STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225389	A. Building B. Wing	08/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sacred Heart Nursing Home	359 Summer Street New Bedford, MA 02740

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility failed to follow professional standards of practice for food safety and sanitation to prevent potential spread of foodborne illness to residents who are at high risk. Specifically, the facility failed to:1. Maintain the main kitchen and kitchen extension on the second floor in a clean and sanitary condition; and2. Maintain four of four kitchenettes in a clean and sanitary condition.Findings include: Review of the facility's policy, dated 2025, indicated but was not limited to the following: Food Storage: all food items should be labeled with the date of preparing or opening and used within the recommended timeframe. Implement a routine cleaning schedule for all kitchen surfaces, equipment, and dining areas. Use approved sanitizing solutions and follow the manufacturer's instructions for use. Review of the 2022 Food Code by the Food and Drug Administration (FDA), revised January 2023, indicated but was not limited to the following:(D) A date marking system that meets the criteria stated in (A) and (B) of this section may include: (1) Using a method approved by the regulatory authority for refrigerated, ready-to-eat time/temperature control for safety food that is frequently rewrapped, such as lunch meat or a roast, or for which date marking is impractical, such as soft serve mix or milk in a dispensing machine; (2) Marking the date or day of preparation, with a procedure to discard the food on or before the last date or day by which the food must be consumed on the premises, sold, or discarded as specified under (A) of this section; (3) Marking the date or day the original container is opened in a food establishment, with a procedure to discard the food on or before the last date or day by which the food must be consumed on the premises, sold, or discarded as specified under (B) of this section; or (4) Using calendar dates, days of the week, color-coded marks, or other effective marking methods, provided that the marking system is disclosed to the REGULATORY AUTHORITY upon request. 4-602.11 (D) Equipment is used for storage of packaged or unpackaged food such as a reach-in refrigerator and the equipment is cleaned at a frequency necessary to preclude accumulation of soil residues. 4-602.13 Nonfood-contact surfaces of equipment shall be cleaned at a frequency necessary to preclude accumulation of soil residues.6-501.12 (A) Physical facilities shall be cleaned as often as necessary to keep them clean. 1. On 8/7/25 at 8:15 A.M., the surveyor made the following observations in the main kitchen and the (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

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	second-floor main kitchen extension: Main kitchen first floor: -Refrigerator and freezer reach-in units, the door handles and front panels were visibly soiled. -Storage cabinet drawer and cabinet panels were visibly soiled and sticky in places. -Hood filters were visibly dirty with a buildup of dust. -The transparent top door to the ice cream freezer was visibly dirty. -Reach-in freezer top left shelf, the boxes were encased in ice, and frozen to the top of the back left box was a bag of wonton noodles and a frozen pie. The surveyor was unable to separate the items on the top left shelf due to the ice encasement of the packages. -Food items stored in transparent bags on the left side of freezer, the contents inside the bag were encased in ice, along with the outside of the bag. -Multiple magnetic clips on the front of the refrigerator, holding plastic sleeves with dietary instructions were visibly soiled inside and out. Main kitchen extension located on the second floor: -The floor in the dish room, steam table serving area, around the door jams, and the prep area (two refrigerators and coffee stand) were all visibly soiled along the edges with at least one one-inch buildup of black substance with visible food particles. - In front of the three refrigerator units was visible buildup of black substance and food particles. Underneath the silver reach-in refrigerator the floor was visibly dirty with dirt, debris, and food particles. -Floor under the dish machine was observed to be visibly dirty with dirt, debris, and food particles. -Cabinet doors and drawers located by the dishwasher were visible dirty. -Cabinet drawers, doors and bottom shelf of the cabinets located at the coffee station were visibly stained with dirt and coffee spills. Cups and lids were stored on dirty shelves, with the packaging open. The plastic round container on top of the cabinet which contained plastic lids was visibly stained brown. -Two white refrigerators, the shelves, produce drawers and underneath the produce drawers were dirty with spilt liquids and food debris. Both refrigerators were visibly dirty with food remnants. -The floor in front of one refrigerator was soft and split, which depressed leaving a hole in the floor. There was visible buildup of dirt and food particles where the floor had a hole. The surveyor reviewed the findings above with the Food Service Manager (FSM). (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 8/13/25 at 8:10 A.M., the FSM said when the surveyor entered the kitchen on the first day of survey, the kitchen was not as clean as it should have been. He said the kitchen does not have a cleaning policy but showed the surveyor a cleaning check list to be completed by staff daily. The FSM said we have cleaned the floors, but they still need to be power washed to clean them. He said maintenance needs to look at the soft spot/hole in the floor. 2. On 8/13/25 at 7:39 A.M, the surveyor observed the following in the Saint Joseph's unit kitchenette: -A white granular substance spilled in the cabinet where plastic lids, plastic spoons, and hot chocolate were stored and utilized for residents; -Large dark brown stains on 14 ceilings tiles, a strand of a pink caulking-like substance hanging from the ceiling over the kitchenette area where food is kept and stored; -A white Styrofoam cup of coffee filled with a brown substance open to air stored in a cabinet, brown granular substance spilled on the bottom of the shelf where cookies, peanut butter and bread were kept; -Multiple brown tacky areas inside of a drawer storing plastic utensils, straws, and condiment packages. On 8/13/25 at 7:40 A.M., the surveyor observed housekeeping staff mopping the floor, cleaning the microwave, and wiping the counter surfaces. On 8/13/25 at 8:30 A.M., the surveyor observed the same spills and stains in the kitchenette area after the area was done being cleaned by housekeeping. On 8/13/25 at 7:55 A.M., the surveyor observed the following in the 2PY unit kitchenette: - A spoon wrapped in a paper towel left on top of the sink; - A brown granular substance scattered over the bottom of two of the cabinets that were used to store drinks for resident use; - A cabinet with three soiled shelf liners with brownish and red substances visible with bread, undated peanut butter, a bag of snack mix, and packages of jelly; and - A cabinet containing bread, a jar of open and undated peanut butter, a bag of snack mix and individual packages of jelly which were stored on three shelves where the shelf liner was soiled/discolored with a sticky visible brown substance. On 8/13/25 at 8:08 A.M., the surveyor observed the following in the 3PY unit kitchenette: -Two drawers that were visibly soiled containing debris and crumbs. -A jar of open and undated peanut butter. On 8/13/25 at 8:16 A.M., the surveyor observed the following in the Saint [NAME] unit kitchenette: (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Accessible drawers that opened and had rusted holes and flakes of rust loose inside of the drawer. -A drawer containing hot chocolate, keys, and dirt/debris. -A jar of open, undated peanut butter with visible peanut butter on the outside of the container. -A layer of brown debris built up in drawers containing food and snacks for residents, and two cabinets with a white granular substance on the bottom. During an interview on 8/13/25 at 8:33 A.M., Nurse #1 said she has not observed staff cleaning inside of the drawers or cabinets. She said housekeeping does a surface clean and the dietary department stocks the kitchenette. She said she was aware the kitchenette cabinets and drawers were dirty but did not know who was responsible for cleaning them. During an interview on 8/13/25 at 8:40 A.M., Housekeeper #1 said the housekeeping department is responsible for cleaning the kitchenette floors, countertops, and microwaves. She said housekeeping does not clean inside of drawers or cabinets and was not sure whose responsibility it was to clean them. During an observation with an interview on 8/13/25 at 9:05 A.M., the Food Service Manager (FSM) said the dietary department does not clean the drawers or cabinets in the kitchenettes. He said food items should be labeled with the date they were opened and if not, then they should be thrown away. The FSM said food items are dated that he takes from his rotation and brings to the unit. He said the item should be labeled by nursing (or whichever department) when it is opened on the unit. During an interview on 8/13/25 at 9:30 A.M., the Administrator said her expectation is for the kitchenettes to be kept in a clean and sanitary manner. She said there is no assigned process for cleaning the cabinets and drawers but there should be.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. Based on record review and interview, the facility failed to ensure one Resident (#2), out of a total sample of 24 residents, received the necessary care and treatment to prevent and promote healing of pressure injuries. Specifically, the facility failed to ensure a Resident at risk for skin breakdown with a contracted left upper extremity (LUE) did not develop a Stage 4 Pressure Injury (full thickness skin and tissue loss, potentially exposing muscle, tendons, ligaments, cartilage, or bone, with a high risk of infection and slow healing) to the LUE.Findings include: Review of the facility's policy titled Wound and Skin Care Protocol Policy, dated as last revised 1/2025, indicated but was not limited to the following:-Identify outcome-based approaches for the care of residents identified as at risk.-Interventions must be care planned and implemented during the admission process and revised as needed. Review of the facility's policy titled Prevention and Management of Contractures, dated as last revised 9/24, indicated but was not limited to the following:-It is imperative to be able to determine any change in motor loss, note any new onset or worsening weakness, stiffness, or any other change in the normal functional status.-Position the resident in accordance with standards of body mechanics to prevent muscle contractures and loss of joint function.-Reposition every 2 hours to prevent pressure areas, encourage joint flexibility and to prevent flexion contractures.-Encourage and assist residents to perform passive and active exercises to maintain and improve muscle strength, maintain optimal joint function, and prevent other deformities.-Document repositioning, therapy, and adaptive equipment on the resident's care plan and on the Certified Nurses Aide (CNA) care plan for easy access and follow through. Resident #2 was admitted to the facility in October 2023 with diagnoses which included hemiplegia (paralysis on one side) and hemiparesis (weakness/partial paralysis on one side) following a cerebral infarction (CVA-stroke) affecting left dominant side, restlessness and agitation, and spastic hemiplegia affecting left dominant side. Review of the Minimum Data Set (MDS) assessment, dated 5/27/25, indicated he/she did not complete the Brief Interview for Mental Status (BIMS) due to memory problems. Further review indicated Resident #2 was dependent for care, had impairment on one side, was at risk for pressure ulcers, had a stage 4 pressure ulcer, and a surgical wound. Review of the Occupational Therapy (OT) Evaluations, Progress Notes, and Discharge Summaries preceding the development of the Stage 4 Pressure Ulcer indicated but were not limited to the following:-Progress Report 1/26/24-2/12/24: Patient will have decreased pain in the LUE and tolerate passive range of motion (PROM). He/she will tolerate PROM routine for LUE at shoulder, elbow, wrist, and hands. Caregiver will appropriately don (put on) and doff (take off) left hand roll orthotic and monitor skin condition for effective contracture management.- Progress Report 2/28/24-3/12/24: Patient has discomfort with PROM routine for LUE at shoulder elbow, wrist, and hands, and had been refusing PROM routine and wearing of left-hand orthotic.-discharged from OT March 2024.-Evaluation and Treatment Plan: Start of Care 12/4/24: Patient will tolerate PROM routine for LUE shoulder, elbow, wrist, and hands to decrease risk of further contracture and skin breakdown. Resident referred to OT services due to increased difficulty with self-feeding. RUE weakness impacting self-feeding. Also noted with increased tone and decreased ROM to LUE placing patient at increased risk for skin breakdown. Nursing reports the hand roll had been discontinued because he/she was refusing to wear it. Additional impairments: Patient with left hemiplegia, LUE shoulder, elbow, and hand flexion pattern contracture (persistent bent arm). Risk Factors include due to the documented physical impairments and associated deficits patient is at risk for further decline in function, increased pain, increased tone, and decreased skin integrity.-OT Treatment Encounter Notes 12/4/24-1/27/25 (24 visits): Patient participated in PROM to bilateral upper extremities including shoulder extension, shoulder adduction, shoulder abduction, elbow extension, and elbow flexion. He/she declined to participate in PROM x1. Discharge Assessment on 1/27/25 indicated he/she tolerated PROM to LUE with no signs/symptoms of pain. Caregiver education completed focusing on patient contracture management.-OT Discharge Summary 1/27/25: Patient/Caregiver Education: (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Caregiver education initiated and completed focusing on contracture management for LUE. The facility was unable to provide the Caregiver Education referenced in the 1/27/25 OT Discharge Summary. The facility provided a Caregiver Education Sheet, dated 11/30/2023, regarding a left-hand roll orthotic. The in-service was signed by one staff member. Instructions: Hygiene, dry thoroughly, PROM to hand and fingers, coupled with gentle stretch, application of orthotic, and to monitor for symptoms of precautions. Precautions: Monitor for signs of redness, irritation, discomfort, or abrasion. Review of the Comprehensive Care Plan failed to indicate the LUE contracture, a PROM treatment plan for the LUE contracture, or preventative skin integrity treatment/monitoring of the LUE contracture to prevent skin breakdown at the contracted left elbow/acromioclavicular (AC) area. Further review of the Comprehensive Care Plan indicated but was not limited to the following:-A treatment plan was in place for the Left-Hand contracture, he/she had a hand roll, and they frequently refused it.-He/she was at risk for skin breakdown due to decreased mobility and interventions included repositioning/weight shift in chair, weekly skin checks, monitor palm to ensure fingernails don't dig into palm.-Stage 4 pressure ulcer to Left AC. Review of the CNA electronic documentation of task records failed to indicate the LUE contracture, a PROM treatment plan for the LUE contracture, or preventative skin integrity treatment/monitoring of the LUE contracture to prevent skin breakdown at the contracted left elbow/AC area.Review of the Medication and Treatment Administration Records (MAR/TAR) failed to indicate the LUE contracture, a PROM treatment plan for the LUE contracture, or preventative skin integrity treatment/monitoring of the LUE contracture to prevent skin breakdown at the contracted left elbow/AC area. Review of the nursing progress notes from January and February 2025 indicated but were not limited to the following:-1/2/25, 1/9/25, 1/19/25, 1/23/25, 2/13/35: At risk for pressure ulcers: YES.-1/5/25, 1/19/25, 2/16/25: Refused checking left hand/left hand assessment.-2/19/25: Refused nail trim, medicated and then allowed it. Nails long, hard, hand odorous and moist. The progress notes failed to indicate the skin integrity at the contracture site had been assessed or that he/she had been encouraged to participate in PROM, refused PROM, or refused inspection of the skin integrity at the contracture site. Review of the Nursing Progress Note, dated 2/24/25, indicated a new wound measuring 2.5 centimeters (cm) x 3 cm x 0.7cm to the Left AC with slight sour odor, beefy red granulation tissue (rough grainy surface), moderate sanguineous (bloody)drainage, seropurulent (yellow cloudy) drainage, macerated edges (skin breakdown due to prolonged exposure to moisture-becomes white and soggy), with surrounding tissue darkened and non-blanchable (persistent redness indicating tissue damage). Review of the weekly skin checks from January through March 2025 failed to indicate any new pressure areas. Review of the Weekly Wound Management Detail report failed to indicate the documentation was done weekly. The initial report was completed on 2/24/25 when the wound was first noted, and not again until 3/28/25. Resident was status post tendon release (surgical cutting on the tendon to restore movement) on 4/29/25 with surgical wound closure. The wound was resolved/healed on 5/23/25. Review of the nursing progress notes from March 2025 indicated but were not limited to the following:-3/21/25: Wound Clinic Consult appropriate at this time.-3/26/25: Wound Clinic recommend referring to Orthopedics for tendon release.-3/30/25: Visible Tendon and Deep wound bed. Two staff needed for the dressing change. MD to address pain management next visit. Review of the MD/NP, Clinic/Specialist and Hospital notes from January thorough April indicated but were not limited to the following:-1/28/25: MD/MP: CVA with left hemiplegia, Musculoskeletal: Weakness, limitation of motion, stiffness, joint deformities, and needs assistance with all activities of daily living.-2/25/25: Wound left arm: Wound noted yesterday by nursing. Patient with contractures to arm, keeps elbow bent. Musculoskeletal: Weakness, limitation of motion, stiffness, joint deformities scattered/multiple. Skin: Abnormal findings include open wound left arm AC. Wound bed with slough (yellow stringy, non-viable tissue accumulated in wound), mild surrounding redness, moderate serosanguinous (thin watery pink/red) drainage.-3/21/25:MD: Patient has severe bilateral contractures.-3/26/25: Wound Clinic: Refer to orthopedics for question of tendon release. Pressure ulcer of the left elbow stage 4.-3/27/25:MD/NP (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Note: Asked by staff to evaluate resident due to clinical finding which are significant for wound clinic follow up. Seen by ortho today, wound with exposed tendon. Refer to Ortho for evaluation.-4/8/25: Orthopedic Surgery: Patient has a degenerating ulcerative type wound involving the anterior elbow as a result of his/her severe flexion contracture that has been present for a long time. He/she had a stroke two years ago, became contracted, wound developed three weeks ago. Left elbow is contracted at 130-135 degrees, can pull passively to about 120 degrees flexion contracture. There is exposed bicep tendon and muscular tissue in the wound, unable to see if it involves the joint. Consulted wound specialist and patient would probably require contracture release in order to address and evaluate the wound itself.-4/29/25: admitted to the hospital for Left Elbow Soft Tissue release. Wound was surgically closed during the procedure. During an interview on 8/12/25 at 4:18 P.M., Nurse #3 said Resident #2 was admitted with a contracture. She said they were not doing any treatments or preventative skin care to the area until the wound developed. During an interview on 8/13/25 at 10:20 A.M., Nurse #4 said Resident #2 was admitted with the contracture, it got tighter, and he/she was resistive to letting you open it up. She said Resident #2 would hold the LUE up by their collar bone regularly. She said they did not do any preventative skin care to the area and only did routine weekly skin checks like they did on everyone. She said there was no specific skin inspection for the elbow contracture area only the hand contracture. She said that after the pressure ulcer was discovered dressing changes were difficult because you could not open the arm a lot to get in there and dressings didn't stay well. She said after he/she went to the wound clinic it was recommended he/she have a tendon release. She said when they did the tendon release they closed the wound, so it healed well. She said it probably would never have healed if they did not do they surgery because it was so tight at that point, dressing changes were difficult, and it was painful. During an interview on 8/13/25 at 10:46 A.M., Unit Manager #1 said Resident #2 was very contracted and not cooperative with care. He said therapy was trying to prevent the contracture from getting worse, but I don't think he/she tolerated it well. He said Resident #2's nails would dig into their palm and that it why they frequently monitored the palm area. He said they did not do any monitoring of the LUE/elbow contracture site, just the routine weekly skin checks. He said often he/she would not allow care to be done and it could be difficult. Additionally, he said sometimes they do additional preventative skin checks or dressings to an area to prevent skin breakdown, but Resident #2 did not have any orders, interventions on the care plan, or anything on the CNA flow sheets for that. During an interview on 8/13/25 at 12:09 P.M., with the Director of Rehab Occupational Therapist (DOR/OT) #1 and OT #2, OT #2 said Resident #2 was declining in his/her self-feeding in December 2024 and when the evaluation was done it was noted the LUE contracture was tighter. PROM was done and orthotic management (hand roll) to the LUE. She said he/she was tolerating the PROM well with skilled OT visits. She said caregiver goal was for the handroll and monitoring/management of the contracture. She said the education would have consisted of PROM to the hand, wrist, elbow, and shoulder. She said usually CNAs do that after the education is done, and the nurse would write the orders for the specific time frame. She said OT only write the orthotic orders. The DOR/OT #1 was unable to provide the surveyor with the education that should have been completed in January 2025. She said the other therapists thought it was done, but it was not in the binder in the Rehab Office or on the unit. Additionally, she said we (therapy dept) do the education, and the specifics would be on the education sheet. She said a copy stays in the office usually, and then one goes to the floor do they can continue education and write the orders. She said PROM should have been daily and when you do that you would inspect the skin. OT #2 said referencing the education sheet from 2023, that the education from January 2025 would have been like this one, stating part of the PROM to LUE would include skin inspection of the entire arm, especially due to the elbow crevasse where moisture would build up. OT #2 said she did the OT Discharge Summary but did not do the education herself and was unable to provide a copy of it. She said the OT Assistant would complete the education with the CNAs, Nurses, and Unit Manager on multiple shifts and then leave a copy on the unit so the Unit Manager can ensure the treatment plan (continued on next page)

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and potential transmission of communicable diseases and infections for one Resident (#85), out of a sample of 24 residents. Specifically, the facility failed to ensure staff utilized the appropriate personal protective equipment (PPE) when entering the room of Resident #85 who had an active diagnosis of Clostridioides difficile (formerly known as Clostridium difficile and often called C. diff, which is a bacterium (germ) that causes diarrhea and colitis (inflammation of the colon) and was on contact plus precautions. Findings include:Review of the facility's policy titled Contact Precautions, dated 4/2025, indicated but was not limited to the following:-To prevent the transmission of infection agents which are spread by direct or indirect contact with the resident or the resident's environment.Contact Precautions shall be used in conjunction with Standard Precautions when resident has a suspected or confirmed case of: Clostridium difficile (C-Diff).-Personal protective equipment:-Gloves shall be donned upon entering the resident's room or cubicle and worn whenever touching the resident's intact skin, environmental surfaces, and articles in close proximity to the resident. Change gloves after having contact with infective material that may contain high concentrations of microorganisms (fecal material or wound drainage).-Gown shall be donned upon entering the resident's room or cubicle. Remove gown and observe hand hygiene before leaving the resident-care environment. After a gown removal, ensure clothing and skin do not contact potentially contaminated environmental surfaces that could result in possible transfer of microorganisms to other residents or environmental surfaces.Resident #85 was admitted to the facility in December 2022 with a diagnosis of Enterocolitis due to C-Diff, recurrent-per lab results.Review of Resident #85's Physician's Orders indicated but were not limited to the following:-7/30/25- C Diff.-Maintain contact precautions for C diff. Review of Resident #85's care plan included, but was not limited to the following:-C Diff: I have an infection of my gastrointestinal system. I have a communicable infection.-Be sure to use contact precautions when entering my room/caring for me.-Teach my visitors what they need to do not to catch my infection when visiting.On 8/7/25 at 1:34 P.M., the surveyor observed signage posted outside Resident #85's room, titled Contact Plus Precaution, Massachusetts Department of Public Health dated 9/2022, which indicated the following:- In addition to Standard Precautions, Staff and Providers MUST:-Clean hands before entering resident's room-Gown-Gloves-Wash hands with soap and water before exiting resident's roomOn 8/12/25 at 2:12 P.M., the surveyor observed Activity Staff #2 in Resident #85's room not wearing any PPE, holding Resident #85's television remote control assisting the Resident in changing the channel. During an interview on 8/12/25 at 2:12 P.M., Activity Staff #2 said she did not need to wear any PPE because she was not doing any personal care. She said she was only assisting Resident #85 with his/her television. During an interview on 8/13/25 at 8:00 A.M., the Director of Nursing (DON) said if a resident was on contact plus precautions, she would expect the staff to be donning (putting on) the appropriate PPE before entering the room and doffing (removing) the PPE before exiting the room. The DON said if a resident has C-Diff, the staff should be wearing PPE when they enter the room for any reason.