STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235352	A. Building B. Wing	03/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cass County Medical Care Facil	23770 Hospital St Cassopolis, MI 49031

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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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. 41424 Based on observation, interview, and record review, the facility failed to provide an environment that promoted a dignified dining experience for 4 residents (Resident #15, #10, #49, & #40) of 4 residents reviewed for dignity, resulting in feelings of disappointment with the dining experience. Findings include: During an observation on 03/23/25 at 11:37 AM, dining service had started, and residents were being served roast beef, broccoli, French fries or baked beans. On 03/23/25 at 11:46 AM, this writer observed there were multiple residents seated throughout the dining room who had not received their lunches. Noted no particular order for meal tray delivery. In an interview on 03/23/25 at 11:47 AM, Certified Nursing Assistant (CNA) U reported a resident who was not served had ordered a special meal and those take longer to cook. CNA U asked Dietary Aide (DA) AA where the resident's food was as the other residents at the table had their meals already. In an interview on 03/23/25 at 11:56 AM, this writer requested from Activity Aide (AA) XX who were the multiple residents still waiting for their lunches. AA XX reported Resident #15, Resident #49, Resident #10, and Resident #40. This writer observed the other residents seated at the tables with those residents were already served their lunches and were eating or close to finished with the meal. Resident #15: Review of an Admission Record revealed Resident #15 was a male with pertinent diagnoses which included dementia, diabetes, paralysis on his right side, kidney disease, and stroke. During an observation on 03/23/25 at 12:00 PM, Dietary Aide (DA) AA was observed exiting the dining room and entered the kitchen, waited in line for a plate of food for Resident #15. DA AA grabbed the plate for him and headed over to his table and delivered his meal. Resident #49: (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of an Admission Record revealed Resident #49 was a male with pertinent diagnoses which included malnutrition, dysphagia (difficulty in swallowing foods or liquids, arising from the throat or esophagus), and cognitive communication deficit (progressive degenerative brain disorder resulting in difficulty with thinking and how someone uses language). During an observation on 03/23/25 at 12:02 PM, Resident #49's meal was brought to him by AA XX. Resident #10: During an observation on 03/23/25 at 12:04 PM, DA OO was observed bringing a plate to the dining room for Resident #10. Resident #40: During an observation on 03/23/25 at 12:06 PM, Resident #40 received her meal brought to her by AA XX. In an interview on 03/24/25 at 09:12 AM, Resident #40 reported she gets to the dining room early and was one of the first ones there and her ticket goes to the bottom. Resident #40 stated that's the way it is and reported it would be nice to eat her lunch with the other ladies she sat at the table with. Using the reasonable person concept, though Residents #10, #15, and #49 had decreased ability to verbally express their own thoughts due to their medical diagnoses, any reasonable person would likely feel a sense of frustration, loss of self-worth, and emotional distress. In an interview on 03/25/25 12:05 PM, Dietary Manager (DM) TT reported she had the dietary staff bring out soup, side salad, or cottage cheese to the residents so they would have something in front of them to keep them occupied while waiting for their food. DM TT reported as there were two cooks on 03/23/25, the alternate meals for residents should not have taken 15-20 minutes to be served to them after their table mates had been served. DM TT reported we had enough staff to ensure those who have the alternate meal would not wait that long for their meals.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 48637 Based on observation, interview, and record review, the facility failed to maintain sanitary conditions and ensure proper labeling and dating of foods in the kitchen and the resident refrigerator in the activity room, resulting in the potential to spread food borne illness to all residents that consume food from the kitchen and residents that store food in the activity room refrigerator. Findings include: During the initial kitchen tour on 3/23/2025 at 9:41 AM, 1 spout on the coffee machine had lime buildup around the spout (white crusty and flakes around it). During another visit to the kitchen on 3/24/2025 at 9:31 AM, the same spout was observed to still have lime buildup around it. Certified Dietary Manager (CDM) TT stated that it should have been cleaned the day before and they must have missed it. During the initial kitchen tour on 3/23/2025 at 9:52 AM, Dietary Aide (DA) FFF accompanied this surveyor and the following items were observed: The ice-cream freezer had 3 individual bowls of hand dipped ice cream in them with no label and dates and ice cream was splattered on the bottom of the freezer. The following items were observed in the dietary aides reach in dessert refrigerator: 6 pear and 2 peach individual bowls with an expiration date of 3/22/2025. 1 big plastic container with chicken noodle soup with an expiration date of 3/22/2025. 1 big plastic container of tomato soup with an expiration date of 3/21/2025. The following items were observed in the aides reach in refrigerator: 7 individual 12-ounce (oz) cups of specialty drinks with no label and date. 6 individual 12 oz cups of chocolate milk and 4 individual 12 oz cups of white milk with no label and date. 35 individual 8 oz cups with either iced tea or milk with no label and date. The following was observed in the dry storage room: A big plastic bag of orzo (pasta) was not sealed, had no label and date and was lying in a box and spilling into it. A plastic bag of flour was not sealed, had no label and date and was lying in a box spilling into it. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	The following was observed in the cook's refrigerator: 1 styrofoam carryout container with salad in it with no label and date. 1 quart milk carton, not closed with no label and date. A sandwich plastic bag with mozzarella cheese, not sealed and no label and date. The bottom of the refrigerator was dirty with crumbs on the bottom. During an interview on 3/23/2025 at 10:22 AM, DA FFF stated that there should have been labels and dates on the food items that were not labeled and dated, food items should be sealed and food should be tossed past the expiration date. During the full kitchen tour on 3/24/2025 at 9:31 AM with DM TT the following was observed: In the main kitchen area, a shallow pan with breading for fish with saran wrap was not sealed and didn't have a label and date. The resident refrigerator in the activities room contained an open gallon milk jug with a best by date of 3/22/2025, and cheese slices in a sandwich bag did not have a label and date. During an interview on 3/24/2025 at 10:30 AM, CDM TT stated that labels and dates should be on perishable food items in the kitchen and the resident refrigerator in the activity room and said staff is aware of what they should do. According to the 2022 FDA Food Code section 6-501.12 Cleaning, Frequency and Restrictions. (A)PHYSICAL FACILITIES shall be cleaned as often as necessary to keep them clean . According to the 2022 FDA Food Code section 3-501.17 Ready-to-Eat, Time/Temperature Control for Safety Food, Date Marking. (A) Except when PACKAGING FOOD using a REDUCED OXYGEN PACKAGING method as specified under S 3-502.12, and except as specified in (E) and (F) of this section, refrigerated, READY-TOEAT, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and held in a FOOD ESTABLISHMENT for more than 24 hours shall be clearly marked to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded when held at a temperature of 5 C (41 F) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1. (B) Except as specified in (E) -(G) of this section, refrigerated, READY-TO-EAT TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and PACKAGED by a FOOD PROCESSING PLANT shall be clearly marked, at the time the original container is opened in a FOOD ESTABLISHMENT and if the FOOD is held for more than 24 hours, to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded, based on the temperature and time combinations specified in (A) of this section and: (1) The day the original container is opened in the FOOD ESTABLISHMENT shall be counted as Day 1; and (2) The day or date marked by the FOOD ESTABLISHMENT may not exceed a manufacturer's use-by date if the manufacturer determined the use-by date based on FOOD safety . (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Review of the Date Marking for Food Safety Policy with a review date of 1/2025 revealed Policy Explanation and Compliance Guidelines for Staffing 2. The food shall be clearly marked to indicate the date or day by which the food shall be consumed or discarded. 3. The individual opening or preparing a food shall be responsible for date marking the food at the time the food is opened or prepared. 4. The marking system shall consist of a color-coded label, the day/date of opening, and the day/date the item must be consumed or discarded. 5. The discard date or date may not exceed the manufacturers use-by-date or four days, whichever is earliest. The date of opening or preparation counts as day 1. (For example, food prepared on Tuesday shall be discarded on or by Friday.) 6. The head cook or designee shall be responsible for checking the refrigerator daily for food items that are expiring and shall discard accordingly. 7. The Dietary Manager, or designee, shall spot check refrigerators weekly for compliance, and document accordingly. Corrective action shall be taken as needed.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47955 This citation contains two Deficient Practices Statements, A & B. Deficient Practice Statement A. Based on interview and record review the facility failed to have an active and ongoing plan for reducing the risk of Legionella and other opportunistic pathogens of premise plumbing (OPPP). This deficient practice has the increased potential to result in water borne pathogens to exist and spread in the facility's plumbing system and an increased risk of respiratory infection among any or all the residents who reside in the facility. Findings include: Review of the facility Water Management Plan book on 3/24/25 at 4:00 pm, revealed no documentation regarding a team of staff members who meet to discuss water management, no test results, and no risk assessment that had been completed. In an interview on 3/24/25 at 5:00 pm, Maintenance Director (MD) DD reported he was not aware of a team related to water management in the building. In an interview on 3/24/25 at 5:05 pm, Nursing Home Administrator (NHA) A reported the team for water management should include maintenance director, director of nursing, and herself. In an interview on 3/25/25 at 10:51 am, MD DD reported he was new to the position, about six months, and he did recall when he first started, he was introduced to the water management plan, and the binder, but did not understand what needed to be done related to the water management plan. MD DD reported the facility has city water and the water supply was tested by the county and that he had never completed any kind of water testing in the facility. MD DD reported he had not conducted any evaluation on the water system in the building, he had not evaluated any areas of potential risk, and he had no established control measures to monitor water in the building. Review of facility policy Water Management Program with a review date of 4/2024 revealed .to establish water management plans for reducing the risk of legionellosis and other opportunistic pathogens .in the facilities water system .1. A water management team has been established to develop and implement the facility's water management program including facility leadership, the infection preventionist, maintenance employees, safety offices, risk and quality management staff and the director of nursing .2. The maintenance director maintains documentation that describes the facility's water system . 3. A risk assessment will be conducted by the water management team annually .5. Based on the risk assessment control points will be identified .6. Control measures will be applied to address potential hazards at each control point .7. Testing protocols and control limits will be established for each control measure .8. The water management team shall regularly verify that the water management program is being implemented as designed . Deficient Practice Statement B. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Based on observation, interview, and record review the facility failed to maintain infection control practices as evidenced by 1). Incorrect use of personal protective equipment (PPE) in an enhanced barrier precaution setting for 2 (Resident #1 and Resident #46) of 2 residents reviewed for enhanced barrier precautions (EBP) PPE use during catheter care, dressing, repositioning and transferring; and 2). Proper hand hygiene by staff during meal service in the dining room resulting in the potential for introduction of infection, cross-contamination, and disease transmission. Findings include: Resident #1 Review of an Admission Record revealed Resident #1 was a female who originally admitted to the facility on [DATE] and had pertinent diagnoses which included: paraplegia (paralysis of the lower part of the body), neuromuscular dysfunction of the bladder (loss of control of the bladder), and retention of urine (inability to empty the bladder). Review of a Minimum Data Set (MDS) assessment for Resident #1, with a reference date of 1/29/2025 revealed a Brief Interview for Mental Status (BIMS) score of 15/15 which indicated Resident #1 was cognitively intact. (BIMS score 13-15 indicates no cognitive impairment). In an observation on 3/24/25 at 8:45 am, signage was noted on Resident #1's room door indicating that enhanced barrier precautions were to be used when providing care, including catheter care. Review of the Order Summary for Resident #1 revealed .Enhanced barrier precaution with a start date of 1/6/2025. Review of a current Care Plan for Resident #1 revealed Focus .I require enhanced barrier precautions .r/t (related to) my supra pubic catheter/urine . Interventions- enhanced barrier precautions (don (put on) glove and gown) with all care involving suprapubic (catheter inserted directly through the skin into the bladder) (urine) .such as device care to decrease the risk of cross contamination and risk for active infection . with an initiation date of 9/25/2023 . In an observation on 3/24/25 at 8:51 am, Certified Nurse Assistant (CNA) K was observed in Resident #1's room, at her bed side, with a graduated cylinder (a triangle shaped plastic container to collect urine from a drainage bag) preparing to empty Resident #1's catheter drainage bag. CNA K was then observed placing the graduated cylinder on the floor and holding Resident #1's catheter bag in her left hand while she unclamped the drain tube with her right, positioned the drain tube into the graduated cylinder and allowed for the urine to drained from Resident #1's catheter drainage bag. CNA K then emptied the graduated cylinder into the toilet in the bathroom. CNA K was not wearing a gown during this process as indicated by the EBP signage present on Resident #1's door to her room. In an interview on 3/24/25 at 9:22 am, CNA K reported that EBP were to be used for residents who had wounds and that it did include Resident #1. CNA K reported Resident #1 was in EBP and she should have been wearing a gown when she emptied Resident #1's catheter drainage bag. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an interview on 3/24/25 at 2:37 pm Wound Nurse/Infection Preventionist (WN/IP) C reported that EBP were to be used when the staff was come into contact with the potential infection site, opening, or line when providing care. WN/IP C reported EBP should be used when providing catheter care and emptying a catheter drainage bag. In an interview on 3/24/25 at 2:41 pm, Director of Nursing (DON) B reported that her expectations were that if a resident was in enhanced barrier precautions, the staff were using the correct PPE when providing care. Review of facility policy Enhanced Barrier Precautions with a revised date of 02/2024 revealed .maintain and implement infection control measures/processes/procedures that will help control the spread of infection .an order for enhanced barrier precautions will be obtained for residents with any of the following .indwelling medical devices (i.e. urinary catheter .) implementation of enhanced barrier precautions will include: Make gowns and gloves .for high contact resident care activities .bathing, providing hygiene . dressing, transferring .providing device care or use .urinary catheter .masks should be available for activities involving possible risk of splashing/spraying . Review of Centers for Disease Control and Prevention (CDC) dated March 20, 2024, revealed, .Enhanced Barrier Precautions (EBP) refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms (MDRO) that employs targeted gown and glove use during high contact resident care activities .EBP are used in conjunction with standard precautions and expand the use of PPE to donning of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing .EBP are indicated for residents with any of the following: 1. Infection or colonization with a CDC-targeted MDRO when Contact Precautions do not otherwise apply; or 2. Wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with a MDRO .Effective Date: April 1, 2024 . 41424 Resident #46: Review of an Admission Record for Resident #46 revealed the resident was a male with pertinent diagnoses which included osteomyelitis (infection in a bone) in a active wound, urinary tract infection and sepsis (life threatening complication of infection). Review of Care Plan dated 02/02/2023 for Resident #46, revealed the focus, .require assistance with ADL's (Activities of Daily Living) r/t (related to) contractures of BLE (bilateral lower extremities), immobility, abnormal labs, and chronic disease processes . with the intervention .TRANSFERS: I require a full body mechanical lift for transfer with 2 assist .BED MOBILITY: I require assistance of 1-2 staff members to turn and reposition in bed .DRESSING: I require assistance of 1 staff member with dressing . (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Care Plan dated 9/10/24 for Resident #46, revealed the focus, .I require Enhanced Barrier Precautions AND I am at increased risk of MDRO (Multidrug-Resistant Organism) acquisition r/t my urine, wound, and midline line. DX: Chronic Osteomyelitis, COPD (Chronic Obstructive Pulmonary Disease), hx (history) Klebsiella (bacteria that can cause health care associated infections spread through person to person contact and can be dangerous if it enters other parts of the body other than the nose, throat, skin and intestinal tract) . with the intervention .Institute Enhanced Barrier Precautions (Don (to put on) gloves and gown) with all care involving my wound Osteomyelitis R (right) Ischium (sit bones where you sit) and urine (MDRO) such as, bathing, wound dressing changes, to decrease risk of cross contamination and risk for active infection. If there is a chance of bodily fluid splashing, please wear a mask . During an observation on 03/24/25 at 09:44 AM, Shower Aide (SA) II entered Resident #46's room to re-position him in the bed. SA II was behind the head of the bed and pulled Resident #46 up in his bed, she placed his pillows back under his arms and she asked if he wanted his wedges under his hips and he said he wanted them on both sides. SA II placed the wedges on the side of the resident. She repositioned the pillows between his legs for comfort. SA II did not don a gown when she repositioned him or when she placed the pillows and wedges. During an observation on 03/24/25 at 12:20 PM, Resident #46 was being assisted with care by CNA K At 03/24/25 at 12:35 PM, CNA Q had come to the room, she moved the hoyer over to the side of the bed, she moved the wheelchair over to the privacy curtain, she washed her hands after moving the chair over and then donned gloves. CNA K and CNA Q were observed to not be wearing gowns. On 03/24/25 at 12:37 PM, CNA Q lowered the bed, both had gloves on but no gowns, they had removed his oxygen, and he was lying flat in the bed. CNA K had tucked in the tubing to the plastic bag hanging on the side of the oxygen concentrator. CNA K removed his pillows from both sides of him. The blue wedges were noted at the foot of his bed. Resident #46 was flat in the bed, but his legs were positioned to the left of his body, he was turned at the waist in that direction. CNA K rolled him towards the wall and CNA Q and CNA K tucked the sling under him. And then both CNA's rolled him back, flat in the bed. CNA Q moved to the foot of the bed and held his legs and then placed the sling between his legs. CNA K and CNA Q proceeded to adjust the sling and placed the loops on the hooks of the machine. CNA Q was gently raising the lift and Wound Nurse C entered the room and informed them he needed to be transported in a different chair and went to obtain the chair. Transport Aide F had entered the room at this time as well. CNA K did not remove her gloves while attempting to put together the broda chair footrest. CNA K and CNA Q guided the hoyer over to the broda chair, CNA K guided his legs, supporting them and slowly lowered him into the broda chair. CNA K and CNA Q raised the hoyer back up and CNA K held the back bottom of the sling to guide him back in the seat of the broda chair. CNA K placed the blue wedges on each side of Resident #46's hip/side area, had to readjust him in the chair. CNA K readjusted the back of the broda chair, so he was reclined more, she still had on her gloves from earlier in the care process. On 03/24/25 at 12:55 PM, Transport Aide F placed the plastic bag with his oxygen tubing for him on his lap area, went to grab gloves and placed his nasal cannula on his face. CNA K was putting his tennis shoes on his feet. On 3/24/25 at 12:57 PM, CNA Q placed the hoyer into the bathroom and exited the room. CNA K had her gloves on still and proceeded to make his bed and adjusted his blankets again while he was in the chair prior to him leaving to attend his appointment. During this observation, neither CNA had donned a gown as required when transferring/repositioning a resident who was on EBP. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an interview on 03/25/25 at 11:46 AM, Certified Nursing Assistant (CNA) D reported the enhanced barrier precautions sign was on the doorway and it informed the staff what activities they were to wear a gown and gloves, like with a catheter bag, wounds, PICC (peripherally inserted central catheter) lines or any type of care that would require hands on care. CNA D reported this was done to protect the resident from us and any germs the staff would have. Dining: During an observation on 03/23/25 at 11:49 AM, in the main dining room, Dietary Aide (DA) AA brought a resident her meal, set it up for her, used the resident's fork and cut up the fried fish in smaller bites, and went back into the kitchen, opened the doors to the carts and then went to the back of the kitchen in the freezer scooped out a cup of ice cream and brought it back to the resident without performing hand hygiene without performing hand hygiene in between. During an observation on 03/23/25 11:52 AM, DA AA was observed heading into the kitchen from the dining room, adjusted her apron, she then went and grabbed a plate of toast for a resident dropped it off to them, returned to the kitchen grabbed a plate for another resident and handed the plate to Activity Aide (AA) XX and proceeded back in the kitchen and grabbed a plate for another resident and dropped it off at her table without performing hand hygiene in between. During an observation on 03/23/25 at 11:59 AM, DA AA was observed serving Resident #10's meal, provided her with the salt and went back to the kitchen into the freezer, grabbed ice cream without performing hand hygiene in between. During an observation on 03/23/25 at 12:00 PM, DA AA was observed exiting the dining room and entered the kitchen. DA AA grabbed the plate for Resident #15 and went over to his table to drop it off and headed back into the kitchen without performing hand hygiene at all during this observation. During an observation on 03/23/25 at 12:12 PM, DA OO brought a cup of ice cream to AA HH and went back into the kitchen, then she was observed walking in the kitchen tossed a dirty serving spoon into the sink, went to the other side of the kitchen, grabbed chocolate milk for a resident, and brought it to them in the dining room. DA OO did not perform hand hygiene during this observation. In an interview on 03/23/25 12:13 at PM, DA OO reported hand hygiene would be performed when they handle a dirty plate and if they had dirty hands. DA OO reported hand hygiene would be performed when you would give items to one resident prior to giving to the next resident. DA OO reported there was hand sanitizer on the table for staff to use to sanitize their hands. It was noted there was no hand sanitizer over by the drink machines and ice cream machine on the other side of the kitchen. During an observation on 03/23/25 at 12:16 PM, DA AA entered the kitchen from the dining room, brought in two mugs used for coffee, then went back to the door of the kitchen organized the dessert plates on the cart, went over to the table with hand sanitizer, took a drink from her water bottle, and exited the kitchen to the dining room. No hand hygiene was performed during this observation. In an interview on 03/25/25 at 10:16 AM, DA W reported when a staff member exited the kitchen and delivered food to a resident and entered back into the kitchen the staff member should sanitize their hands. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235352	A. Building B. Wing	03/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cass County Medical Care Facil	23770 Hospital St Cassopolis, MI 49031

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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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an interview on 03/25/25 at 11:46 AM, Certified Nursing Assistant (CNA) D reported in the dining room hand hygiene would be performed between serving food, performing set-up for a resident, and when the staff assisted a resident with meals. In an interview on 03/25/25 12:05 PM, Dietary Manager (DM) TT reported hand hygiene would be done prior to serving a resident their meal and after before serving another resident their meal. DM TT reported this was done as not to contaminate the residents with other's germs. In an interview on 03/25/25 at 11:26 AM, Director of Nursing (DON) B reported during orientation staff were educated on hand hygiene and personal protective equipment (PPE) use. DON B reported the staff demonstrated on return hand hygiene and the donning of PPE. DON B reported the staff were educated on the types of isolation and what the needs were for PPE when providing care for the resident. DON B reported hand hygiene was required after touching self/clothing, environment, after touching the resident, prior to entry and upon exit from a resident's room. DON B reported when meals were delivered to a resident, hand hygiene should be performed prior to handling another resident's meal.