

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225643	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/15/2025
NAME OF PROVIDER OR SUPPLIER  Overlook Masonic Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE  88 Masonic Home Road Charlton, MA 01507	

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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, interviews, and record reviews, the facility failed to ensure that respiratory care and services consistent with professional standards of practice pertaining to oxygen equipment maintenance was provided for two Residents (#9 and #23), out of a total sample of 19 residents.</p> <p>Specifically, for Resident #9 and Resident #23, the facility failed to maintain the Resident's oxygen concentrator (device used to deliver supplemental oxygen) air intake gross particle filter in accordance with Physician orders and manufacturer's guidelines, placing both Residents at risk for contamination, equipment malfunction, and impaired oxygen delivery.</p> <p>Findings include:</p> <p>Review of the facility policy titled Concentrator Maintenance, undated, included but was not limited to the following:</p> <p>-All oxygen concentrators should be wiped down to ensure cleanliness and filters should be cleaned at least weekly to prevent overheating.</p> <p>&gt;Filter Cleaning: Cabinet filters should be pulled from the sides of the concentrator .can be cleaned by:</p> <p>*Manually removing dust by wiping with towel and/or shaking particles free,</p> <p>*Vacuuming the dust from the filter or,</p> <p>*Placing them in warm soapy water and allow to air dry. Once dry replace the filter by placing them back into the cabinet of the concentrator.</p> <p>Review of the New Life Elite Oxygen Concentrator Service Manual, undated, retrieved at <a href="https://files.caireinc.com/MN105-1-E.pdf">https://files.caireinc.com/MN105-1-E.pdf</a> indicated:</p> <p>-To ensure accurate output and efficient operation of the oxygen concentrator, the user must clean the gross particle filter weekly, as described below:</p> <p>&gt;Remove the dirty air intake particle filter from the back of the unit, and install the clean filter stored in the pocket on the back of the unit.</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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>&amp;gt;Wash the dirty filter in warm soapy water and rinse.</p> <p>&amp;gt;Use a soft absorbent towel to remove excess water.</p> <p>&amp;gt;Place the clean air intake gross particle filter in the pocket on the back of the unit.</p> <p>1. Resident #9 was admitted to the Facility in May 2021, with diagnoses including Chronic Obstructive Pulmonary Disease (COPD).</p> <p>Review of the Minimum Data Set (MDS) assessment dated [DATE], indicated Resident #9:</p> <p>-Resident #9 was moderately cognitively impaired as evidenced by a Brief Interview for Mental Status (BIMS) score of 10 out of a total score of 15.</p> <p>-was receiving oxygen therapy.</p> <p>Review of Resident #9's Person-Centered Care Plan, included but not limited to:</p> <p>-Focus- the Resident has COPD and was dependent on oxygen, initiated 1/24/25.</p> <p>-Goal- the Resident will display optimal breathing patterns daily through next review, initiated 4/17/25.</p> <p>-Interventions- Oxygen per orders, initiated 1/24/25</p> <p>Review of Resident #9's May 2025 Physician's orders, included but was not limited to:</p> <p>-Oxygen at 3 Liters Per Minute (LPM) via nasal cannula (NC), start date 11/4/24.</p> <p>-Clean outside of oxygen concentrator with warm cloth, clean and rinse filter with warm water every evening shift (3:00 P.M.-11:00 P.M.), every Wednesday, start date 11/4/24.</p> <p>On 5/13/25 at 8:46 A.M., the surveyor observed Resident #9 seated at his/her bedside in a wheelchair with oxygen flowing at 3 LPM from the oxygen concentrator via NC to the Resident. The surveyor observed the oxygen concentrator filter was coated in thick gray dust.</p> <p>On 5/13/25 at 2:47 P.M., the surveyor observed Resident #9 lying in bed with oxygen being administered at 3 LPM via NC from the oxygen concentrator. The surveyor observed the oxygen concentrator filter remained coated in a thick film of gray dust.</p> <p>Review of Resident #9's May 2025 Medication Administration Record (MAR) included but not limited to:</p> <p>&amp;gt;The evening shift (3:00 P.M.-11:00 P.M.) Nurse signed off the completion of task for cleaning the outside of the Resident's oxygen concentrator and cleaning the filter on 5/14/25.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/15/25 at 9:19 A.M., the surveyor observed Resident #9 lying in bed with oxygen being administered at 3 LPM via NC from the oxygen concentrator. The surveyor observed that the oxygen concentrator filter was coated in a thick film of gray dust. During an interview at the time, Nurse #1 said that she was the Nurse caring for Resident #9. Nurse #1 said the oxygen equipment was supposed to be cleaned and changed by the evening shift Nurses on Wednesdays. The surveyor and Nurse #1 observed the Resident's oxygen concentrator and Nurse #1 said that the Resident was using a New Life Elite Airsep oxygen concentrator. Nurse #1 said that the concentrator filter was dirty and coated in dust. Nurse #1 said that the filter did not appear to have been cleaned on 5/14/25 evening shift as it should have been. Nurse #1 said she was unsure of why the oxygen concentrator filters needed to be cleaned.</p> <p>2. Resident #23 was admitted to the Facility in July 2019, with diagnoses including COPD.</p> <p>Review of the Minimum Data Set (MDS) assessment dated [DATE], indicated Resident #23:</p> <ul style="list-style-type: none"> <li>-was severely cognitively impaired as evidenced by a Brief Interview for Mental Status (BIMS) score of seven out of a total score of 15.</li> <li>-was receiving oxygen therapy.</li> </ul> <p>Review of Resident #23's Person-Centered Care Plan included but was not limited to:</p> <ul style="list-style-type: none"> <li>-Focus- Resident has COPD, initiated 12/9/24.</li> <li>-Goal- Resident will display optimal breathing patterns daily through next review, revised 4/28/25.</li> <li>-Interventions- Oxygen as ordered, initiated 12/9/24</li> </ul> <p>Review of Resident #23's May 2025 Physician's orders included but was not limited to:</p> <ul style="list-style-type: none"> <li>-Oxygen 2 LPM via NC at bedtime, effective 10/24/24.</li> <li>-Clean outside of oxygen concentrator with warm cloth, clean and rinse filter with warm water every evening shift (3:00 P.M.-11:00 P.M.), every Wednesday, start date 11/4/24.</li> </ul> <p>On 5/13/25 at 8:22 A.M., the surveyor observed Resident #23 lying in bed with oxygen flowing at 2 LPM via NC from the oxygen concentrator. The oxygen concentrator filter was observed to be coated in thick gray dust.</p> <p>Review of Resident #23's May 2025 MAR indicated but was not limited to:</p> <ul style="list-style-type: none"> <li>&gt;The evening shift (3:00 P.M.-11:00 P.M.) Nurse had signed off completion of task for cleaning the outside of the Resident's oxygen concentrator and cleaning the filter on 5/14/25.</li> </ul> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/15/25 at 9:23 A.M., the surveyor observed Resident #23 lying in bed with oxygen administered via NC at 2 LPM from the oxygen concentrator. The oxygen concentrator filter was observed coated in a thick film of gray dust. During an interview at the time, Nurse #1 said that she was the Nurse caring for Resident #23. Nurse #1 said that oxygen equipment was supposed to be cleaned and changed by the evening shift Nurses on Wednesdays. The surveyor and Nurse #1 observed the Resident's oxygen concentrator and Nurse #1 said that the Resident was using a New Life Elite Airsep oxygen concentrator. Nurse #1 said that the concentrator filter was dirty and coated in dust. Nurse #1 said that the filter did not appear to have been cleaned on the 5/14/25 evening shift as it should have been. Nurse #1 said she did not know anything about cleaning the oxygen concentrator filters.</p> <p>During an interview on 5/15/25 at 9:55 A.M., Unit Manager (UM) #2 said that the evening shift Nurses should be cleaning the concentrator filters weekly on Wednesday. UM #2 said filter cleaning was indicated in the Resident Physician orders and on the Resident MAR. The surveyor and UM #2 observed Resident #9's and Resident #23's oxygen concentrators and UM #2 said both Resident's oxygen concentrator filters were dirty, and the filter cleaning had not been done last night (5/14/25) but should have been. UM #2 said that a dirty concentrator filter could affect the function of the concentrator and oxygen flow to the Resident.</p> <p>During an interview on 5/15/25 at 12:15 P.M., the Infection Preventionist (IP) said that Nurses should be cleaning the oxygen concentrator filters weekly per Physician's orders. The IP said that failure to clean the oxygen concentrator filters could result in Resident nasal irritation as well as causing the oxygen concentrator to overheat and affect the oxygen concentrator's function.</p>

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<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**</b> Based on record review and interview, the facility failed to monitor adverse consequences (side effects) of an antipsychotic (psychotropic medication capable of affecting the mind, emotions, and behaviors) medication in accordance with professional standards of practice for one Resident (#38) of five applicable residents, out a total sample of 19 residents.</p> <p>Specifically, for Resident #38, the facility failed to:</p> <ul style="list-style-type: none"> <li>-complete an Abnormal Involuntary Movement Scale (AIMS - an assessment used to identify the existence and severity of movement side effects associated with antipsychotic drugs) within the required time frame</li> <li>-act upon the Pharmacist Consultant's recommendation following the Resident's monthly medication regimen review indicating a need for AIMS when Resident #38 had been prescribed and administered Clozapine (antipsychotic medication).</li> </ul> <p>Findings include:</p> <p>Review of the facility policy titled Psychotropic Medications/Informed Consent, dated 7/16/93 with revision date 3/29/17 included but was not limited to:</p> <ul style="list-style-type: none"> <li>-Residents who use psychotropic drugs will be monitored for effectiveness of drug therapy and the presence of side effects.</li> <li>-Special considerations regarding the use of antipsychotic drugs: <ul style="list-style-type: none"> <li>&gt;The AIMS scale will be completed when the drug therapy is first started and at least every six months.</li> <li>&gt;The pharmacy consultant will review the appropriateness of psychotropic therapy during the monthly medication review and the emergence of any adverse consequences.</li> <li>&gt;Recommendations regarding psychotropic medication use by the pharmacist .will be communicated to nursing. Nursing will notify the provider, and the providers response and rationale will be documented.</li> </ul> </li> </ul> <p>Review of the Increasing Abnormal Involuntary Movement Scale (AIMS) Screening for Tardive Dyskinesia in an Outpatient Psychiatry Clinic: A Resident-Led Outpatient Lean Six Sigma Initiative article at <a href="https://pmc.ncbi.nlm.nih.gov/articles/PMC10292174/">https://pmc.ncbi.nlm.nih.gov/articles/PMC10292174/</a> included but was not limited to:</p> <ul style="list-style-type: none"> <li>-The Abnormal Involuntary Movement Scale (AIMS) is used not only to detect tardive dyskinesia but also to follow the severity of a patient's TD over time.</li> <li>-AIMS is a valuable tool for clinicians who are monitoring the effects of long-term treatment with neuroleptic medications and for researchers studying the effects of these drugs.</li> </ul> <p>(continued on next page)</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-The AIMS is administered every three to six months to monitor the patient for the development of TD.</p> <p>-The American Psychiatric Task Force report on tardive dyskinesia (TD) in its guidelines for the avoidance and management of TD, recommended:</p> <p>&gt;regular examinations for early signs of choreoathetosis and oral-lingual dyskinesias.</p> <p>&gt; .examinations that use instruments such as the AIMS should be done before the institution of neuroleptic drug therapy and then repeated on a regular basis.</p> <p>&gt;American Psychiatric Association (APA) practice guidelines stated that patients receiving conventional antipsychotic medications should be monitored for TD every three to four months, and patients on newer atypical antipsychotics should be monitored for TD every five to six months.</p> <p>Resident #38 was admitted to the facility in March 2021 with diagnoses including unspecified psychosis and delusional disorder.</p> <p>Review of the Minimum Data Set (MDS) assessment dated [DATE], indicated Resident #38:</p> <p>-was severely cognitively impaired as evidenced by a Brief Interview for Mental Status (BIMS) score of three out of a total possible score of 15.</p> <p>-was receiving antipsychotic medication.</p> <p>Review of Resident #38's May 2025 Physician's orders included but was not limited to:</p> <p>-Clozapine 100 milligram (mg) tablet, one tab (tablet) by mouth once daily at 8:00 P.M., start date 11/4/24.</p> <p>-Clozapine 50 mg tablet 1.5 tablets (total dose 75 mg) by mouth daily at 6:00 A.M, start date 11/4/24.</p> <p>Review of the Residents person-centered Care Plan included but was not limited to:</p> <p>-Focus: Resident #38 was on Clozapine for Psychosis, initiated 1/16/25.</p> <p>-Goal: Resident #38 would remain free from Psychotropic drug related complications including movement disorder .through next review, revision date 3/19/25.</p> <p>-Interventions: Monitor/document/report adverse reactions to psychotropic mediations.</p> <p>Further Review of Resident #38's Medical Record included but was not limited to:</p> <p>-The Resident had his/her most recent AIMS completed on 7/9/24, with a score of zero out of a possible total score of 28.</p> <p>(continued on next page)</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-The Resident was administered Clozapine as prescribed by the Physician from 7/10/24 through 5/14/25 (10 months since the initial AIMS).</p> <p>-The Resident had a Pharmacist Medication Regimen Review conducted and a Pharmacist Progress Note dated 12/16/24, which indicated recommendation for: AIMS now and every six months to monitor therapy.</p> <p>-No evidence that AIMS assessment had been conducted since the Pharmacist recommendation on 12/16/24 or the AIMS becoming due on 1/9/25 (6 months after the 7/9/24 initial AIMS).</p> <p>During an interview on 5/14/25 at 3:23 P.M., Unit Manager (UM) #1 said that Pharmacist recommendations come monthly via email to the Unit Managers. UM #1 said when the Pharmacy recommendations arrive, she would print them and address the recommendations with the Resident's Provider(s). The surveyor and UM #1 reviewed Resident #38's Pharmacy Progress Note dated 12/16/24 and UM #1 said that the recommendation indicated an AIMS was due at that time. UM #1 was unable to locate a completed AIMS in the Resident's record or the emailed Pharmacy Recommendation Form.</p> <p>During a follow-up interview on 5/15/25 at 11:21 A.M., UM #1 said that an AIMS should have been completed every six months for Resident #38 but UM #1 was unable to locate a current AIMS in the Resident's medical record after 7/9/24.</p> <p>During an interview on 5/15/25 at 11:31 A.M., the Staff Development Coordinator (SDC) said that Nurses were educated about the AIMS policy upon hire and that the AIMS scale should be done every six months. The SDC said that each Unit Manager should be maintaining a list of residents that are on psychotropic medications as well. The SDC said that there was no current system for tracking AIMS testing within the facility to her knowledge. The SDC said that she would have concerns if the Resident's AIMS was not completed on time because Resident #38 could be at risk for unidentified side effects or may not supposed to still be taking an antipsychotic medication.</p> <p>During an interview on 5/15/25 at 1:09 P.M., the Director of Nursing (DON) said that Resident #38 was taking an antipsychotic medication and should have had an AIMS completed every six months for monitoring but had not.</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>Based on record review, and interview, the facility failed to ensure one Resident (#86) out of a total sample of 19 residents, was free of a significant medication error.</p> <p>Specifically, for Resident #86, the facility failed to ensure that a daily PRN (as needed medication) Methocarbamol (central nervous system depressant - used to treat pain and muscle spasms while relaxing the brain and the spinal cord) medication was administered as ordered by the Physician.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Medication Orders, revised 2018, indicated the following:</p> <p>-Any dose or order that appears inappropriate considering the resident's age, condition, allergies to the medication, or diagnosis is verified by nursing and the attending physician.</p> <p>-Medication orders specify the following:</p> <p>&amp;gt;Time or frequency of administration.</p> <p>Resident #86 was admitted to the facility in December 2024 with diagnoses including hemiplegia and hemiparesis following Cerebral Infarction affecting the left non-dominant hand.</p> <p>Review of Resident #86's May 2025 Physician's orders indicated the following:</p> <p>-Methocarbamol Oral Tablet 500 milligram (mg). Give 500 mg by mouth as needed for muscle spasm once daily, ordered 3/31/25.</p> <p>-Methocarbamol Oral Tablet 500 mg. Give 500 mg by mouth two times a day for pain/spasm, ordered 3/31/25.</p> <p>Review of Resident #86's April 2025 Medication Administration Record (MAR) indicated that the Methocarbamol Oral Tablet 500 mg tablet, give 500 mg by mouth as needed (PRN) for muscle spasm once daily was administered on the following dates and times:</p> <p>-4/10/25: 2:54 A.M. and 1:34 P.M.</p> <p>-4/11/25: 12:40 A.M., and 6:02 A.M.</p> <p>-4/17/25: 3:00 A.M., and 3:21 P.M.</p> <p>-4/29/25: 6:33 A.M., and 1:28 P.M.</p> <p>Review of Resident #86's April 2025 MAR indicated that the Methocarbamol Oral Tablet 500 mg tablet, Give 500 mg by mouth two times a day for pain/spasm, was administered as ordered at 8:00 A.M. and 8:00 P.M.</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #86's May 2025 MAR indicated that the Methocarbamol Oral Tablet 500 mg tablet, give 500 mg by mouth as needed (PRN) for muscle spasm once daily, was administered on 5/12/25 at 5:36 A.M. and 2:39 P.M.</p> <p>Review of Resident #86's May 2025 MAR indicated that the Methocarbamol Oral Tablet 500 mg tablet, Give 500 mg by mouth two times a day for pain/spasm, was administered as ordered at 8:00 A.M. and 8:00 P.M.</p> <p>During an interview on 5/14/25 at 11:08 A.M., Unit Manager (UM) #1 said the Methocarbamol had been administered outside the parameters of the Physician orders. UM #1 said administering the medications too close to the Resident's scheduled doses could cause increase lethargy and sleepiness. UM #1 said the Methocarbamol was ordered as once daily PRN, but the Nurses had administered the medications as twice a day PRN on the identified dates.</p> <p>During a follow-up interview on 5/14/25 at 1:45 P.M., UM #1 said the PRN Methocarbamol for Resident #86 had been administered in error on the identified dates. UM #1 said the Physician would be notified.</p> <p>During an interview with the Director of Nursing (DON) on 5/14/25 at 3:06 P.M., the DON said the Methocarbamol for Resident #86 was administered twice a day in error on the identified dates and that the Physician had been notified about the significant medication error.</p>		

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<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>Based on observation, interviews, and record reviews, the facility failed to maintain an effective infection control and prevention program to stop the spread of organisms and infections for one Resident (#9) out of a total sample of 19 residents.</p> <p>Specifically, for Resident #9, the facility failed to implement appropriate hand hygiene during wound care for Resident #9 who was on Enhanced Barrier Precautions (EBP: infection prevention practice of wearing gown and gloves to reduce transmission of multi-drug-resistant organisms [MDRO's - bacteria that are resistant to three or more types of antimicrobial drugs]) during high contact resident care).</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Handwashing/Hand Hygiene, undated, included but was not limited to:</p> <ul style="list-style-type: none"> <li>-This facility considers hand hygiene the primary means to prevent the spread of infections.</li> <li>&amp;gt;Use of alcohol-based hand rub (ABHR) over soap and water is preferred in most clinical situations.</li> <li>-Use ABHR or soap and water for the following situations:</li> <li>&amp;gt;Before handling clean or soiled dressings, gauze pads, etc .</li> <li>&amp;gt;After contact with a resident's skin.</li> <li>&amp;gt;After removing gloves.</li> <li>-The use of gloves does not replace hand washing/hand hygiene.</li> </ul> <p>Resident #9 was admitted to the facility in May 2021 with diagnoses including Stage Two Pressure Injury to the left ischium (lower back of the hip bone also known as the sitting bone).</p> <p>Review of Resident #9's May 2025 Physician orders included:</p> <ul style="list-style-type: none"> <li>-Maintain EBP, effective 4/11/24.</li> <li>-Medihoney (Manuka antibacterial honey) Wound and Burn Dressing external paste (wound dressing).</li> <li>&amp;gt;Apply to left ischium topically as needed for stage two pressure injury.</li> <li>&amp;gt;Normal Saline wash, pat dry, apply Medihoney, followed by (f/b) bordered gauze dressing twice a day (BID) and as needed (PRN), effective 5/13/25.</li> </ul> <p>Review of Resident #9's Person-Centered Care Plan included but was not limited to:</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  225643	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/15/2025
NAME OF PROVIDER OR SUPPLIER  Overlook Masonic Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE  88 Masonic Home Road Charlton, MA 01507	

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Focus: The Resident has actual skin impairment: Stage Two Pressure Injury of the left ischium .on Enhanced Barrier Precautions, effective 4/11/25 with revision date 4/24/25.</p> <p>-Goal: The Resident's skin injury of left ischium will be healed in 12 weeks, initiated 4/11/25 with revision date 4/17/25.</p> <p>-Interventions:</p> <p>*Maintain EBP, effective 4/24/25.</p> <p>*Treatment to the area as ordered, effective 4/14/25.</p> <p>On 5/13/25 at 8:46 A.M., the surveyor observed Resident #9 seated in a wheelchair in his/her room and eating. The surveyor observed signage hanging on the Resident's doorway that indicated:</p> <p>-STOP ENHANCED BARRIER PRECAUTIONS STOP</p> <p>-EVERYONE MUST:</p> <p>*Clean their hands including before entering and when leaving the room.</p> <p>*Wear gloves and a gown for the following high contact resident care activities:</p> <p>&amp;gt;Wound Care: any skin opening requiring a dressing.</p> <p>During an interview on 5/14/25 at 4:29 P.M., Nurse #2 said she was the Nurse caring for Resident #9. Nurse #2 said that Resident #9 had a pressure ulcer to the left buttock area, was on EBP due to the wound and she would be doing the wound treatment today. Nurse #2 said that she was going to collect supplies and would meet the surveyor at the Resident's room.</p> <p>The surveyor observed wound care provided by Nurse #2 to Resident #9 who was lying in bed, as follows:</p> <p>-Nurse #2 cleansed her hands with ABHR and donned (put on) a gown and gloves.</p> <p>-Nurse #2 entered the Resident's room and explained the wound treatment to Resident #9.</p> <p>-Nurse #2 used a disinfectant wipe to clean the Resident's over the bed table for use as a work surface.</p> <p>-Nurse #2 doffed (removed) her gloves, donned new gloves and set out the dressing supplies on the cleaned work surface. Nurse #2 failed to perform hand hygiene between the glove change.</p> <p>-Nurse #2 positioned Resident #9 into a right-side lying position and removed the old dressing from the Resident's left ischium.</p> <p>-Nurse #2 discarded the old dressing into the trash can.</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 - Few</p>	<p>-Nurse #2 then doffed the soiled gloves and discarded the gloves into the trash can.</p> <p>-Nurse #2 donned a new pair of gloves without performing hand hygiene between the glove change.</p> <p>-Nurse #2 cleansed the Resident's wound with Normal Saline Solution on a gauze pad.</p> <p>-Nurse #2 used a new gauze pad to pat the wound area dry.</p> <p>-Nurse #2 applied Medihoney Wound and Burn Dressing external paste with a tongue depressor to the wound bed and covered the wound area with a bordered gauze dressing.</p> <p>-Nurse #2 discarded the unused supplies and waste into the trash can.</p> <p>-Nurse #2 then positioned the Resident for comfort in his/her bed.</p> <p>-Nurse #2 doffed the soiled gloves, discarded them into the trash can and cleansed her hands with ABHR.</p> <p>During an interview immediately following the wound care observation, Nurse #2 said that she did not cleanse her hands between glove changes during the Resident's wound care that she had provided. Nurse #2 said that she should have washed her hands every time she changed her gloves because not washing her hands could cause the spread of germs to Resident #9.</p> <p>During an interview on 5/14/25 at 5:00 P.M., the Infection Preventionist (IP) said all staff were educated on hand hygiene and got checked for competency throughout the year. The IP said that Nurse #2 should have cleaned her hands between glove changes because germs could spread from Nurse #2 to the Resident when hands are not cleaned between glove use.</p>