

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165538	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/24/2025
NAME OF PROVIDER OR SUPPLIER  Prairie Ridge Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1005 7th Street NE Orange City, IA 51041	

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 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47673</b></p> <p>Based on observation, policy review, document review and staff interview the facility failed to follow the menu and prepare food to meet the nutritional needs for 25 of 83 residents reviewed. The facility reported a census of 83 residents.</p> <p>Findings include:</p> <p>Continuous observation of lunch meal service on 4/23/25 from 11:35 AM - 12:00 PM revealed no bread or margarine served to the residents that resided at [NAME] Run Cottage.</p> <p>Review of document titled, Diets revealed 25 residents resided at [NAME] Run Cottage.</p> <p>Review of document titled, facility Fall / Winter 2024-2025 Wednesday Week 1 Menu documented bread and margarine to be served at lunch meal.</p> <p>On 4/23/25 at 12:07 PM Staff D, Assistant Activities Director stated she took the lunch menu that was on the sign to all the residents and wrote what the residents wanted down on a piece of paper. Staff D acknowledged there was no bread on the menu sign and bread was not offered to any of the residents. Staff D explained if bread is sent down from the kitchen it would be offered to the residents but there was no bread sent from the kitchen for lunch on 4/23/25.</p> <p>On 4/24/25 at 7:32 AM Staff E, [NAME] acknowledged she did not puree any bread to send to the residents that required a pureed diet in [NAME] Run Cottage. Staff E stated she felt there was enough on the menu already and the puree did not need the bread. Staff E stated she typically followed the menu. Staff E stated if an item was on the menu then it should have been served. Staff E stated she sent the bread down with the utensils on 4/23/25.</p> <p>On 4/24/25 at 9:04 AM Staff G, Certified Nursing Assistant (CNA) acknowledged she served lunch on [NAME] Run Cottage on 4/23/25 to all the residents. Staff G stated sometimes the kitchen would send buns but yesterday it was only 2 slices of bread with butter. Staff G stated the bread was only sent about every other day.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 4/24/25 at 7:37 AM Staff F Certified Dietary Manager stated it was up to the host to ask the residents and to take the bread around and offer it. Staff F stated the facility's expectation was that bread and butter would be offered to everyone and should have been served to the residents that received pureed food as well. Staff F acknowledged that the bread was not served to the residents at [NAME] Run Cottage on 4/23/25 at lunch. Staff F stated she went to [NAME] Run Cottage and asked staff and they acknowledged they did not serve the bread with the meal at lunch time on 4/23/25. Staff F stated the staff said they forgot to offer the bread to the residents.</p> <p>On 4/24/25 at 7:53 AM the Administrator stated the facility's expectation was that the menu would be followed even by serving the bread and butter.</p> <p>Review of policy dated 7/11/24 titled, Menu Planning documented Menus were planned to meet the nutritional needs of patients in accordance with their physician's orders, the recommended dietary allowance as stated by the National Research Council and the Dietary Guidelines for Americans. The general menu was reviewed and modified by the CDM and was approved by the Registered Dietitian.</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47673</b></p> <p>Based on observation, resident interview, staff interview, resident council notes, and policy review the facility failed to provide food at an appetizing temperature to 1 of 20 residents reviewed (Resident #17). The facility reported a census of 83 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) dated [DATE] revealed Resident #17 had a Brief Interview for Mental Status (BIMS) of 15 indicating no cognitive impairment.</p> <p>On 4/21/25 at 3:18 PM Resident #17 stated the food was sometimes served cold but less than weekly.</p> <p>An observation on 4/23/25 at 11:35 AM revealed lunch was delivered to [NAME] Run Cottage. Staff D, Assistant Activities Director served the lunch meal. Lunch services were completed at 12:00 PM and temperatures were obtained by Staff D. The temperatures of peas were 112 degrees, cauliflower 119 degrees, garlic parmesan potatoes 145, casserole 172 and Swiss steak 140 degrees.</p> <p>On 4/23/25 at 12:07 PM Staff D acknowledged that she did not usually serve lunch. Staff D stated she felt the temperatures should have been 165 degrees or above to be served. Staff D stated the temperature of the food was obtained after the food was served. Staff D stated she did not keep track of any of the food temperatures that were obtained. Staff D acknowledged the food temperatures were not adequate for that lunch service.</p> <p>On 4/24/25 at 7:37 AM Staff F, Certified Dietary Manager stated the staff should check the food prior to service and if it was under 135 would want it brought back up above 135 degrees. Staff F stated the facility's expectation was the food would be held at 135 or above during the meal service.</p> <p>On 4/24/25 at 7:53 AM the Administrator stated the facility's expectation was that temperatures of food would be held above 135 degrees until after meal services were completed. The Administrator explained that the facility did not have a policy on food holding temperatures.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>47673</p> <p>Based on observation, staff interview, and policy review the facility failed to prepare food in accordance with professional standards by not completing appropriate hand hygiene during meal preparation. The facility reported a census of 83 residents.</p> <p>Findings include:</p> <p>An observation on 4/23/25 at 9:00 AM revealed Staff E, [NAME] completed hand hygiene, obtained 5 portions of Swiss steak from the oven, placed them in them the processor, mechanical soft Swiss steaks removed from food processor and measured to 3 cups, reviewed puree sheet, serving sized determined to be #8. Staff E obtained 5 bowels from the cabinet and placed her ungloved fingers into 3 bowls and two ungloved fingers into 2 bowls with the other hand. Staff E used a #8 scoop to serve mechanical food in 5 bowls, bowls were placed in the microwave, the bowls were heated, the bowls were removed from the microwave, the bowls were placed in the steam table pan and the pan placed in the oven. Then 3 servings of Swiss steak were obtained from the pan, Swiss steak placed in food processor, food processor was turned on, Swiss steak was removed from processor with spatula into measuring cup, 3 bowls obtained with one hand placing fingers in each bowl, pureed Swiss steak placed in bowls, bowls placed in the microwave, bowls removed from the microwave, bowls placed in steam table pan and pan placed in oven. Staff E then walked to the freezer, obtained frozen pre-formed peas, obtained 3 bowls, placed the bowls in front of the microwave, applied gloves, removed frozen pre-formed peas from package, placed peas in the bowls with gloved hands, pressed the peas into the bowls, removed gloves, placed bowls in the microwave, bowls were removed from the microwave, bowls were placed in steam table pan and pan placed in oven. Staff E obtained bowls from the cabinet, applied gloves removed a frozen peach pie from the freezer, removed 3 servings of peach pie, placed her gloved hand on top of each piece of pie for support, placed pie in processor, removed gloves, obtained milk from the refrigerator, milk poured into the processor, removed pureed pie from the processor with spatula into bowls and placed in the refrigerator.</p> <p>On 4/24/25 at 7:37 AM Staff F, Certified Dietary Manager (CDM) stated the facility's expectation was hand hygiene should be completed before and after gloving and after coming in contact with contaminated surfaces.</p> <p>On 4/24/25 at 7:53 AM the Administrator stated hand hygiene should be completed before and after gloving and after coming in contact with contaminated surfaces.</p> <p>Review of policy with effective date of 12/29/23 titled, Hand Washing, Nutrition revealed food employees shall clean their hands and exposed portions of their arms, as specified under procedures; immediately before engaging in food preparation. Including working with exposed food, clean equipment and utensils, and unwrapped single-service and single-use articles and after handling soiled equipment or utensils, during food preparation, as often as necessary to remove soil and contamination and to prevent cross contamination when changing tasks, after engaging in other activities that contaminate the hands, and don gloves after washing hands and before touching ready to eat foods.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47673</b></p> <p>Based on observation, record review, policy review, and staff interview the facility failed to provide appropriate infection prevention practices when providing personal care to a resident and when providing care to a residents on enhanced barrier precautions (EBH) for 4 of 12 residents reviewed (Resident #15, #27, #33 and #45). The facility reported a census of 83 residents.</p> <p>Findings include:</p> <p>1. The Minimum Data Set (MDS) dated [DATE] documented Resident #33 had a Brief Interview for Mental Status (BIMS) of 13 indicating no cognitive impairment. The MDS also documented Resident #33 utilized a suprapubic catheter and had a stage 2 pressure ulcer.</p> <p>Review of Resident #33's Physician Orders documented an order to change suprapubic catheter with an 18 fr with 10mL balloon to straight drainage every 3 weeks and PRN. Change monthly on the 6th.</p> <p>An observation on 4/22/25 at 9:00 AM revealed Staff H, Certified Nursing Assistant (CNA) and Staff I, Registered Nurse (RN) completing cares and a transfer with Resident #33. Staff H completed hand hygiene, applied gloves, did not don a gown, emptied catheter into a graduate with a barrier placed on the ground, cleansed the tip of the catheter and returned it to the locked position. Staff H removed gloves, completed hand hygiene and applied gloves. Staff I applied a sling to Resident #33's back and up between Resident #33's legs. Staff I did not complete hand hygiene or don gloves or gown. Staff I moved catheter tubing from under Resident #33's leg. Staff I secured the catheter into the leg strap without gloves or a gown. Staff I then completed hand hygiene. Resident #33 was lying in bed in a hospital gown. Staff H removed gloves and completed hand hygiene. Both staff applied shoes without gloves. Both staff applied lift straps under Resident #33's legs and attached to the lift cloth to the full body mechanical lift. Staff H ran the lift controls and Staff I helped with residents legs during transfer. Once Resident #33 was in the air Staff I supported Resident #33's back to direct position and was not wearing gloves at that time.</p> <p>Review of EHR titled, Progress Note dated 11/15/24 authored by Director of Nursing (DON) documented she visited with Resident #33 and son regarding Enhanced Barrier Precautions. Resident #33 adamantly does not want this used and states it is bull shit. Risk of infection explained to the resident and she states understanding and chooses to sign a Risk agreement.</p> <p>Review of Resident #33's Electronic Health Record (EHR) titled, Care Plan documented Resident #33 had chosen to decline use of EBP to preserve her normal quality of life. Resident #33 was at increased risk for infection due to indwelling foley catheter. Resident #33's choice of refuse EBP will be honored to allow her right to self-determination. Risk education and agreement had been completed.</p> <p>44474</p> <p>2. The MDS assessment dated [DATE] for Resident #15 documented diagnoses of dementia, chronic kidney disease and hypertension. The MDS showed a BIMS score of 7 indicating severe cognitive impairment. The MDS revealed Resident #15 has 1 or more Stage 3 unhealed pressure ulcers.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the Care Plan with a revision date of 3/5/25 revealed the resident currently has an open area to her left hip. Wound care is currently treating the area.</p> <p>Observation on 4/23/25 at 12:49 p.m., of Resident #15 with Staff A, Licensed Practical Nurse (LPN) entered the room and performed a pressure wound dressing on the left hip area. Staff A did not wear any EBP when performing pressure wound dressing change with Resident #15.</p> <p>3. The MDS assessment dated [DATE] for Resident #45 documented diagnoses of benign prostatic hyperplasia, renal insufficiency, obstructive uropathy. The MDS showed a BIMS score of 15 indicating no cognitive impairment.</p> <p>The MDS revealed Resident #45 has an indwelling catheter.</p> <p>Review of the Care Plan with a revision date of 2/19/25 revealed the resident currently has a foley catheter.</p> <p>Observation on 4/23/25 at 12:41 p.m., of Staff B, Certified Nursing Assistant (CNA) entered Resident #45's room to empty the indwelling catheter bag. Staff B did not wear any EBP with catheter care.</p> <p>4. The MDS assessment dated [DATE] for Resident #27 documented diagnoses of anoxic brain damage and dysphagia (difficulty swallowing foods or liquids, arising from the throat or esophagus) The MDS showed a BIMS score of 99 indicating the resident was unable to complete the interview. The MDS revealed Resident #27 had a feeding tube.</p> <p>Review of the Care Plan with a revision date of 3/5/25 revealed the resident currently receives tube feedings 4 times a day.</p> <p>Observation on 4/23/25 at 2:44 p.m., of Staff A entered Resident #27's room to administer tube feeding. Staff A did not wear any EBP when performing the administration of tube feeding.</p> <p>Interview on 4/23/25 at 2:57 p.m., with Staff A revealed she was aware of EBP usage for residents with devices. Staff A explained when a resident comes to the facility or is here and has a wound or a medical device the facility staff educate the family and residents on using the precautions and if they do not want the precautions they sign a waiver stating they do not the precautions used this way the resident does not feel out of place or feel like they have something.</p> <p>Review of facility provided policy titled Infection Control Program, Standard, Transmission, Droplet, and Airborne Precautions with a revision date of 4/21/25 revealed the following information:</p> <p>a. Enhanced Barrier Precautions refers to the use of gown and gloves worn during high-contact contact resident care activities for residents known to be colonized or infected with multi-drug resistant organisms (MDRO) as well as those considered high risk of MDRO acquisition.</p> <p>b. Those at high risk include residents with chronic open wounds or indwelling medical devices. Indwelling medical devices includes central vascular lines, indwelling urinary catheters, feeding tubes, and tracheostomy tubes.</p> <p>c. A chronic open wound is a wound that does not heal within 3 months.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>d. Examples of high contact care activities include: dressing, bathing/showering, transfers, providing hygiene, changing linens, changing briefs or assisting with toileting and wound care.</p> <p>Review of the Centers for Disease Control website titled Frequently Asked Questions about Enhanced Barrier Precautions in Nursing Homes dated June 28, 2004 visited on 4/24/25 revealed the following information:</p> <p>a. Enhanced Barrier Precautions are an infection control intervention designed to reduce transmission of multidrug-resistant organisms (MDROs) in nursing homes. Enhanced Barrier Precautions involve gown and glove use during high-contact resident care activities for residents known to be colonized or infected with a MDRO as well as those at increased risk of MDRO acquisition (e.g., residents with wounds or indwelling medical devices).</p> <p>b. The studies that informed EBP, including defining which care activities most commonly result in transfer of MDROs to staff hands and clothing, were conducted in adult nursing home populations.</p> <p>c. Assuming Contact Precautions do not otherwise apply, Enhanced Barrier Precautions are recommended for residents with any of the following: 1) infection or colonization with a MDRO or 2) a wound or indwelling medical device, even if the resident is not known to be infected or colonized with a MDRO.</p> <p>d. Enhanced Barrier Precautions are recommended for residents with indwelling medical devices or wounds, who do not otherwise meet the criteria for Contact Precautions, even if they have no history of MDRO colonization or infection and regardless of whether others in the facility are known to have MDRO colonization. This is because devices and wounds are risk factors that place these residents at higher risk for carrying or acquiring a MDRO and many residents colonized with a MDRO are asymptomatic or not presently known to be colonized.</p> <p>Interview on 4/23/25 at 3:27 p.m., with the Director of Nursing revealed the facility has a policy on EBP and when a resident comes to the facility with a device the facility does education on the usage of EBP and explains both sides of the usage. If the family or resident does not want EBP used the facility has them sign a waiver they have been educated and do not want it.</p> <p>44420</p> <p>5. Observation on 4/23/25 at 11:35 AM showed Resident #70 lifted a medication cup to lips, ingested medication, then handed the empty medication cup to Staff C, Registered Nurse (RN). Staff C discarded the cup, failed to complete hand hygiene, then returned to the medication cart. Staff C touched the computer mouse, opened the medication cart and proceeded to prepare and administer medications to the next resident.</p> <p>Observation on 4/23/25 at 11:57 AM showed Staff C, RN picked up Resident #43's cup of water to assist the resident to sip during medication administration. Staff B then disposed of the medication cup, returned to the medication cart and touched the computer mouse, opened the medication cart and proceeded to prepare and administer medications to the next resident.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 4/23/25 at 12:18 PM showed Staff C, RN picked up Resident 62's cup of water, handed the water and medication cup to the resident. Resident #62 lifted the medication cup to lips, ingested medication, then handed both of the empty cups to Staff C. Staff C placed the water cup back on the table, discarded the medication cup, failed to complete hand hygiene, then returned to the medication cart. Staff C touched the computer mouse, opened the medication cart and proceeded to prepare and administer medications to the next resident.</p> <p>Based on our acceptance of your credible allegation of substantial compliance and Plan of Correction, your facility will be certified in compliance with the health requirements effective April 29, 2025.</p> <p>The Handwashing, Instant and Regular policy last revised on 4/23/25 identified staff are to perform proper hand hygiene before and after each direct resident contact.</p> <p>INSTANT: To effectively kill bacteria and sanitize hands between hand washing or when soap and water are not readily available or convenient, a hand antiseptic is to be used as a supplement to handwashing, when hands are not visibly soiled.</p> <p>REGULAR: Handwashing is done to thoroughly cleanse hands and prevent the spread of infection.</p> <p>PROCEDURE: INSTANT: Apply to clean dry hands that are free of any visible debris.</p> <p>Apply sufficient amount to wet hands thoroughly. Rub hands together for at least 15 seconds, covering the entire surface, including nails. Allow to dry thoroughly. Store at 20-25 C (68-77 F). REGULAR: Turn on water and adjust temperature. Soap hands well. Rub hands briskly, pay special attention to the area between fingers for at least 20 seconds. Rinse with hands lowered to allow soiled water to drain directly into the sink. Do not allow hands to touch the sink. Dry hands well, especially between fingers. Use disposable hand towels to turn off faucets.</p>		