

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225361	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/24/2024
NAME OF PROVIDER OR SUPPLIER  Quaboag Rehabilitation & Skilled Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 47 East Main Street West Brookfield, MA 01585	

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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45435</b></p> <p>Based on interview, record and policy review, the facility failed to provide appropriate care and services according to professional standards of practice for a suprapubic catheter (an indwelling urinary catheter placed directly into the bladder through the abdomen) for one Resident (#32) out of a total sample of 27 residents.</p> <p>Specifically, for Resident #32, the facility staff failed to provide suprapubic catheter care and services as ordered by the Physician to prevent catheter related complications when the catheter was leaking and was not flushed (manual injection with normal saline to clean or clear the catheter) and/or changed as indicated.</p> <p>Findings include:</p> <p>Review of the facility policy titled Indwelling Foley Catheter, dated 7/13/22 indicated:</p> <p>-Indwelling catheters will be used and maintained in accordance with scientifically based guidelines and accepted standards of nursing practice.</p> <p>Review of the Lippincott Nursing Procedure - 9th Edition (2023) Indwelling Catheter Care indicated the following:</p> <p>-Inspect the urinary catheter system for disconnections and leakage, because a sterile, continuously closed system is required to reduce the risk of catheter associated urinary tract infection (CAUTI).</p> <p>-Replace the catheter and drainage system using sterile no-touch technique (the practice of avoiding contamination by not touching key elements) when a break in sterile technique, disconnection, or leakage occurs.</p> <p>Review of the Center for Disease Control and Prevention (CDC) Guideline for Prevention of CAUTI, dated 2009, section III, titled Proper Techniques for Urinary Catheter Maintenance indicated the following:</p> <p>-If breaks in aseptic technique, disconnection, or leakage occur, replace the catheter and collecting system using aseptic technique and sterile equipment.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225361	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/24/2024
NAME OF PROVIDER OR SUPPLIER  Quaboag Rehabilitation & Skilled Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 47 East Main Street West Brookfield, MA 01585	
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident #32 was admitted to the facility May 2023 with diagnoses of Obstructive and Reflux Uropathy (a disorder of the urinary tract that occurs due to obstructed urinary flow causing a backup of urine into the kidneys) and history of recurrent urinary tract infection with Extended Spectrum Beta Lactamase (ESBL - an enzyme found in some strains of bacteria that causes a resistance to many antibiotics)</p> <p>Review of the Minimum Data Set (MDS) assessment dated [DATE], Section H-Bladder and Bowel, indicated the Resident had an indwelling catheter.</p> <p>Review of the April 2024 Physician's orders indicated the following:</p> <ul style="list-style-type: none"> <li>-Change suprapubic Foley (a brand name indwelling urinary catheter) catheter, size 16 French - 10 cubic centimeter (cc) [NAME] and drainage bag as needed when there is an indication or prior to obtaining a urine specimen, initiated 1/15/24.</li> <li>-irrigate urinary suprapubic catheter with 60 milliliters (ml) sterile water as needed for blockage/leakage, initiated 1/15/24.</li> </ul> <p>Review of the Nurse Progress Notes dated 2/4/24 at 6:45 A.M., indicated the following:</p> <ul style="list-style-type: none"> <li>-Resident Foley leaking:</li> </ul> <ul style="list-style-type: none"> <li>&gt;tubing cleaned and balloon emptied</li> <li>&gt;advanced and balloon inflated with NS (normal saline).</li> </ul> <p>During an interview on 4/23/24 at 12:22 P.M., Unit Manager (UM) #1 said that if the Resident's catheter was leaking or not draining, she would try to flush the catheter and if flushing the catheter did not work, she would reposition the suprapubic tube. UM #1 explained repositioning the tube process as deflating the balloon and moving the tube while checking to see if urine started to flow. UM #1 said she did not see a Physician's order for repositioning the suprapubic tube and she was not sure if repositioning the suprapubic tube was indicated in the facility policy.</p> <p>During an interview on 4/23/24 at 3:23 P.M., Regional Nurse #2 said that if the urinary catheter was leaking or not draining correctly, the Nurse should have checked the outside of the catheter tubing for kinks, flushed [with 60 ml sterile water] and changed the catheter as ordered by the Physician.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225361	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/24/2024
NAME OF PROVIDER OR SUPPLIER  Quaboag Rehabilitation & Skilled Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 47 East Main Street West Brookfield, MA 01585	
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 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>42741</p> <p>Based on interview and record review, the facility failed to ensure that a medication regimen review recommendation was completed timely for one Resident (#56) out of a total sample of 27 residents.</p> <p>Specifically for Resident #56, the facility failed to ensure that a Consultant Pharmacist recommendation to complete an Abnormal Involuntary Movement Scale (AIMS - a rating scale designed to measure involuntary movement known as tardive dyskinesia (TD) which can be a side effect from a person receiving antipsychotic medication) was completed timely.</p> <p>Findings include:</p> <p>Resident #56 was admitted to the facility in August 2023 with a diagnosis of Psychophysical Visual Disturbances (visual hallucinations).</p> <p>Review of the October 2023 and November 2023 Physician orders indicated Resident #56 was prescribed Risperidone (antipsychotic medication that can cause TD) 1 milligram (mg) twice daily, with a start date of 10/6/23.</p> <p>Review of the October 2023 and November 2023 Medication Administration Records (MARs) indicated the Resident received the Risperidone medication daily as prescribed.</p> <p>Review of the December 2023 Physician's orders indicated that Resident #56 was prescribed Risperidone 0.5 mg twice daily, with a start date of 10/6/23.</p> <p>Review of the December 2023 MAR indicated that the Resident received the Risperidone daily as prescribed.</p> <p>Review of the Consultant Pharmacist's progress notes dated 10/5/23, 11/7/23, and 12/5/23, indicated the following recommendation:</p> <p>-Please provide an initial AIMS assessment for this Resident to establish a baseline Risperdal (brand name for Risperidone) therapy.</p> <p>Review of the Consultant Pharmacist's Medication Regimen Review: Listing of Residents Reviewed with No Recommendations dated 10/9/23, indicated Resident #56 had no October Pharmacy recommendation made.</p> <p>Review of the Consultant Pharmacist Nursing Recommendation (indicated for nursing staff), dated 11/9/23 indicated the following recommendation:</p> <p>-Please provide an initial AIMS assessment for this resident to establish a baseline for Risperdal therapy.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225361	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/24/2024
NAME OF PROVIDER OR SUPPLIER  Quaboag Rehabilitation & Skilled Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 47 East Main Street West Brookfield, MA 01585	
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 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Further review of the Consultant Pharmacist Nursing Recommendation indicated no documentation that nursing had addressed the Consultant Pharmacist's recommendation made on 11/9/23.</p> <p>Review of the Consultant Pharmacist Nursing Recommendation, dated 12/6/23 indicated the following recommendation:</p> <p>-Please provide an initial AIMS assessment for this resident to establish a baseline for Risperdal therapy.</p> <p>Further review of the Consultant Pharmacist Nursing Recommendation indicated that an AIMS assessment was completed 12/13/23, and nursing staff initialed and dated the Consultant Pharmacist Nursing Recommendation on 12/13/23.</p> <p>During an interview on 4/22/24 at 2:16 P.M., the Director of Nurses (DON) said she was unsure why there was conflicting information (that there was no Pharmacy recommendation for October when a Pharmacy recommendation was made on 10/5/23) between the Consultant Pharmacist Progress Note dated 10/5/23, and the Consultant Pharmacist's Medication Regimen Review: Listing of Residents Reviewed with No Recommendations, dated 10/9/23. The DON said the Unit Manager on each unit should review the Consultant Pharmacist Progress Note after each visit and she was unsure why the recommendation in the 10/5/23 Consultant Pharmacist Progress Note was not identified by nursing. The DON further said she had no documentation to show the Consultant Pharmacist Nursing Recommendation dated 11/9/23 had ever been completed as recommended. The DON said Pharmacist recommendations should be addressed within a week of the recommendations being received and nursing staff should have documented on the Consultant Pharmacist Nursing Recommendation that the recommendation had been reviewed and the recommendation had been implemented. The DON said she had no documentation to show that an AIMS assessment had been completed in October 2023 and November 2023 as recommended by the Consultant Pharmacist.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225361	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/24/2024
NAME OF PROVIDER OR SUPPLIER  Quaboag Rehabilitation & Skilled Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 47 East Main Street West Brookfield, MA 01585	

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 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47901</b></p> <p>Based on record review and interview, the facility failed to ensure that the medication regimen was free from unnecessary drugs for one Resident (#80) out of a total sample of 27 residents.</p> <p>Specifically, the facility staff failed to:</p> <ul style="list-style-type: none"> <li>-ensure that Resident #80 was free from an excessive dose of medication when an antibiotic (medication used to treat bacterial infection) medication that was Physician ordered to be given for five doses, resulted in the Resident being administered six doses in error.</li> </ul> <p>Findings include:</p> <p>Review of the facility's policy titled Medication Orders, revised January 2018, indicated the following:</p> <ul style="list-style-type: none"> <li>-Medication orders specify the quantity or duration (length of therapy).</li> <li>-Any dose or order that appears inappropriate considering the resident's age, condition, allergies, or diagnosis is verified by nursing with the available provider.</li> <li>-The prescriber is contacted by nursing to verify or clarify an order . if the directions are confusing.</li> </ul> <p>Resident #80 was admitted to the facility in April 2024 with diagnoses including Urinary Tract Infection (UTI: bacterial infection of the urinary tract) and Pyelonephritis (kidney infection in one or both kidneys).</p> <p>Review of the Minimum Data Set (MDS) assessment dated [DATE], indicated Resident #80 was cognitively intact as evidenced by a Brief Interview of Mental Status (BIMS) score of 15 out of a total 15.</p> <p>Review of the hospital discharge record dated 4/17/24, indicated Cefpodoxime Proxetil (antibiotic used to treat bacterial infections) 200 milligram (mg) tablet, take one tablet by mouth two times a day for a total of five doses.</p> <p>Review of the April 2024 Physician's order initiated 4/17/24, indicated Cefpodoxime Proxetil Tablet 200 mg, give 1 tablet by mouth every 12 hours for Pyelonephritis for a total of five doses.</p> <p>Review of the April 2024 Medication Administration Record (MAR), indicated that Cefpodoxime Proxetil Tablet 200 mg, was initialed as being administered for the following six doses:</p> <ul style="list-style-type: none"> <li>-4/17/24 at 9:00 P.M.</li> <li>-4/18/24 AT 9:00 A.M.</li> <li>-4/18/24 AT 9:00 P.M.</li> </ul> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225361	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/24/2024
NAME OF PROVIDER OR SUPPLIER  Quaboag Rehabilitation & Skilled Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 47 East Main Street West Brookfield, MA 01585	

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 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-4/19/24 AT 9:00 A.M.</p> <p>-4/19/24 AT 9:00 P.M.</p> <p>-4/20/24 AT 9:00 A.M.</p> <p>During an interview on 4/24/24 at 7:35 A.M., the Director of Nurses (DON) said she would review Resident #80's Physician's orders and the MAR when the surveyor indicated the Resident was given more than the ordered dose of medication.</p> <p>During a follow-up interview on 4/24/24 at 9:28 A.M., Regional Nurse #1 said that Resident #80 received 6 doses of the antibiotic medication instead of the Physician ordered 5 doses and that it was an error.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225361	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/24/2024
NAME OF PROVIDER OR SUPPLIER  Quaboag Rehabilitation & Skilled Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 47 East Main Street West Brookfield, MA 01585	
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>42741</p> <p>Based on interview and record review, the facility failed to ensure that a PRN (as needed) psychotropic medication (medication that affect brain activity) was limited to 14 days for one Resident (#43) out of a total sample of 27 residents.</p> <p>Specifically, the facility failed to ensure a PRN order for Lorazepam (brand name Ativan - antianxiety medication) for Resident #43, was limited to 14 days.</p> <p>Findings include:</p> <p>Review of the facility policy titled Psychotropic Medication Use, dated July 2022, indicated the following:</p> <ul style="list-style-type: none"> <li>-PRN orders for psychotropic medications are limited to 14 days.</li> <li>-For psychotropic medication that are not antipsychotics:</li> </ul> <p>*If the Prescriber or Attending Physician believes it is appropriate to extend the PRN order beyond 14 days, he or she will document the rationale for extending the use and include the duration for the PRN order.</p> <p>Resident #43 was admitted to the facility in March 2024 with diagnoses of Insomnia (sleep disorder with trouble falling and/or staying asleep) and Anxiety (feeling of unease, such as worry or fear, that can be mild or severe/ intense, excessive, and persistent worry and fear about everyday situations).</p> <p>Review of the April 2024 Physician's orders indicated the following order:</p> <ul style="list-style-type: none"> <li>-Lorazepam 0.5 milligram (mg), give 0.5 mg by mouth every eight hours as needed (PRN) for anxiety .with a start date of 3/23/24 and no stop date.</li> </ul> <p>Review of the March 2024 Medication Administration Record (MAR) indicated Resident #43 was administered the PRN Lorazepam medication three times during the month of March.</p> <p>Review of the April 2024 MAR indicated Resident #43 was administered the PRN Lorazepam 15 times during the month of April.</p> <p>During an interview on 4/22/24 at 9:58 A.M., Nurse #1 said Resident #43 had an order for PRN Lorazepam and the Resident utilized the medication as prescribed in both March and April. Nurse #1 further said all orders for PRN psychotropic medications should be limited to 14 days. Nurse #1 said the Physician or Nurse Practitioner (NP) should have re-evaluated the continued need for the PRN psychotropic medication and this had not been done as required for Resident #43.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225361	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/24/2024
NAME OF PROVIDER OR SUPPLIER  Quaboag Rehabilitation & Skilled Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 47 East Main Street West Brookfield, MA 01585	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>44129</p> <p>Based on observation, interview and policy review, the facility failed to ensure that Transmission Based Precautions (TBP: for patients who are known or suspected to be infected or colonized with infectious agents which require additional control measures to effectively prevent transmission) were in place and adhered to by staff in order to minimize the potential spread of infection for on one unit (Unit 2) out of four units observed.</p> <p>Specifically, the facility failed to ensure that staff donned (put on) the required Personal Protective Equipment (PPE) while caring for a resident that identified as requiring Contact Precautions (infection control intervention designed to reduce the transmission of organisms that can be spread by direct contact).</p> <p>Findings include:</p> <p>Review of the facility policy titled, Transmission Based Precautions, reviewed 10/10/22, included but was not limited to:</p> <ul style="list-style-type: none"> <li>-Contact Precautions - direct contact with the skin, or indirect contact with contaminated surfaces and physical transfer of organisms (usually on the hands of health care workers) from an infected or colonized person to a susceptible host. Use Contact Precautions for residents with known or suspected infections or evidence of syndromes that represent an increased risk for contact transmission.</li> <li>&gt;Clean, non-sterile gloves will be worn when providing direct care (changing clothing, toileting, bathing, dressing changes, etc.) to residents.</li> <li>&gt;Gloves should be worn when handling items potentially contaminated by antibiotic resistant microorganism (ARMs). This may include items such as bedside tables, over-bed tables, bed rails, bathroom fixtures, television, and bed controls .</li> <li>&gt;During the course of providing care to residents, gloves will be changed after having contact with infective material that may contain high concentrations of microorganisms (fecal material, wound drainage).</li> <li>&gt;Don gown upon entry into the room and remove gown and observe hand hygiene before leaving the resident care environment.</li> <li>&gt;In addition, a clean, non-sterile gown with long sleeves will be worn if direct care (bathing, lifting) will be provided or when substantial contact with secretions/excretions (incontinence care, linen changes) is anticipated.</li> <li>&gt;Gowns should also be worn when body contact with environmental surfaces and items in the room that may be contaminated is anticipated.</li> </ul> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225361	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/24/2024
NAME OF PROVIDER OR SUPPLIER  Quaboag Rehabilitation & Skilled Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 47 East Main Street West Brookfield, MA 01585	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Enhanced Barrier Precautions (EBP) - refers to the use of gown and gloves during high-contact resident care activities .When contact precautions do not otherwise apply, enhanced precautions may be used for high-contact resident care activities. Examples bathing/showering, dressing, transferring, providing hygiene, changing linens, changing briefs, assisting with toileting, wound or device care.</p> <p>On 4/18/24 at 9:35 A.M., the surveyor observed Certified Nurses Aide (CNA) #1 providing care to a resident in a room labeled with two separate precaution signs hanging outside the door. The surveyor observed that one sign indicated Contact Precautions in yellow and the second sign indicated Enhanced Barrier Precautions in orange. The surveyor also observed colored stickers next to the resident names outside the door with Bed A having an orange dot and Bed B having a yellow dot. The surveyor observed that CNA #1 who was not wearing a gown, was wearing blue gloves and carried a plastic basin into the bathroom, filled the basin with water and carried it back to the resident in Bed B's bedside. CNA #1 told the resident in Bed B that she was there to wash him/her up for the day. CNA #1 was observed moving around the resident's bed, behind the privacy curtains, and body often rubbing against the privacy curtains while providing personal care to the resident. The surveyor then observed CNA #1, still without a gown, and wearing blue gloves, carrying the basin full of water and the resident's eyeglasses back to the bathroom. The surveyor heard water running in the bathroom, observed CNA #1 carry the eyeglasses back to the resident and continued to provide direct personal care. The surveyor then observed CNA #1 open and close the resident's dresser drawers as well as remove a clean incontinence briefs from a bag on the floor in front of the dresser, and carry the briefs to the resident behind the privacy curtain, while still wearing the blue gloves that had been used to provide direct care to the resident. At 9:54 A.M., the surveyor observed CNA #1 carry a bag of soiled linens from the resident's bedside, place the bag on the floor, removed the blue gloves, sanitize her hands and exit the resident's room with the bag of soiled linens. The surveyor observed CNA #1 return to the resident's room, without donning a gown or gloves and was further observed leaning her elbows on the resident's overbed table while talking to the resident.</p> <p>During an interview on 4/18/24 at 9:56 A.M., CNA #1 said the resident in Bed B was on transmission-based precautions and she should have been wearing a gown while providing personal care. CNA #1 said she should not have opened the resident's drawers while wearing the same gloves she had used to provide personal care.</p> <p>During an interview on 4/18/24 at 10:00 A.M., Unit Manager (UM) #2 said the resident in Bed B that CNA #1 was providing personal care to was on Contact Precautions for Multi-Drug Resistant Organism (MDRO), specifically extended-spectrum beta lactamase (ESBLs - enzymes found in some strains of bacteria that cannot be killed by many antibiotics doctors use to treat infections) in his/her urine. UM #2 said that staff should wear a gown and gloves when providing direct care to this resident.</p>		