

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/07/2024
NAME OF PROVIDER OR SUPPLIER Villa Feliciana Chronic Disease		STREET ADDRESS, CITY, STATE, ZIP CODE 5002 Highway 10 Jackson, LA 70748	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48333</p> <p>Based on observations, interviews, and record review, the facility failed to maintain an environment which promotes quality of life through dignity and respect for 1 (#94) of 5 (#10, #16, #94, #107, and #150) residents reviewed for resident rights. The facility failed to ensure residents were assisted with meals in a dignified manner as evidenced by staff standing over Residents #94 while assisting him to eat.</p> <p>Findings:</p> <p>Review of the facility's policy titled Feeding a Resident with an effective date of November 1999 revealed the following, in part:</p> <p>Procedure: R. If possible, sit facing the resident while feeding is taking place</p> <p>A review of Resident #94's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses which included Cerebral Infarction and Acquired Absence of Right Fingers.</p> <p>A review of Resident #94's Quarterly Minimum Data Set with an Assessment Reference Date of 10/22/2024 revealed functional limitation in range of motion to bilateral upper extremities and dependent on staff for eating.</p> <p>On 11/06/2024 at 12:48 p.m., an observation was conducted of S5CNA and Resident #94. S5CNA stood over Resident #94 feeding him. A chair was noted behind S5CNA. S5CNA continued to feed Resident #94 standing next to his bed until his meal was completed. S5CNA stated she does not sit when feeding Resident #94. S5CNA confirmed Resident #94 was dependent on staff for feeding assistance and she should have been sitting on his level when assisting him with his meal.</p> <p>On 11/07/2024 at 1:09 p.m., an interview was conducted with S2DON. S2DON confirmed S5CNA should sit when assisting Resident #94 with meals.</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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44965</p> <p>Based on interviews and record review, the facility failed to ensure an effective system was in place to incorporate Level II PASARR determination recommendations in the resident's care planning for 1 (#106) of 3 (#33, #106, and #145) residents reviewed for PASARR. This deficient practice had the potential to affect any of the 58 residents residing in the facility with a PASARR Level II as determined by the facility.</p> <p>Findings:</p> <p>Review of Resident #106's Clinical Record revealed he was admitted to the facility on [DATE] and had diagnoses, which included Schizoaffective Disorder - Bipolar Type.</p> <p>Review of Resident #106's Level II PASARR Determination dated 08/08/2024 revealed the following, in part:</p> <p>Specialized Services Recommendations:</p> <p>Individual outpatient therapy - checked</p> <p>Other - checked</p> <p>Other specialized services: schedule a psychiatric evaluation - include treatment recommendations</p> <p>Review of Resident #106's current Care Plan revealed no documented evidence of a Level II PASARR or any recommended interventions.</p> <p>Review of Resident #106's electronic and paper Clinical Record revealed no evidence a psychiatric evaluation was conducted. Further review revealed no documented evidence outpatient individual therapy services were implemented or offered.</p> <p>An interview was conducted with S9SSC on 11/06/2024 at 10:59 a.m. She stated S10MRA tracked PASARR Level IIs and reviewed recommendations. She stated she did not review any resident Level II PASARRs and/or implement any recommendations. She confirmed she did not notify the Psychologist of the need for a psychiatric evaluation for Resident #106. She confirmed she did not offer and Resident #106 had not received individual outpatient therapy services.</p> <p>(continued on next page)</p>		

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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview was conducted with S10MRA on 11/07/2024 at 9:35 a.m. She stated all resident Level II PASARR determinations were sent to the resident's social service counselor. She stated the social service counselor was responsible for ensuring the Level II determination recommendations were implemented. She reviewed Resident #106's PASARR Level II determination dated 08/08/2024 and confirmed individual outpatient therapy services and a psychiatric evaluation were recommended. She stated S9SSC was Resident #106's social services counselor and was responsible to implement Resident #106's Level II PASARR recommendations. She reviewed Resident #106's Clinical Record and confirmed there was no documented psychiatric evaluation after the Level II PASARR was issued on 08/08/2024. She stated S9SSC should have notified the psychologist of the need for a psychiatric evaluation.</p> <p>An interview was conducted with S2DON on 11/07/2024 at 9:15 a.m. She stated S10MRA was aware of the process for implementing Level II PASARR recommendations. She reviewed Resident #106's Clinical Record and confirmed a psychiatric evaluation had not been completed in the past year. She stated S9SSC would have been aware if Resident #106 had been offered and/or received outpatient therapy services.</p> <p>An interview was conducted with S11SSD on 11/07/2024 at 9:52 a.m. She stated there was not a specific process in place to ensure Level II PASARR recommendations were implemented. She reviewed Resident #106's Level II PASARR dated 08/08/2024 and confirmed individual outpatient therapy services and a psychiatric evaluation should have been implemented.</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44965</p> <p>Based on observations, interviews, and record review, the facility failed to ensure services provided met professional standards of quality by failing to ensure nursing staff accurately documented Pressure Ulcer treatment as performed for 1 (#52) of 4 (#45, #52, #65, and #139) residents reviewed with Pressure Ulcers. This deficient practice had the potential to affect any of the 13 residents residing at the facility with Pressure Ulcers.</p> <p>Findings:</p> <p>Review of the facility's undated policy titled, Wound Care Policy and Procedures revealed the following, in part:</p> <p>Documentation:</p> <p>A. Treatment Documentation:</p> <p>Treatments will be initiated per physician orders. Treatments will be documented .as ordered.</p> <p>Review of Resident #52's Clinical Record revealed he was admitted to the facility on [DATE] and had diagnoses, which included Pressure Ulcers and Paraplegia.</p> <p>Review of Resident #52's Quarterly MDS with an ARD of 10/22/2024 revealed a BIMS summary score of 15, which indicated he was cognitively intact.</p> <p>Review of Resident #52's current Physician Orders dated November 2024 revealed the following, in part:</p> <p>Start date: 10/03/2024 - Left Proximal/Distal Lateral Lower Leg Pressure Injury: apply non-adhering dressing to exposed tendon then apply wound vacuum at 125 mm/Hg continuous pressure. Apply twice a week on Mondays and Thursdays and as needed.</p> <p>Review of Resident #52's electronic Wound Documentation dated 11/04/2024 revealed a checkmark with S6LPN's initials, which indicated Resident #52's left leg wound treatment was completed per the physician orders.</p> <p>An interview was conducted with Resident #52 on 11/04/2024 at 10:32 a.m. An interview was conducted with Resident #52 on 11/04/2024 at 10:32 a.m. He stated his left leg treatment was completed this morning by S6LPN and S7LPN. He stated S6LPN and S7LPN did not place the wound vacuum and put a dry dressing on his left leg. An observation of Resident #52's left leg was conducted at that time. There was no wound vacuum in place to the resident's left leg.</p> <p>An interview was conducted with S6LPN on 11/04/2024 at 11:19 a.m. She stated she performed wound care for Resident #52 this morning with S7LPN's assistance. She stated Resident #52's wound vacuum was removed this morning and not replaced. She stated she and S7LPN placed a dry dressing to Resident #52's left leg wound.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview was conducted with S7LPN on 11/07/2024 at 1:02 p.m. She confirmed she and S6LPN performed Resident #52's wound treatment on 11/04/2024. She stated Resident #52's wound vacuum was removed this morning, not replaced and a dry dressing was placed on Resident #52's left leg wound. She confirmed Resident #52 had a left leg wound vacuum ordered at all times with changes to be completed on Mondays, Thursdays and as needed. She further confirmed S6LPN documented Resident #52's wound care was completed as ordered and it was not.</p> <p>An interview was conducted with S2DON on 11/07/2024 at 2:24 p.m. She stated Resident #52 had a left leg wound vacuum ordered at all times with changes to be completed on Mondays, Thursdays and as needed. She confirmed Resident #52's treatment was not completed as ordered, it was documented completed as ordered, and should not have been.</p>

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44965</p> <p>Based on observations, interviews, and record review, the facility failed to ensure a resident with Pressure Ulcers received treatment and services consistent with professional standards by failing to implement the physician ordered treatment for 1 (#52) of 2 (#52 and #62) residents reviewed with wound vacuums. This deficient practice had the potential to affect any of the 13 residents with Pressure Ulcers as listed on the facility's CMS-802.</p> <p>Findings:</p> <p>Review of the facility's undated policy titled, Wound Care Policy and Procedures revealed the following, in part:</p> <p>Documentation:</p> <p>A. Treatment Documentation:</p> <p>Treatments will be initiated per physician orders. Treatments will be documented .as ordered.</p> <p>Review of Resident #52's Clinical Record revealed he was admitted to the facility on [DATE] and had diagnoses, which included Pressure Ulcers and Paraplegia.</p> <p>Review of Resident #52's Quarterly MDS with an ARD of 10/22/2024 revealed a BIMS summary score of 15, which indicated he was cognitively intact.</p> <p>Review of Resident #52's current Physician Orders dated November 2024 revealed the following, in part:</p> <p>Start date: 10/03/2024 - Left Proximal/Distal Lateral Lower Leg Pressure Injury: apply non-adhering dressing to exposed tendon then apply wound vacuum at 125 mm/hg continuous pressure. Apply twice a week on Mondays and Thursdays and as needed.</p> <p>An interview was conducted with Resident #52 on 11/04/2024 at 10:32 a.m. He stated his left leg treatment was completed this morning by S6LPN and S7LPN. He stated S6LPN and S7LPN did not place the wound vacuum and put a dry dressing on his left leg. An observation was made of Resident #52's left leg at that time. There was no wound vacuum noted in place to the resident's left leg.</p> <p>An interview was conducted with S6LPN on 11/04/2024 at 11:19 a.m. She stated she performed wound care for Resident #52 this morning with S7LPN's assistance. She stated Resident #52's wound vacuum was removed this morning and not replaced. She stated she and S7LPN placed a dry dressing to Resident #52's left leg wound.</p> <p>An interview was conducted with S7LPN on 11/07/2024 at 1:02 p.m. She confirmed she and S6LPN performed Resident #52's wound treatment on 11/04/2024. She reviewed Resident #52's current physician ordered wound care treatment. She confirmed Resident #52's wound vacuum dressing should have been removed and a new wound vacuum dressing applied on 11/04/2024 and was not.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An observation and concurrent interview was conducted with Resident #52 on 11/06/2024 at 7:00 a.m. Resident #52 was lying in bed with no wound vacuum in place to his left leg. Resident #52 stated the wound vacuum was removed on 11/04/2024 and had not been replaced.</p> <p>An interview was conducted with S8WCN on 11/06/2024 at 11:33 a.m. She confirmed Resident #52 had a left leg wound vacuum ordered at all times with changes to be completed on Mondays, Thursdays and as needed. S8WCN confirmed she performed Resident #52's wound treatment on 11/05/2024. She confirmed Resident #52's wound vacuum was not in place on the resident's left leg on 11/05/2024 and she did not replace Resident #52's wound vacuum. She further confirmed Resident #52's left leg wound vacuum dressing should have been placed as ordered on 11/04/2024 and 11/05/2024.</p> <p>An interview was conducted with S2DON on 11/06/2024 at 2:34 p.m. She confirmed Resident #52 had a left leg wound vacuum ordered at all times with changes to be completed on Mondays, Thursdays and as needed. She stated Resident #52's left leg wound vacuum dressing should have been placed as ordered on 11/04/2024 and 11/05/2024.</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44965</p> <p>48333</p> <p>Based on observations, interviews, and record review, the facility failed to ensure staff utilized appropriate PPE during care with residents who required EBP (Enhanced Barrier Precautions) for 3 (#35, #52, and #54) of 3 (#35, #52, and #54) residents observed during chronic wound care and use of indwelling medical devices. This deficient practice had the potential to affect any of the 20 residents residing in the facility on Enhanced Barrier Precautions.</p> <p>Findings:</p> <p>Review of the facility's policy titled Implementation of PPE use in LTC (Long Term Care) setting to prevent the spread of MDROs (Multi-Drug Resistant Organisms) Dated 10/24/2022, revealed the following, in part:</p> <p>Residents for whom EBP applies to include any resident with an indwelling medical device or wound.</p> <p>Examples of high-contact resident care activities requiring gown and glove use for Enhanced Barrier Precautions include: Dressing, Bathing, Providing Hygiene, Device care or use: feeding tube, and tracheostomy, and wound care: any skin opening requiring a dressing.</p> <p>Resident #35</p> <p>Review of Resident #35's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses, which included Encounter for Attention to Tracheostomy and Gastrostomy.</p> <p>On 11/04/2024 at 4:00 p.m., an observation was conducted of Resident #35's door and room. There was no signage indicating Resident #35 was on Enhanced Barrier Precautions and there was no PPE present.</p> <p>On 11/06/2024 at 9:36 a.m., an observation was conducted of S4RN administering medications via Resident #35's gastrostomy tube. S4RN did not have on a gown.</p> <p>On 11/06/2024 at 9:50 a.m., an interview was conducted with S4RN. S4RN stated she was not aware Resident #35 was on Enhanced Barrier Precautions due to no signage on Resident #35's door. S4RN confirmed she did not wear a gown when she administered medications via Resident #35's gastrostomy tube.</p> <p>Resident #52</p> <p>Review of Resident #52's Clinical Record revealed he was admitted to the facility on [DATE] with diagnoses, which included Pressure Ulcers.</p> <p>On 11/04/2024 at 10:32 a.m., an observation was conducted of Resident #52's door and room. There was no PPE present.</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>On 11/06/2024 at 9:25 a.m., an observation was conducted of S8WCN performing wound care on Resident #52. S8WCN did not have on a gown.</p> <p>On 11/06/2024 at 11:33 a.m., an interview was conducted with S8WCN. She confirmed she did not wear a gown when she performed Resident #52's wound care. She confirmed Resident #52 had chronic Pressure Ulcers.</p> <p>Resident #54</p> <p>Review of Resident #54's Clinical Record revealed he was admitted on [DATE] with diagnoses which included Encounter for Attention to Tracheostomy, Colostomy, and Gastrostomy.</p> <p>On 11/04/2024 at 4:00 p.m., an observation was conducted of Resident #54's door and room. There was no signage indicating Resident #54 was on Enhanced Barrier Precautions and there was no PPE present.</p> <p>On 11/06/2024 at 9:30 a.m., an observation was conducted of S5CNA entering Resident #54's room without a gown. S5CNA changed Resident#54's colostomy bag, provided personal hygiene, and changed his clothing.</p> <p>On 11/06/2024 at 9:56 a.m., an interview was conducted with S5CNA. S5CNA reported she changed Resident #54's colostomy bag, provided personal hygiene, and changed his clothing. She confirmed she did not wear a gown when she performed the above aforementioned resident care.</p> <p>On 11/06/2024 at 1:14 p.m., an interview was conducted with S3RN. S3RN confirmed Resident #35, #52, and #54 had Enhanced Barrier Precautions initiated. He confirmed Resident #35, #52, and #54 should have had signage on their door indicating the use of Enhanced Barrier Precautions and did not. He stated staff should have worn gowns when performing care on residents with Enhanced Barrier Precautions in place.</p> <p>On 11/07/2024 at 1:09 p.m., an interview was conducted with S2DON. She confirmed Resident #35, #52, and #54 had Enhanced Barrier Precautions initiated. She confirmed Resident #35, #52, and #54 should have had signage on their door indicating the use of Enhanced Barrier Precautions and did not. She stated staff should have worn gowns when performing care on residents with Enhanced Barrier Precautions in place.</p>		