

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225743	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2025
NAME OF PROVIDER OR SUPPLIER Baker-Katz Skilled Nursing and Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 194 Boardman Street Haverhill, MA 01830	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on observation, record review and interview, the facility failed to provide treatment and care in accordance with professional standards of practice for two Residents (#24 and #199) who were assessed to be at high risk for developing pressure ulcers, out of a total sample of 14 residents. Specifically,</p> <ol style="list-style-type: none"> For Resident #24, the facility failed to implement a physician's order for a treatment and plan for monitoring a blister. For Resident #199, the facility failed to ensure his/her plan of care was implemented related to skin integrity. <p>Findings include:</p> <p>Review of the facility's policy, not titled, revised 11/1/20 indicated the following:</p> <p>Purpose: To minimize the development of any type of ulcer and other skin issues through the systematic and regular inspections of the resident's skin, and to ensure early detection and interventions for all skin problems.</p> <p>Policy:</p> <ol style="list-style-type: none"> Residents will undergo a weekly body check by the licensed nurse. The facility will utilize the weekly body check form. Certified Nursing Assistants will inspect the skin of each resident during daily care and whenever skin care is provided and report to the licensed nurse any changes to the resident's skin. Licensed Nurse will respond to the report of skin problems and assess the resident's skin as soon as possible. If skin breakdown is identified the physician will be notified and a treatment will be obtained. Documentation by a member of the Nursing Administration team or designee shall include: <ul style="list-style-type: none"> - The date of assessment. <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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> - The stage of and measurements of pressure ulcer and size of non-pressure ulcer. - Description of drainage. - Description of odor. - The condition of surrounding tissue. - Any evidence of the progress or lack of healing. <p>8. The Licensed Nurse responsible for treatments on each unit will observe each ulcer in conjunction with treatment times and document the observation of the ulcer and or surrounding tissue on the Treatment Sheet.</p> <p>9. A care plan will be developed and implemented and revised as necessary.</p> <p>10. The resident will be followed weekly in the skin focus meeting until any pressure ulcer is resolved.</p> <p>1. Resident #24 was admitted to the facility in March 2023 with diagnoses that include but are not limited to multiple sclerosis, other muscle spasm, major depression, and general paresis (a condition of muscular weakness caused by nerve damage, partial paralysis).</p> <p>Review of the Minimum Data Set (MDS) Assessment, dated 4/10/25, indicated Resident #24 scored a 13 out of 15 on the Brief Interview for Mental Status exam, indicating he/she as having intact cognition. Further, the MDS indicated Resident #24 had functional impairment in range of motion of his/her lower extremities, is dependent on staff for care including personal hygiene, lower body dressing and bathing, is at risk for developing pressure ulcers and did not have any pressure ulcers, or other wounds or skin problems.</p> <p>During an observation and interview on 5/20/25 at 7:58 A.M., Resident #24 was in bed. Resident #24 said he/she was not sure if he/she had any skin issues or areas. Resident #24 said he/she only gets out of bed to be weighed. Resident #24 was observed to be slight in stature and frail.</p> <p>Review of Resident #24's medical record indicated the following:</p> <ul style="list-style-type: none"> -A physician's order dated 1/8/25 weekly skin check Friday 7-3 Document under Assessment Tab. -A Norton Scale for Predicting Risk of Pressure Ulcers dated 10/18/24, 1/10/25 and 4/4/25 assessed Resident #24 as High Risk for developing pressure ulcers. -A care plan with the focus: Resident has potential for altered skin breakdown r/t (related to) immobility, r/t multiple contracture bilateral ankle, knees, hip, trunk rotation prior to admission resulting in him/her being bedbound, multiple sclerosis, spasm, backpain with sciatica, depression, incontinent of urine and bowel. Can be resistive to care. Date initiated: 3/16/2023. Interventions included but not limited to, skin protocol per house policy, dated 3/16/25. -Weekly skin checks dated 4/11/25 and 4/18/25 indicating Resident #24's skin is intact. <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The next documented skin check was dated 5/2/25 which was completed 2 weeks later.</p> <p>Review of a Nursing Progress Note: dated 4/28/25 indicated: Aide reported a blister on R (right) lateral ankle, inspected and treated with skin prep and covered with a band aide. Blister is filled but intact. NP (nurse practitioner) notified.</p> <p>Review of a Nursing Progress note dated 5/3/25 at 06:48 (6:48 A.M.), indicated: corrective note: L (left) lateral ankle. This note indicated that the blister was on the left lateral ankle and not on the right as documented in the 4/28/25 nursing progress note.</p> <p>Further review of the medical record failed to indicate a new skin assessment after the identification of the new skin blister on Resident #24 was completed on 4/28/25.</p> <p>Further, the medical record failed to indicate an order for the treatment and monitoring of the identified blister was implemented on 4/28/25 when the blister was identified.</p> <p>Review of the weekly skin check dated 5/2/25, completed 5 days after the blister was documented on 4/28/25 on the lateral ankle, indicated site: left foot blister, the document under length, width depth or stage was left blank, nor was there any documentation of evidence of progress or lack of healing, description of the surrounding skin or odor or drainage. Other: BLE (bilateral Lower extremity) healing blisters.</p> <p>Review of the Treatment Administration Record (TAR) dated April 2025 failed to indicate the administration of a treatment or monitoring of the blister identified on 4/28/25 on Resident #24's right lateral ankle.</p> <p>Review of the TAR dated May 2025 indicated the following:</p> <p>-Blister to left lateral ankle. Apply skin prep and wrap with Kerlix. Every day and evening shift for Blister. The treatment was documented as administered beginning on the evening shift on 5/2/25. This order was implemented five days after the Blister was identified on Resident #24's ankle on 4/28/25.</p> <p>During an interview on 5/21/25 10:16 A.M., Nurse #1 said she was not caring for Resident #24 today but has recently taken care of him/her and that he/she has a blister on his/her foot. Nurse #1 said when a skin tear, blister or skin injury occurs the nurse practitioner is notified, and orders are put in place for treatment and the nurses follow the orders.</p> <p>During an interview on 5/21/25 at 9:24 A.M., the Unit Manager said all residents have weekly skin checks under assessments in the medical record. The Unit Manager said Resident #24 is at risk for pressure/skin injuries. The Unit Manager reviewed Resident #24's assessment tab and said the weekly skin check was not completed on 4/25/25 and should have been. The Unit Manager said she was aware that a blister was reported on Resident #24's foot. The Unit Manager said when an area is identified a new skin assessment is completed and an order for treatment is obtained at the time it is identified.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/21/25 at 9:23 A.M., the Director of Nursing (DON) said if a new skin area is identified on a resident, a skin incident report is completed, a skin check assessment is conducted, the Nurse Practitioner would be notified and an order for treatment would be obtained and entered under orders. The DON said she was not aware of the blister on Resident #24 until 5/6/25, did not have an incident report and expected a skin assessment to be completed and an order put in place for a treatment.</p> <p>During an interview 5/21/25 at 10:31 A.M., the Nurse Practitioner (NP) said Resident #24 has a history of developing blisters. The NP, who is also the Regional Nurse for the facility, said when a new area is identified an assessment including the location, and a complete description of the alteration in skin should be completed. The NP said the monitoring of the area would be part of the order for treatment to include the progress of the wound, odor, drainage, color of surrounding skin. The NP said she was made aware of the blister and ordered skin prep and a protective dressing and was not aware that the order was not implemented on 4/28/25 when the area was identified. The NP reviewed Resident #24's record and said there was no weekly wound documentation, and the treatment order did not include monitoring of the wounds response to treatment and should.2. Resident #199 was admitted to the facility in February 2025 with diagnoses that included dementia, pressure ulcer to sacral region, peripheral vascular disease, and venous insufficiency.</p> <p>Review of Resident #199's most recent Minimum Data Set (MDS) assessment, dated 4/27/25, indicated he/she was assessed by nursing staff to have severe cognitive impairments. The MDS further indicated the Resident is at risk for developing pressure ulcers and has one unstageable pressure ulcer. The MDS also indicated that he/she was dependent on staff for bathing, dressing and grooming.</p> <p>On 5/20/25 at 7:40 A.M. and 10:37 A.M., the surveyor observed Resident #199 in bed with his/her feet and heels flat on the mattress, no air boots, foam dressings or lambswool were observed on the Residents' feet. The surveyor observed two large blood blisters on his/her left foot and the top of his/her toes on both feet were red.</p> <p>On 5/21/25 at 7:36 A.M. and 9:11 A.M., the surveyor observed Resident #199 in bed with his/her feet and heels flat on the mattress, no air boots were observed on the Residents feet. The surveyor observed a lambswool only between the left toes and a dressing wrapped around his/her ankle and foot leaving the left heel exposed. The right heel had no dressing in place and the right toes were observed to have no lamb's wool.</p> <p>Review of Resident #199's physician order, dated 1/7/25, indicated Apply wisps of Lambswool between toes daily.</p> <p>Review of Resident #199's physician order dated 2/26/25, indicated apply skin prep to both feet, allow to air dry, apply Allevyn Foam Dressings to both heels, then place air boots on both feet for pressure prevention.</p> <p>Review of Resident #199's physician order, dated 4/23/25, indicated off load heels at all times using pillows.</p> <p>Review of Resident #199's nursing progress note, dated 5/17/25, indicated Patient noted to have 2 blood filled blisters 4(4X2) (4 centimeters by 2 centimeters) and (2x2) on the bottom of the left foot MD (medical doctor) updated skin prep applied and areas LOTA (leave open to air).</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>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review and interviews, the facility failed to ensure that respiratory care services, consistent with professional standards of practice, were implemented for two Residents (#16 and #18), out of a total sample of 14 residents. Specifically, facility staff failed to change oxygen and nebulizer tubing in accordance with the physician's orders.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Oxygen Administration and Storage, not dated, indicated the following:</p> <p>-Purpose: Administration of oxygen as ordered by the physician. Ensure safe storage and proper handling of oxygen.</p> <p>-Procedure: 8. Change cannula, humidifier, tubing, and other disposable equipment weekly and as needed. Date, time, and initial tubing when changed.</p> <p>1a. Resident #16 was admitted to the facility in August 2021 and has diagnoses that include but are not limited to cerebral infarction, chronic diastolic heart failure, and atrial fibrillation.</p> <p>Review of the Minimum Data Set (MDS) assessment, dated 4/24/25, indicated Resident #16 scored a 10 out of 15 on the Brief Interview for Mental Status exam, indicating Resident #16 as having moderate cognitive impairment. Further, the MDS indicated Resident #16 was dependent on staff for daily care including bathing, toileting and dressing and utilized oxygen therapy.</p> <p>On 5/20/25 at 7:40 A.M., Resident #16 was observed in bed with his/her eyes closed with a nasal cannula administering oxygen at 2 liters. Tape affixed to the oxygen tubing that was administering the oxygen was dated 5/7. Tubing attached to a nebulizer (a nebulizer is a drug delivery device used in the form of a mist inhaled into the lungs) unit on Resident #16's bedside table was dated 5/7.</p> <p>On 5/20/25 at 9:04 A.M., Resident #16 was observed in bed with oxygen running via a nasal cannula. Both the oxygen tubing and nebulizer tubing were dated 5/7.</p> <p>During an interview and observation on 5/20/25 at 9:42 A.M., Resident #16 said he/she uses oxygen all the time. Resident #16 said he/she uses the breathing treatment (nebulizer) every day. At this time the oxygen tubing was dated 5/20/25 and the nebulizer tubing was dated 5/7.</p> <p>Review of Resident #16's physician's orders indicated the following:</p> <p>-Change oxygen tubing and date. also clean concentrator filter weekly on Tuesday 11-7 (11:00 P.M. to 7:00 A.M.) every night shift every Tue, dated 4/25/25. (sic)</p> <p>-Change tubing and date neb (nebulizer) machine tubing every Tuesday 11-7 every night shift every Tue, dated 4/5/25. (sic)</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>-May give supplemental o2 (oxygen) via NC (nasal cannula) to keep saturation above 92% every shift, dated 4/25/24 (the order failed to indicate how many liters of oxygen to administer)</p> <p>-Ipratropium-Albuterol Solution 0.5-2.5 (3) MG/3ML 1 vial inhale orally every 8 hours for SOB (shortness of breath)/Wheezing via nebulizer x 15 minutes for SOB/Wheezing, dated 8/16/24.</p> <p>Review of the care plan with the focus: Resident has sleep apnea, Dyspnea (Shortness of breath), Asthma and Respiratory failure, date initiated 5/3/22, with the interventions: Change oxygen tubing and date. also clean concentrator filter weekly on Tuesday 11-7, dated 4/25/25. (sic) Change tubing and date neb machine tubing every Tuesday 11-7, date 4/25/25.</p> <p>Resident #16's oxygen tubing and nebulizer tubing were not changed weekly in accordance with the physician's orders and care plan.</p> <p>During an interview on 5/21/25 at 10:20 A.M., Nurse #1 said Resident #16 uses the nebulizer daily and the nursing staff provide the administration of the nebulizer treatment. Nurse #1 said the oxygen tubing and tubing for the nebulizer is to be changed weekly. Nurse #1 said she would expect that the nursing staff would see the date on the nebulizer when administering the nebulizer treatment.</p> <p>During an interview on 5/21/25 at 10:55 A.M., the Director of Nursing said she would expect respiratory equipment to be changed as indicated in the physician's order and would expect the nurses who are providing the daily nebulizer treatments to Resident #16 to see the equipment was not changed as required.</p> <p>1b. Resident #18 was readmitted to the facility in December 2024 and has diagnoses that include but are not limited to acute and chronic respiratory failure with hypoxia, and chronic respiratory pulmonary disease.</p> <p>Review of Resident #18's MDS, dated [DATE], indicated Resident #18 scored a 9 out of 15 on the Brief Interview for Mental Status exam, indicating Resident #18 as having moderately intact cognition. Further review of the MDS indicated Resident #16 requires assistance with daily care and uses oxygen therapy.</p> <p>During an observation and interview on 5/20/25 at 8:13 A.M., Resident #18 was sitting up in bed with his/her breakfast tray in front of him/her. Resident #18 was wearing a nasal cannula which was administering 2.5 liters of oxygen from a concentrator located next to his/her bed. The oxygen tubing was dated 5/7. Resident #18 said staff change the tubing sometimes.</p> <p>During an observation on 5/20/25 at 10:44 A.M., Resident #18's oxygen tubing administering oxygen via the nasal cannula was dated 5/7.</p> <p>Review of Resident #18's physician's orders indicated the following:</p> <p>-Change tubing and oxygen concentrator every Tuesday on 11-7 and clean filter with warm water. Be sure to label new tubing with Date, every night shift every Tue, dated 4/25/25.</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>-Oxygen as 2L (liters) via NC (nasal cannula) to maintain O2 sats greater than 90% every shift related to Chronic Obstructive Pulmonary Disease, Unspecified Acute and Chronic Respiratory Failure with Hypoxia, Acute and Chronic Respiratory Failure with Hypercapnia, dated 11/13/23.</p> <p>Review of a Care Plan with the focus: Resident has Emphysema/COPD (chronic obstructive pulmonary disease) positive nodule right lung-noncompliant/decreased safety awareness to wear oxygen date initiated 3/6/20, included the interventions dated 3/6/20 Give oxygen therapy as ordered by the physician, change and date tubing weekly.</p> <p>Resident #18's oxygen tubing was not changed weekly as indicated in accordance with the physician's orders and care plan.</p> <p>During an interview on 5/21/25 at 10:40 A.M., the Unit Manager said the oxygen tubing should be changed weekly and that it is written as a physician's order to be changed. The Unit Manager said the date of 5/7 would not have been weekly.</p> <p>During an interview on 5/21/25 at 10:55 A.M., the Director of Nursing said she would expect respiratory equipment including tubing to be changed per the physician's order.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>Based on observations and interviews, the facility failed to ensure nursing staff stored drugs and biologicals in accordance with State and Federal requirements. Specifically, the facility failed to ensure two of two treatment carts were locked while a nurse was not present.</p> <p>Findings include:</p> <p>Review of the facility policy titled Storage of Medications, dated 2017, indicated The medication supply is accessible only to licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications. Medication rooms, carts, and medication supplies are locked when not attended by persons with authorized with authorized access.</p> <p>On 5/20/25 from 7:06 A.M. to 7:49 A.M., the surveyor observed the treatment cart unlocked and unsupervised in the A hall. Multiple staff members and residents were observed walking by the treatment cart.</p> <p>On 5/20/25 from 7:45 A.M. to 8:11 A.M., the surveyor observed the treatment cart unlocked and unsupervised in the B hall. Multiple staff members and residents were observed walking by the treatment cart. The surveyor was able to access the cart and observed multiple prescription ointments/creams and other treatment supplies.</p> <p>On 5/21/25 from 7:36 A.M. to 8:31 A.M., the surveyor observed the treatment cart unlocked and unsupervised in the B hall. Multiple staff members were observed to walk by the treatment cart. The surveyor was able to access the cart and observed multiple prescription ointments/creams and other treatment supplies.</p> <p>During an interview on 5/21/25 at 9:15 A.M., Nurse #1 said treatment carts should be locked at all times unless the nurse is at the cart.</p> <p>During an interview on 5/21/25 at 9:19 A.M., the Administrator and the Nurse Practitioner said treatment carts should be locked at all times unless the nurse is present at the cart.</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, record review and interview, the facility failed to implement infection control practices to prevent the spread of infection. Specifically, two housekeeping staff failed to perform hand hygiene, and one entered a resident's room wearing potentially contaminated gloves.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Handwashing/Hand Hygiene, not dated indicated the following:</p> <p>This facility considers hand hygiene the primary means to prevent the spread of infections.</p> <p>Policy Interpretation and Implementation included but was not limited to:</p> <p>2. All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents and visitors.</p> <p>6. In most situations, the preferred method of hand hygiene is with an alcohol-based hand rub. If hands are not visibly soiled, use alcohol-based rub containing 60-95% ethanol or isopropanol for all the following situations: b. before donning sterile gloves, j. After removing gloves.</p> <p>During an observation in the B hall on 5/21/25 at 9:14 A.M., the surveyor observed the following:</p> <p>At 9:15 A.M. Housekeeper #1 exited a resident room wearing gloves on both hands. Housekeeper #1 touched the housekeeping cart in the hall, opened a cabinet on the side and with her gloved hands removed a spray bottle and toilet brush in a holder and entered a different resident room and entered the bathroom wearing the same gloves.</p> <p>At 9:16 A.M., Housekeeper #1 exited the resident's room with the same gloved hands, touched the cart with her gloved hands and put the items back in the cart. Housekeeper #1 then picked up the floor mop and entered the same resident room wearing the same potentially contaminated gloves.</p> <p>At 9:18 A.M., Housekeeper #1 exited the resident room, removed her gloves and without performing hand hygiene placed on new gloves and moved on to the next resident room.</p> <p>At 9:19 A.M., Housekeeper #2 exited a room wearing gloves, reentered the room after placing a rag in the water on the cart. Then exited the room, removed the gloves and put on new gloves without performing hand hygiene.</p> <p>At 9:40 A.M., Housekeeper #1 exited a resident room wearing gloves on both hands, removed the gloves and without performing hand hygiene placed on new gloves. Housekeeper #1 pushed the housekeeping cart a short distance, then removed supplies from the cart and entered a resident's room.</p> <p>During an interview on 5/21/25 at 10:24 A.M., Housekeeper #2 said hands are to be cleaned, pointing to the hand sanitizer dispenser on the wall after gloves are removed or before gloves are placed on and said gloves are not to be worn in the hall.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 225743	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2025
NAME OF PROVIDER OR SUPPLIER Baker-Katz Skilled Nursing and Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 194 Boardman Street Haverhill, MA 01830	
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>During an interview on 5/21/25 at 10:40 A.M. the Unit Manger said housekeeping staff are to follow infection control procedures. The Unit Manger said staff should not wear dirty gloves in the hall, touching the cart, and should not go into a resident's room wearing dirty gloves.</p> <p>During an interview on 5/21/25 at 10:27 A.M., the Infection Control Preventionist Nurse said staff are to perform hand hygiene before and after putting on gloves, should not be wearing gloves in the hall and should perform hand hygiene and change gloves between tasks and should not wear the same gloves in multiple rooms.</p>		