness and minimize bacterial growth. Non-food contact surfaces are cleaned per individual facility cleaning schedule to maintain optimal cleanliness of kitchen equipment.The Facility's Safe Food Handling Policy, dated 9/1/21, documents in part 1. Dining Services staff will be responsible for food preparation procedures that avoid contamination by potentially harmful physical, biological, and chemical contamination.The Department of Health and Human Services, Centers for Medicare & Medicaid Services, Long-Term Care Facility Application for Medicare and Medicaid (CMS 671), dated 3/9/26, documents that there were 106 residents living in the facility.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure residents were safely transferred via mechanical lift, failed to ensure fall interventions were in place according to resident Care Plans, and failed to provide an appropriate shower chair resulting in a resident to sustain a fall for 4 of 7 (R22,R28, R54, R69) residents reviewed for accidents in the sample of 52. Findings Include:1.R28's admission Record print date of 3/11/26 documents R28 has diagnoses including hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, COPD (chronic obstructive disease), chronic atrial fibrillation, hypertension, polyneuropathy, depression, and anxiety. R28's MDS (Minimum Data Set) dated 1/19/26 documents R28 is cognitively intact and requires partial/moderate assistance with wheelchair transfers and showers. R28's undated Care Plan documents R28 is at risk for falls related to left hemiparesis, difficulty walking, and lack of coordination with a goal of minimizing risks for falls. R28's fall occurrence note dated 1/12/26 at 3:41 PM documents incident description: resident slipped in shower room. Did not hit head. Fall was witnessed by staff. Resident evaluated and placed in w/c (wheelchair) and dressed. Resident states no discomfort or pain. Resident statement on what was being attempted when fall occurred in shower room, wet floor, wet chair, wet w/c. Resident description of fall: slipped in shower. Date/time of incident: 1/12/26 at 3:15 PM. Resident is alert. R28's fall report dated 1/12/26 documents resident slipped and fell in the shower, did not hit head. Witnessed by staff. Resident description: Slipped in shower. The facility's IDT (Interdisciplinary Team) note dated 1/12/26 documents resident noted on the floor in the shower room. RCA (root cause analysis): Resident slipped on the floor when showering. Intervention: Staff educated to utilize accessible shower chair for this resident to prevent standing during showering. On 3/11/26 at 8:33 AM R28 stated when she fell in the shower room the CNA (Certified Nursing Assistant) did not place a gait belt around her, transferred her onto a small shower chair, and the shower chair moved out from under her during the transfer resulting in her falling onto the shower floor. R28 stated she hurt her side, it was bruised, but she did not go to the hospital. R28 stated the CNAs still do not place a gait belt around her when she showers although they do use a bigger shower chair now. On 3/11/26 at 10:12 AM V20 (MDS Nurse) stated the intervention for R28's fall on 1/12/28 was staff educated to utilize accessible shower chair for resident to prevent standing during shower. Surveyor asked what kind of chair R28 was placed on and V20 stated she did not know. On 3/11/26 at 10:46 AM V1 (Administrator) stated R28's fall intervention was to use a shower chair rather than the shower bench. V1 stated she expects CNAs to follow the facility policy for transfers. On 3/11/26 at 11:10 AM V21 (CNA) stated she was with R28 on 1/12/26 when R28 fell in the shower. V21 stated she had R28 on the small shower chair, the shower chair does not have an opening in the (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	seat so she had R28 stand up so she could clean her buttocks and when R28 stood up, the shower chair moved back a bit so when R28 sat back down she missed the chair and fell. Surveyor asked why V21 used that shower chair and V21 stated the other kind was not available. Surveyor asked V21 if R28 had a gait belt on and V21 replied no. Surveyor then asked if the shower chair in use at the time of the fall had breaks on it and V21 replied no. 2. R54's admission Record, print date of 3/11/26, documents R54 has diagnoses including facial weakness following cerebral infarction, type 2 diabetes mellitus with diabetic chronic kidney disease, dysphagia following cerebral infarction, hypertension, obstructive and reflux uropathy, and atherosclerosis. R54's MDS dated [DATE] documents R54 is moderately cognitively impaired and requires partial/moderate assistance with transfers. R54's Fall Risk Evaluation dated 2/17/26 documents R54 is at high risk for falling. R54's undated Care Plan documents R54 is at risk for fall related to generalized weakness, lack of coordination, and difficulty walking. Interventions include non-skid mat to wheelchair. R54's progress note dated 2/16/26 at 2:16 PM documents Incident Description: observed on floor in room. Resident statement on what was attempted when fall occurred unsteady gait, requires assistance with transfers. Resident Description of Fall: I was trying to get to the bathroom and slid out of my chair. R54's fall report dated 2/16/26 documents resident observed on floor in room. Resident description: I was trying to go to the bathroom and slid out of my chair. IDT (Interdisciplinary Team) note: Resident observed sitting on the floor next to his bed. RCA (Root Cause Analysis): Resident slipped from wheelchair. Intervention: Non-skid mat to wheelchair. On 3/11/26 at 11:43 AM Surveyor observed V15 (CNA) transfer R54 from his bed to his wheelchair. No non-skid mat was observed on R54's wheelchair seat. On 3/11/26 at 12:42 PM V20 (MDS Nurse) stated the intervention for R54's fall on 2/16/26 was a non-skid mat in his wheelchair. On 3/11/26 at 1:06 PM V14 (Registered Nurse/RN) checked R54's wheelchair along with Surveyor and V14 confirmed R54 did not have a non-skid mat in his wheelchair nor anywhere in his room. 3. R69's admission Record with print date of 3/11/26 documents R69 has diagnoses including metabolic encephalopathy, pulmonary fibrosis, acute pulmonary edema, type 2 diabetes mellitus with chronic kidney disease, hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, chronic respiratory failure with hypoxia, emphysema, congestive heart failure, atherosclerosis, pulmonary hypertension, cognitive communication deficit, difficulty in walking and repeated falls. R69's MDS dated [DATE] documents R69 is moderately cognitively impaired and is dependent on staff for transfers and all mobility. On 3/9/26 at 9:25 AM V16 (CNA) and V15 (CNA) were observed as they transferred R59 from her bed (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	and into her wheelchair via a mechanical lift. As R69 was lifted into the air via the mechanical lift sling the battery to the lift stopped functioning resulting in the legs of the lift to be stuck in the closed position and R69 was stuck in the air. V16 stated to V15 we will have to transfer her sideways. V15 then took her hands off R69 and the transfer sling leaving R69 hanging from the lift without any staff support/touch. V15 then moved R69's wheelchair and placed it sideways against the lift. V16 pressed the emergency release button on the mechanical lift. As R69 was being lowered into the wheelchair V15 raised the wheelchair's front tires up and off the floor due to the mechanical lift legs being stuck in the closed position. On 3/12/26 at 10:03 AM V16 (CNA) stated during a mechanical lift transfer one CNA operates the lift and the other CNA guides the resident in the lift sling. Surveyor asked V16 if it is acceptable for a staff member to ever take their hands off the lift sling when the resident is suspended in the air and V16 replied no, there should always be hands on the sling/resident. On 3/11/26 at 3:57 PM V1 (Administrator) stated she expects facility staff to follow the facility's policies. On 3/12/26 at 11:08 AM V20 (MDS Nurse) stated she would expect resident fall interventions to be in place as documented in resident Care Plans. V20 also stated there should always be 2 CNAs present when transferring residents with a mechanical lift and she would expect one of the CNAs to always keep their hands on the resident/sling during the transfer. 4. R22's Face Sheet, print date of 03/12/25, documents R22 has diagnoses of but not limited to dementia, Chronic Obstructive Pulmonary Disease (COPD), Type II diabetes mellitus (DM), and protein-calorie malnutrition. R22's MDS, documents R22 is moderately cognitively impaired, she is dependent on staff for all her ADLs, and she is incontinent of bowel and bladder. R22's Care Plan, admission date of 08/23/23, documents R22 is at risk for falls r/t (related to) dementia, COPD, PVD (Peripheral Vascular Disease), MI (Myocardial Infarction), presence of right artificial hip joint, osteoarthritis, pain in right and left knee. Interventions include but are not limited to fall mats and keep bed in low position. On 03/09/2026 at 09:22 AM, R22 is lying in her bed with her head elevated. Fall mat seen folded up and sitting up by the head of the bed in between the bed and the wall with the window. On 03/10/2026 at 11:44 AM, R22 is lying in bed facing towards the window. R22's fall mat was seen folded up and standing up by the head of the bed. On 03/12/25 at 8:30 AM, V1 (Administrator) stated they do not have a fall prevention policy of any kind but there is a statement at the end of one of the policies she has already given us. The Facility's policy Transfer Policy, revision date 05/19/22, documents Policy: To promote safe transfer for the residents, as well as the staff. Gait belts, Hoyer lifts, and/or sit to stand lifts will be used, unless otherwise specified. The facility's policy Accidents and Incidents, revised date 09/07/23, documents 5. The Interdisciplinary Team (IDT) will conduct a thorough investigation of the accident/incident. Findings (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	of the investigation, including root cause of the accident/incident and appropriate interventions will be indicated in the incident report and implemented. 6. The MDS (Minimum Data Set) nurse shall update the care plan with implemented interventions and communicate interventions with line staff.

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide food and drink that is palatable, attractive, and at a safe and appetizing temperature for 6 of 10 residents (R9, R17, R20, R45, R58, R60) reviewed for palatable and appetizing food in the sample of 52.The findings include: 1. R45's admission Record, dated 3/11/26, documents R45 was originally admitted on [DATE]. R45's Minimal Data Set (MDS), dated [DATE], documents R45 is cognitively intact. On 3/9/26 at 1:03 PM, R45 stated the food is not good and sometimes warm, sometimes cold. 2. R58's admission Record, dated 3/11/26, documents R58 was originally admitted to the facility on [DATE]. R58's MDS, dated [DATE], documents R58 has a moderate cognitive impairment. On 3/9/26 at 9:50 AM, there was contact and droplet isolation signs on R58's door. R58 stated he eats in his room and the food is terrible, taste like institutional food with no taste and is always cold by the time he gets it. 3. R60's admission Record, dated 3/11/26, documents R60 was originally admitted to the facility on [DATE]. R60's MDS, dated [DATE], documents R60 is cognitively intact. On 3/9/26 at 10:18 AM, R60 seen in her room, contact and droplet isolation sign on door with PPE outside door due to R60 testing positive for COVID. R60 stated the food is lousy and taste bland to her and most of the time is cold and no longer warm. 4. R17's admission Record, dated 3/12/26, documents R17 was originally admitted to the facility on [DATE]. R17's MDS, dated [DATE], documents R17 has a moderate cognitive impairment. On 3/9/26 at 10:27 AM, R17 stated she eats in her room, and the food is not good and is cold by the time she gets it, and she usually has them warm her food up. 5. On 03/09/2026 at 09:39 AM, R20, who is cognitively intact stated the food here isn't good. She said the food is always cold. If you don't like what they have you can get a substitute like a cheeseburger, but the cheeseburger is cold. She said she eats a lot of salads but the meat in the salad is lunch meat. 6. On 03/09/2026 09:50 AM, V19 (R9's family member) stated the food is always cold. V19 says he comes to the facility every day and he eats his meals with R9. On 3/12/26 at 10:18 AM, V1 (Administrator) stated We have been working on the cold food issue. Just this week, I told them that when plating food, to put that plate into the warming cart immediately instead of having multiple trays on the counter and then putting them in the cart. I would expect the dietary department to follow their policies on cleaning and food preparation. (continued on next page)

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 3/12/26 at 10:38 AM, V4 (Dietary Manager) stated I'm aware of the complaints of cold food and we have been working on it. We just started yesterday by plating the food one at a time, placing the plate onto an insulated bottom, then putting an insulated top over the plate, adding the drinks to the tray and placing it in the warming cart. On 3/12/26 at 10:45 AM, V31 (Regional Director of Dietary) stated The cook was plating several plates at a time while at the steam table, then those plates would be transferred to the counter for someone to put drinks and a desert on the tray, then those trays would have to be put on a cart. I feel that was a delay, so I told the cooks to do one plate at a time, then place on a tray. That cook quit because she didn't like to do it that way. The Facility's Resident Council minutes, dated September 17, 2025, documents in part Old News: Food Temps. The Facility's Resident Council minutes, dated October 17, 2025, documents in part Old News: Food Temps. 4. Dietary: Cold food has improved a little. The Facility's Resident Council minutes, dated December 2025, documents in part c. Dietary: B-Hall residents voices concerns with eggs being cold at times. The Facility's Resident Council minutes, dated January 2026, documents in part f. Dietary: Food is getting better, B-Hall residents voiced they are always the last hall to get hall trays, (R45) stated he got cold eggs. The Facility's Resident Council minutes, dated February 2026, documents in part IV: Old News: CNAs talking on the phone while passing trays. c. Dietary: Residents are saying that food temps are getting a little better. The Facility's Grievance Summaries, dated 9/17/25, documents Resident (R55) stated she feels nausea when she eats food from the kitchen and the food is cold. The Facility's Food Palatability Policy, dated 9/1/21, documents in part Food will be prepared by methods that conserve nutritive value, flavor and appearance. Food will be palatable, attractive, and served at a safe and appetizing temperature. Food and liquids are prepared and served in a manner, form, and texture to meet resident's needs.

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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 observation, interview, and record review, the facility failed to provide timely and complete incontinent care for 2 of 8 residents (R93, R96) reviewed for incontinent care in the sample of 52.The findings include: 1. R93's admission Record, dated 3/9/26, documents R93 was originally admitted to the facility on [DATE] with diagnosis of Dementia, Cirrhosis of liver, Type 2 DM, Spondylopathies, Chronic Kidney Disease (CKD)-stage 3, HTN, Polyneuropathy, Uropathy, Anemia, Major depressive disorder, COVID, Osteoarthritis, and Neuralgia/Neuritis. R93's Care Plan, dated 3/3/26, documents R6 has an ADL (Activities of Daily Living) self-care performance deficit. Interventions: Bathing: Uses adaptive equipment Shower Chair/Bed with total assist but R93 prefers to have bed baths, Personal Hygiene: 1 person assist. 1/6/26: R93 is unable to dress or groom independently related to: Polyneuropathy, Lumbar Disc Degeneration, Polyarthritis. 2/6/26: R93 is at risk for impaired skin integrity related to confined to a bed all or most of the time, decreased sensory perceptions, dementia, depression, history of poor nutritional intake, history of pressure ulcers, impaired cognition, incontinent of bladder, incontinent of bowel, poor nutritional intake. Interventions: Notify nurse of any new areas of skin, breakdown noted during bathing or daily care, provide incontinence care PRN. 3/3/26: R93 is at risk for fluid volume deficit related to diuretic medication. R93 has episodes of bladder and bowel incontinence. Interventions: Provide disposable incontinence products, provide peri care after each incontinent episode; apply house barrier after incontinence care as needed, Report any redness, irritation, skin excoriation/breakdown peri-area. R93's Minimum Data Set, (MDS), dated [DATE], documents R93 has a moderate cognitive impairment and is dependent on staff for toileting and dressing. R93 requires substantial/maximal assistance from staff for bathing, with partial/moderate assistance from staff for personal hygiene. R93 is always incontinent of both bowel and bladder. On 3/9/26 at 10:10 AM, R93 seen getting transferred from bed to her recliner by V23 (Certified Nursing Assistant/CNA) and V24 (CNA). R93's bed linen were saturated in urine with a large wet spot noticed in middle of her bed where her buttocks would be sitting and a strong smell of urine. On 3/10/26 at 8:20 AM, R93 seen in bed eating breakfast, R93 stated she has not been cleaned up yet, they woke her up for breakfast and no one provided incontinent care, and she is currently wet from overnight. On 3/10/26 at 9:45 AM, R93 still lying in bed, stated staff picked up her breakfast tray, stated she is still wet and has not been checked or cleaned yet. On 3/10/26 at 10:25 AM, V9 (CNA) stated This is the first time we are getting R93 out of bed this morning. On 3/10/26 at 10:30 AM, V9 (CNA) and V10 (CNA) performed peri-care on R93, and upon removing the incontinence brief, it appeared to be saturated in urine. On 3/12/26 at 10:50 AM, V32 (CNA) stated I check on the residents every two hours. I come on at (continued on next page)

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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	6:30 AM and immediately start checking the residents. Those residents who are on the restorative program, we try to get up first and get them to the dining room. Then we go back and get the other residents up. We do incontinence care when we get them up. On 3/12/26 at 10:52 AM, V25 (CNA) stated I check my residents every two hours, and probably even more because I am always up and down the hall all day long and stopping in resident rooms to check on them. We start at 6:30 AM and start getting residents up and do incontinent care at that time. All residents are checked from 6:30 AM until lunch for incontinence. On 3/12/26 at 11:55 AM, V1 (Administrator) stated I would expect the staff to follow policies. 2. R96's Care Plan, dated 1/12/2026, documents that R96 has episodes of incontinence related to decreased sensation to void, impaired mobility. It also documents Check and change every 2 hours and PRN (as needed). R96's MDS, dated [DATE], documents that R96 is cognitively intact, always incontinent of bowel and bladder, and dependent on staff for toileting. On 3/10/2026 at 9:41 AM observed V25 (CNA) and V26 (CNA) perform incontinent care on R96. R96 was incontinent of urine and bowel. V25 and V26 assisted R96 on her left side, using a wet washcloth V25 then cleansed R96's anal area and part of R96's buttocks. V25 and V26 then assisted R96 on to her back onto visual stool soiled bath blanket. Using a wet washcloth V25 then cleansed R96's peri area and inner thigh. With each swipe allowing R96's stump to move about in stool. V25 then touched R96's pubis area with soiled gloves leaving small amount of stool on pubis area. V25 and V26 then turned R96 onto her left side and cleansed the anus and inner thighs. The facility's Incontinent Care policy, dated 5/16/2022, documents that Purpose: To provide guidelines to all nursing staff for providing proper incontinence care in order to keep skin clean, dry, free of irritation and odor. Policy: ALL incontinent residents will receive incontinence care in order to keep skin clean, dry and free of irritation and/or odor. Incontinence care will be provided as required. Procedure 8. Wash all soiled skin areas and dry very well, especially between skin folds; changing gloves and performing hand hygiene as required to prevent cross-contamination.