STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165302	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER Linn Haven Rehab & Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 530 South Linn Avenue New Hampton, IA 50659	

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42133 Based on observation, clinical record review, and staff interview, the facility failed to provide the Dietician recommended dietary interventions to prevent weight loss for 1 of 1 residents sampled (Resident #14). The facility reported a census of 38 residents. Findings include: The Minimum Data Set (MDS) assessment dated [DATE] showed a Brief Interview for Mental Status (BIMS) score of 2 out of 15 indicating severe cognitive loss. The resident required supervision to touch assistance (helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently) for eating. The MDS listed a diagnosis of dementia with mild psychotic disturbance and documented Resident #14 with a significant weight loss (a significant weight loss is defined as a 5 percent (%) weight loss in 30 days or 10% weight loss in 6 months) and not on a prescribed weight loss regimen. The Care Plan revised 8/08/24 identified Resident #14 with a nutritional problem related to dementia, chronic kidney disease stage 3, hypertension and need for a mechanically altered diet. The Care Plan directed the following: a. Provide and serve supplements as ordered: Premier Protein shakes twice a day - provided by family. b. Provide and serve the diet as ordered. Monitor intake and record every meal. c. Registered Dietician to evaluate and make diet change recommendations as needed. An 8/08/24 Nutritional Progress Note documented Resident #14 with a 3% weight loss in 30 days, 7.8% in 90 days and 11.5% in 180 days. The Progress Note reflected Resident #14 received Premier Protein shakes twice a day. The Dietician documented Resident #14 intake is not likely meeting estimated needs with significant weight loss related to a sore mouth and poor intake of meals. Continue with the Premier protein shakes. Recommend to add ice cream to lunch and dinner for added calories. An 8/26/24 review of Resident #14 weights revealed a weight of 164.6 pounds on 4/10/24 and a weight of 144.2 pounds on 8/06/24 resulting in a 12.39% weight loss in less than 6 months. (continued on next page)

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: 165302	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER Linn Haven Rehab & Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 530 South Linn Avenue New Hampton, IA 50659	

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an observation on 8/26/24 at 12:05 PM Staff D, Dietary [NAME] served out Resident #14 lunch meal. The lunch meal did not include ice cream. Observation 8/26/24 at 12:25 PM of Resident #14 table revealed no ice cream with Resident #14 lunch meal/dishes. During an interview on 8/27/24 at 3:15 PM a certified nursing assistant observed passing the afternoon snack cart. She reported she usually always tries to give Resident #14 an afternoon snack of applesauce or pudding. Ice cream is usually not on the afternoon snack cart. On 8/27/24 at 12:00 PM Resident #14 observed seated in the dining room with drinks in front of her waiting for lunch. Further observation at 12:10 PM revealed Resident #14 eating independently with supervision. Her lunch consisted of a pureed breakfast burrito, mashed potatoes, and a pureed apple crisp dessert. Resident #14 had not been served ice cream with her lunch meal. On 8/27/24 at 12:15 PM Staff A, Licensed Practical Nurse (LPN) reported Resident #14 receives protein shakes for her weight loss. They also try to give her afternoon snacks. She loves ice cream. Her son will take her out for ice cream and she will eat all of it. They give her ice cream for an afternoon snack if they have it on the snack cart. On 8/27/24 at 12:25 PM the Dietary Manager reported the Consulting Dietician is at the facility every other Thursday. The Dietician emails the dietary recommendations back to the facility after the Thursday visit, so recommendations come to the facility later. The recommendations from the Dietician are taken care of by the Director of Nursing (DON), Assistant Director of Nursing (ADON) or by her. An 8/27/24 review of Resident #14 lunch and dinner meal slips provided by the facility noted to provide ice cream. On 8/27/24 01:08 PM Staff E, Certified Nursing Assistant (CNA) voiced Resident #14 did not get her ice cream for lunch today (8/27/24). During an interview on 8/27/24 at 1:17 PM Staff D, [NAME] reported Resident #14 is to receive ice cream at lunch and supper. She reported it is her responsibility to serve the ice cream to Resident #14 and she had not served out the ice cream the past two days at lunch. Interview on 8/27/24 at 2:03 PM Staff A, LPN, reported she was not aware Resident #14 required ice cream at lunch and supper. She stated if she had seen a physician order for it, should/would ensure it got done. She reported she had only seen the Dietician twice since the Dietician started at the facility. She didn't know if the Dietician came weekly or bi-weekly, but she doesn't see the recommendations that the Dietician makes. She reported at one time the facility had said they were not going to offer out ice cream for all residents any more. The snack cart usually has yogurt, mandarin oranges, applesauce, and canned pudding. The snack carts are very limited. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165302	A. Building B. Wing	08/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Linn Haven Rehab & Healthcare	530 South Linn Avenue New Hampton, IA 50659

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 8/27/24 at 2:15 PM the DON reported if the Dietician recommends supplements, then they proceed with getting a physician order. If the recommendation is for ice cream, she will notify dietary to update the resident's meal slip. She reported she is responsible for overseeing the dietary recommendations are being done. The DON confirmed she expects the dietary staff to serve out the Dietician recommended items and the plan of care to be implemented. The Care Plan Development Policy dated 08/15 directed individualized, comprehensive care plan using the MDS assessment will be developed for each resident, and describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental and psychosocial well-being.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165302	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER Linn Haven Rehab & Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 530 South Linn Avenue New Hampton, IA 50659	

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50874 Based on observation, record review, resident and staff interviews, the facility failed to follow physician orders for 1 of 3 residents sampled (Resident #32). Facility reported a census of 38 residents. Findings include: Resident #32 Minimum Data Set (MDS) assessment dated [DATE] identified a Brief Interview for Mental Status (BIMS) score of 15 out of 15 indicating intact cognition. The MDS documented Resident #32 received scheduled pain medication for a pain level of 7 out of 10 (a 1-10 pain scale, 10 being the worst possible pain). The MDS listed medical diagnoses of stroke, arthritis, and osteoporosis. The Care Plan initiated 7/31/24 identified Resident #32 with chronic pain related to osteoarthritis and osteoporosis. The Care Plan goal identified a goal Resident #32 would verbalize adequate relief of pain or the ability to cope with unrelieved pain. The Care Plan directed the staff to: 1. Monitor/document for side effects of pain medication. Observe constipation; new onset or increased agitation, restlessness, confusion, hallucination, dysphoria, nausea, vomiting; dizziness and falls. Report occurrences to the physician. 2. Monitor/record/report to the nurse any signs or symptoms of non-verbal pain: changes in breathing, mood/behavior, eyes, face and body. 3. Monitor/record/report to the nurse resident complaints of pain or requests for pain treatment. 4. Notify physician if interventions are unsuccessful or if current complaint is a significant change from residents' past experience of pain. A 7/29/24 Progress Note e-signed by the primary provider on 8/7/24 identified Resident #32 with on-going pain for active chronic osteoarthritis and low back pain. The provider ordered Resident #32 to continue treatment with Lidocaine external patch 5 percent (%). Resident #32 August 2024 Treatment Administration Record (TAR) documented the following pain levels on a 1-10 pain scale where the two-digit number (00-10) indicates by the resident as corresponding to the intensity of their worst pain, where zero is no pain and 10 is the worst pain imaginable. 8/13/24 6:00 AM 4 8/13/24 2:00 PM 10 8/14/24 6:00 AM 6 8/15/24 6:00 AM 3 8/16/24 6:00 AM 4 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165302	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER Linn Haven Rehab & Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 530 South Linn Avenue New Hampton, IA 50659	

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	8/16/24 2:00 PM 4 8/17/24 6:00 AM 4 8/17/24 2:00 PM 4 8/18/24 6:00 AM 10 8/19/24 6:00 AM 2 8/23/24 6:00 AM 10 8/23/24 2:00 PM 3 The National Institutes of Health define pain levels as follows: a. Mild pain: 0-3 b. Moderate pain: 4-6 c. Severe pain 7-10 Resident #32 identified a moderate level of pain 6 times and a severe level of pain 3 times when administered the incorrect dose of the prescribed medication. Observed on 8/26/24 at 7:21 AM, Staff A, Licensed Practical Nurse (LPN) place the Lidocaine external patch 4% on the lower back of Resident #32. Staff A, LPN failed to follow professional standards of medication administration (right patient, right drug, right time, right dose and right route). During an interview on 8/26/24 at 9:13 AM, Resident #32 revealed she has a lot of pain at times due to arthritis in her arms and back. Resident #32 rated her current pain level at a 3. During an interview on 8/26/24 at 9:16 AM, Staff A, LPN confirmed she applied the Lidocaine pain relief gel patch 4% patch to the lower back of Resident #32. The packaging for the Lidocaine pain relief gel patch 4% revealed the box contained 15 patches with 3 remaining patches in the box. During an interview on 8/27/24 at 9:10 AM Director of Nursing (DON) revealed physician orders are to be followed as prescribed. Staff B, DON revealed she was unaware of the discrepancy and was notified on 8/26/24 of the medication error. On 8/27/24 at approximately 9:30 AM DON revealed the facility lacked a policy for order verification/transcribing of physician orders. The DON voiced she expected the nurse will follow up with the pharmacy when a discrepancy is identified.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165302	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER Linn Haven Rehab & Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 530 South Linn Avenue New Hampton, IA 50659	

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42133 Based on observation, clinical record review, and staff interview the facility failed to have emergency equipment readily available at the bedside for 1 of 1 residents reviewed for tracheostomy care (Resident #22). The Facility identified a census of 38 residents. Findings include: The Minimum Data Set (MDS) dated [DATE] showed a Brief Interview for Mental Status (BIMS) score of 12 out of 15 indicating a mild cognitive loss. The MDS documented Resident #22 with a tracheostomy (tracheostomy is an opening surgically created through the neck into the windpipe to allow direct access to the breathing tube and is commonly done in an operating room under general anesthesia. A tube is usually placed through this opening to provide an airway and to remove secretions from the lungs. Breathing is done through the tracheostomy tube rather than through the nose and mouth) and a diagnosis of cancer. The Care Plan revised 6/19/24 documented Resident #22 utilized a tracheostomy related to a malignant neoplasm (cancer) of the supraglottis (the supraglottis is the upper part of the voice box, that's located above the vocal cords and includes the epiglottis) and directed the nursing staff in tube out procedure: keep extra tracheostomy tube and obturator (a curved rod that fits inside the tracheal cannula) at the bedside. If the tube is coughed out, open the stoma (a surgically created opening in the neck that goes into the windpipe and allows air to reach the lungs) with a hemostat. If tube cannot be reinserted, monitor/document for signs of respiratory distress. If able to breathe spontaneously, elevate the head of the bed 45 degrees and stay with resident. Obtain medical help immediately. During an observation on 8/27/24 at 9:25 AM Staff C, Licensed Practical Nurse (LPN) provided Resident #22 his tracheostomy care as physician ordered. After tracheostomy care completion, Staff C was asked what emergency equipment was available in Resident #22 room. Staff C opened the closet door and stated Resident #22 had a bag with suction equipment in it. The suction equipment observed zipped inside a bag in the closet, not set up for emergency use. Staff C searched the closet all the way to the back of the close and the three drawer bin of tracheostomy equipment and reported she could not find a hemostat (a hemostat is a surgical tool, like pliers that is used to grasp skin to secure during procedures). She would have to check with the Director of Nursing (DON) as she didn't see a hemostat in the resident's room. On 8/27/24 at 9:44 AM Staff C asked the DON about a hemostat in Resident #22 room. Staff C reported she had looked in the resident's closet and bin with his tracheostomy equipment but couldn't find a hemostat. The DON at this time reported she would expect a hemostat to be in the room and they would get a hemostat in the room. She expected staff to follow the Care Plan. On 8/27/24 at 10:32 AM Resident #22 reported Staff C had not been back to his room with any equipment. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165302	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER Linn Haven Rehab & Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 530 South Linn Avenue New Hampton, IA 50659	

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	Interview on 8/27/24 at 10:35 AM the DON reported the tracheostomy care kit has forceps in the kit and she would expect the nurses to use the forceps in the tracheostomy kit to open the airway in an emergency. Staff C stood by the DON and when asked if she would know in an emergency to go get the tracheostomy care kit and she reported, no. The DON verified the tracheostomy kits were not stored and accessible in Resident #22 room if there was an emergency. When asked about emergency tracheostomy training, the DON reported the nurses did not have documented emergency training. During an interview on 8/27/24 at 10:36 AM the DON reported she would be providing the nurses with emergency education yet this week. A review of the Facility Assessment updated 7/09/24 lacked documentation of emergency training regarding tracheostomy care. The Tracheostomy Care Procedure, undated, provided by the facility under accidental decannulation directed the following: 1. Call for assistance. 2. Replace the old tracheostomy tube with the new tube that is the same size. 3. Be prepared to manually ventilate the resident in whom respiratory distress develops. 4. Notify emergency personnel, if necessary. 5. Continue to manually ventilate until emergency personnel arrives and take over ventilation. The Procedure lacked direction of the emergency equipment that should be maintained at the bedside for emergency tracheostomy care.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165302	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Linn Haven Rehab & Healthcare	530 South Linn Avenue New Hampton, IA 50659

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 42133

Based on observation, clinical record review, and staff interview the facility failed to have eye protection readily available for enhanced barrier precautions (EBP) for 1 of 1 residents reviewed for tracheostomy care (Resident #22). The Facility identified a census of 38 residents.

Findings include:

The Minimum Data Set (MDS) dated [DATE] showed a Brief Interview for Mental Status (BIMS) score of 12 out of 15 indicating a mild cognitive loss. The MDS documented Resident #22 with a tracheostomy (a tracheostomy is an opening surgically created through the neck into the windpipe to allow direct access to the breathing tube and is commonly done in an operating room under general anesthesia. A tube is usually placed through this opening to provide an airway and to remove secretions from the lungs. Breathing is done through the tracheostomy tube rather than through the nose and mouth) and a diagnosis of cancer.

The Care Plan revised 6/19/24 documented Resident #22 utilized a tracheostomy related to a malignant neoplasm (cancer) of the supraglottis (the supraglottis is the upper part of the voice box, that's located above the vocal cords and includes the epiglottis). The Care Plan included a revised intervention dated 4/17/24 which directed the nurse to utilize enhanced barrier precautions (EBP) for tracheostomy care.

The Center for Disease Control and Prevention (CDC) Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multi-drug resistant Organisms (MDROs) Updated: July 12, 2022 under key points listed the following:

1. Multi-drug-resistant organism (MDRO) transmission is common in skilled nursing facilities, contributing to substantial resident morbidity and mortality and increased healthcare costs.

2. Enhanced Barrier Precautions (EBP) are an infection control intervention designed to reduce transmission of resistant organisms that employs targeted gown and glove use during high contact resident care activities.

3. EBP may be indicated for residents with any indwelling medical devices, regardless of MDRO colonization status.

4. Effective implementation of EBP requires staff training on the proper use of personal protective equipment (PPE) and the availability of PPE and hand hygiene supplies at the point of care

Under the CDC Summary of Personal Protective Equipment (PPE) Use and Room Restriction When Caring for Residents in Nursing Homes directed gloves and gown to be worn prior to the high contact care activity, change PPE before caring for another resident, face protection may also be needed if performing activity with risk of splash or spray.

(continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165302	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER Linn Haven Rehab & Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 530 South Linn Avenue New Hampton, IA 50659	

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	During an observation on 8/27/24 at 9:25 AM Staff C, Licensed Practical Nurse (LPN) reported she wears a gown and gloves when she performs Resident #22 tracheostomy care. Staff C washed her hands, donned an isolation gown and gloves. Observation of the PPE isolation bin as Staff C donned her PPE revealed no goggles or face shield readily available in the isolation bin. Staff C proceeded to perform Resident #22 tracheostomy care cleansing with saline soaked cotton tipped applicators around Resident #22 stoma with Staff C within 10-12 inches of the resident while performing the tracheostomy care. Resident #22 covered his tracheostomy with his finger and verbalized sometimes he coughs during his tracheostomy care and secretions go flying all over as he started to chuckle. Staff C reported she had not been told to wear eye protection or a face shield when providing tracheostomy and no eye protection was present in the isolation bin for Resident #22 care. She would need to check with the Director of Nursing (DON). On 8/27/24 at 9:44 AM Staff C asked the DON about eye protection. The DON verbalized she would expect the nurses to wear a face shield if there was potential for droplet or airborne secretions. The DON informed Staff C face shields were in the basement with the COVID 19 personal protective equipment (PPE). During an interview on 8/27/24 at 1:36 PM the Infection Preventionist (IP) reported the facility has one resident on EBP due to tracheostomy care. The nurses wear a gown and gloves for EBP. The staff should probably wear a face shield in the event of sputum or droplets. Then the IP stated, now that I say it out loud, the staff should probably have face shields on. The IP verbalized the facility follows CDC guidelines.