

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235530	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2024
NAME OF PROVIDER OR SUPPLIER Marywood Nursing Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 36975 W Five Mile Rd Livonia, MI 48154	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32220</p> <p>This citation pertains to Intake MI00146357.</p> <p>Based on interview and record review, the facility failed to ensure call lights were answered timely for two sampled residents (R321 and R403) and five anonymous residents from a total sample of 20. Findings include:</p> <p>On 08/28/24 at 1:47 PM, during a group meeting, anonymous resident (AR) G reported they felt there were not enough aides most of the time and they were not answering call lights timely. AR H reported (certified nursing assistants) CNA's on the afternoon and night shifts were taking too long to answer call lights. AR I agreed and said some staff are on their phones talking instead of caring for residents. AR I also added weekends are a concern for call lights not answered timely. AR J commented staffing seemed worse than the last time they were at the facility. The residents reported call lights were not answered in a timely fashion, saying 10 minutes as reasonable. They indicated the wait time for answering call lights was getting longer. Another resident agreed stating, there are not as much staff as there was the last time I was here. Four of five residents attending agreed the afternoons and midnight shifts were the slowest to respond to call lights.</p> <p>A review of the call log for the room of ARJ for 08/24/24-08/27/24 documented: on 08/24/24 at 2:03 PM the call light was activated for 25 minutes and 54 seconds; On 08/25/24 at 11:18 AM the bed and bath call lights were activated for 15 minutes; At 7:18 PM the call light was activated for 16 minutes; On 08/27/24 at 3:04 PM the bed and bath call lights were activated for 10 minutes; and at 10 PM the call light was activated for 11 minutes.</p> <p>A review of the call log requested for room S308 from 08/01/24 - 08/23/24 documented: On 08/21/24 at 6:51 AM the call light was activated for 25 minutes; On 08/22/24 at 11:20 AM the call light was activated for 41 minutes; On 08/23/24 at 6:48 AM, the call light was activated for 28 minutes. 25 or more call light activations lasted longer than ten minutes.</p> <p>The facility provided the call light logs for R321 from 08/19/24 at 17:44:33 thru 08/27/24 at 22:00:39 which documented the call light was activated in room S308 166 times. Of 166 times, the call light was activated 18 time for greater than 10 minutes, and greater than 15 minutes 13 times.</p> <p>A review of the call logs for room C101 for June 2024 documented 50 or more call light activation times which lasted longer than ten minutes. Greater than ten call light activations lasted longer than 20 minutes.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235530	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2024
NAME OF PROVIDER OR SUPPLIER Marywood Nursing Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 36975 W Five Mile Rd Livonia, MI 48154	
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the record for AR J revealed AR J was admitted into the facility 08/11/24. Diagnoses included Diabetes and Heart Disease. The Minimum Data Set (MDS) assessment dated [DATE] documented intact cognition and the need for substantial/maximal assistance for toileting hygiene, bathing and dressing and partial/moderate assistance for chair to bed transfer.</p> <p>A review of the record for AR H revealed AR H was admitted into the facility on [DATE]. Diagnoses included Heart Failure and Kidney Disease. The MDS date 08/16/24 indicated cognition, range of motion impairment to both upper extremities and the need for supervision/touching assistance for most activities of daily living (ADLs).</p> <p>A review of a complaint Intake for R403 documented, ,(R403) pushed the button to be changed at 2:15 PM on 08/03/24 and waited an hour and a half in wet pants until 3:45 PM to be changed. A review of the facility call light log for that day documented (R403) activated the call light at 14:19 (2:19 PM) and was on for 12 minutes. Then at 15:07 (3:07 PM) for 10 minutes and at 21:17 (9:17 PM) for 17 minutes and 54 seconds.</p> <p>A review of the record for R403 revealed R403 was admitted into the facility on [DATE] and discharged [DATE]. Diagnoses included Malnutrition and Joint Disease. The Minimum Data Set (MDS) assessment dated [DATE] indicated moderately impaired cognition, frequent incontinence and dependent for toileting hygiene, chair to bed transfer, bathing and lower body dressing.</p> <p>On 08/29/24 around 11:00 AM, an interview with the Director of Nursing (DON) revealed that her expectation is that call lights will be answered within five minutes after the light is activated. The DON further revealed the activation does not distinguish between right or left beds in the room. The call light logs indicate whether the light was activated from a bed or bath. The DON further revealed if the call light was answered and the employee left the room after taking care of the residents needs, and the light is reactivated it may take longer because the employee is taking care of another resident.</p> <p>A review of the facility policy titled, Assessing Falls and their Causes updated May 2023 revealed, .Falls are a leading cause of morbidity and mortality among the elderly in nursing homes .Evaluate chains of events or circumstances preceding a recent fall, including .whether the resident was trying to get to the toilet .</p> <p>A review of the facility policy titled, Quality of Life-Accommodation of needs updated June 2021, revealed, .In order to accommodate individual needs and preferences staff attitudes and behaviors must be directed towards assisting residents in maintaining independence, dignity and well being to the extent possible and in accordance with the resident's wishes .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235530	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2024
NAME OF PROVIDER OR SUPPLIER Marywood Nursing Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 36975 W Five Mile Rd Livonia, MI 48154	
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40384</p> <p>This citation pertains to Intake: MI00146299.</p> <p>Based on interview and record review, the facility failed to identify and address a significant weight loss for one resident (R309) of one reviewed for nutrition. Findings include:</p> <p>A review of R309's medical record revealed they were admitted into the facility on [DATE], and discharged on [DATE] with diagnoses of Vascular Dementia, Unspecified Severe Protein Calorie Malnutrition, and Heart Failure. Further review revealed that the resident was severely cognitively impaired, and required extensive assistance for bathing and bed mobility. R309 was independent with eating.</p> <p>Further review of R309's medical record revealed the following dietary progress notes:</p> <p>7/1/2024 16:20 (4:20pm) Dietary Progress Note Admission: Resident is [identifying information] . Current diet is cardiac 2GM (gram) w/ HS (nighttime) snack offered. Resident has natural teeth in fair repair. Denies problems chewing, swallowing, or pocketing with meals but has a history of dysphagia & most recent hx (history) of weakness. Will add cut-up meats for ease Resident reports appetite is 'actually good.' Daughter in room reports resident received 8 oz (ounce) Ensure TID (three times a day) and would like to continue order. Will honor request. Resident's CBW (current body weight) is pending. Hospital weight was 104# (pounds). At a height of 64 (inches) BMI (body mass index) is 18.0, underweight. Resident's daughter reports resident's UBW (usual body weight) was 130# a year ago . hospital weight was 114#. An 8.7% loss in 2 weeks. Severe PCM (protein calorie malnutrition) related to CHF (congestive heart failure) as evidenced by a weight loss of 8.7% in 2 weeks, edema, PO (oral) intakes <75%. Food and beverage preferences obtained and documented. Menus were provided and explained. Dining room encouraged. Will monitor PO intake, tolerance to diet, labs, weight, skin, and adjust plan of care as needed.</p> <p>7/9/2024 10:36 (10:36am) Dietary Progress Note: S: Resident observed resting. Family was able to provide information. Reports appetite fluctuates r/t (related to) food preferences and texture, tolerating Ensure TID. Discussed texture modification to promote ease of intake, declined at this time .A: CBW (current body weight) is 116.6# (lbs.) Severe PCM applicable. Hx of CHF and pulmonary edema, will increase weighing frequency to daily weights for close monitoring. Diet is non-therapeutic, cut meats thin liquids w (with)/ 8oz Ensure Plus TID with meals and HS snack offered. PO intake fluctuates 0 -100%, mostly 26-75% per record. P: Will monitor for changes and adjust plan of care PRN (as needed).</p> <p>Further review revealed the following care plan for R309, Focus: I have nutritional problem</p> <p>or potential nutritional problem (specify) r/t (related to) the need for a therapeutic diet. Date initiated: 07/01/2024 .Interventions .RD (registered dietician) to evaluate and make diet change recommendations PRN (as needed). Date Initiated: 07/01/2024 .</p> <p>A review of R309's weights revealed the resident did not get weighed daily as indicated by the dietician's progress note dated 7/9/24, and further revealed the following 15.09% weight loss in less than 30 days:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235530	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2024
NAME OF PROVIDER OR SUPPLIER Marywood Nursing Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 36975 W Five Mile Rd Livonia, MI 48154	

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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>7/8/24-116.6 lbs</p> <p>7/11/24-116.7 lbs</p> <p>7/12/24-116.7 lbs</p> <p>7/13/24-116.5 lbs</p> <p>7/14/24-114.4 lbs</p> <p>7/15/24-114.5 lbs</p> <p>7/18/24 114.6 lbs</p> <p>7/20/24-114.6 lbs</p> <p>7/21/24-115 lbs</p> <p>7/24/24-115.2 lbs</p> <p>7/25/24-115.8 lbs</p> <p>7/26/24-103 lbs</p> <p>7/28/24-103 lbs</p> <p>7/29/24-104.2 lbs</p> <p>7/30/24-100.2 lbs</p> <p>8/2/24-99 lbs</p> <p>On 8/29/24 at 11:43 AM, an interview was completed with Dietician C regarding R309's weight loss, and it not being addressed after a 15.09% weight loss. Dietician C reviewed the resident's medical record and acknowledged the resident's progress notes indicate the edema had resolved, and the resident was no longer on diuretics. She further explained the resident did have a history of edema, and because the resident's intake was good, the issue of weight loss didn't get brought o her attention. No further explanation was provided.</p> <p>On 8/29/24 at 2:02 PM, the Director of Nursing (DON) was asked about R309's weight loss not being addressed, and admitted she couldn't recall the resident being brought up in the IDT (interdisciplinary) meeting. Regarding the relaying of communication when weight loss is triggered, the DON explained an alert in red shows up on the electronic medical record, and this is when it is typically addressed.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235530	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2024
NAME OF PROVIDER OR SUPPLIER Marywood Nursing Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 36975 W Five Mile Rd Livonia, MI 48154	
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility's Weight Monitoring policy revealed the following, .A weight monitoring scheduled will be developed upon admission for all residents based on individual needs. Updated as clinically indicated. 6. Weight analysis: A significant change in weight is defined as: a. 5% change in weight in 1 month (30 days). b. 7.5.% change in weight in 3 months (90 days). c. 10% change in weight in 6 months (180 days) .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235530	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2024
NAME OF PROVIDER OR SUPPLIER Marywood Nursing Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 36975 W Five Mile Rd Livonia, MI 48154	
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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32220</p> <p>This citation has two deficient practices.</p> <p>Deficient practice number one:</p> <p>Based on observation, interview and record review, the facility failed to ensure opened biologicals, inhalers and or eyedroppers were labeled with the date opened and or a resident identifier in four of four medications carts reviewed. Findings include:</p> <p>On 08/28/24 at 8:55 AM, the C100 wing medication cart was reviewed with Licensed Practical Nurse (LPN) A. A Trelegy Inhaler was not dated with the opened date nor a resident identifier.</p> <p>On 08/28/24 at 9:52 AM, the B100 medication cart was reviewed with LPN D. A Trelegy inhaler was not labeled on the actual inhaler with the date opened nor a resident identifier. The box was also not dated with the date opened.</p> <p>On 08/28/24 at 9:45 AM, the S300 Hall medication cart was reviewed with Registered Nurse (RN) F. Medications identified without open dates were: Two eyedroppers of Latanoprost; One eyedropper bottle of artificial tears; One eyedropper bottle of Moxicillin and one Advair inhaler. RN F reported the expectation is that the open dates should be on all of the listed medication.</p> <p>On 08/28/24 at 11:48 AM, the B300 wing medication cart was reviewed with LPN E. A Trelegy inhaler was not dated when opened on the actual inhaler. A second Trelegy inhaler was not dated when opened and was not labeled with a resident identifier on the actual inhaler. LPN E reported that the protocol is to label and date the actual inhaler.</p> <p>On 08/29/2024 around 11:00 AM, the Director of Nursing (DON) reported eyedropper bottles, insulins (pens or vials), and respiratory medication devices should be labeled with the date opened.</p> <p>A review of the facility's Storage of Medications policy, updated February, 2023 revealed, Policy Statement. The facility stores all drugs and biologicals in a safe, secure, and orderly manner. The nursing staff is responsible for maintaining medication storage and preparation areas in a clean, safe and sanitary manner.</p> <p>A review of the information at Drugs.com revealed: for the Trelegy, Trelegy Ellipta should be discarded in the trash 6 weeks after first use OR when the counter reads 0 which means you are out of medicine, whichever occurs first; and for the Lantanoprost, Once a bottle is opened for use, it may be stored at room temperature up to 25 C (77 F) for 6 weeks.</p> <p>40384</p> <p>Deficient practice number two:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235530	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2024
NAME OF PROVIDER OR SUPPLIER Marywood Nursing Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 36975 W Five Mile Rd Livonia, MI 48154	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on observation, interview, and record review, the facility failed to ensure resident medications were not left at the bedside for two residents (R2 and R317) of three residents reviewed for medication storage. Findings include:</p> <p>R2</p> <p>On 8/27/24 at 9:41 AM, R2 was observed lying in bed in their private room. A medication cup containing a white pill was observed on their overbed table. R2 was asked about the medication cup and explained that they had been in therapy, and the medication must have been left for them upon their return. At this time, R2 immediately took the medication cup and swallowed the medication. R2 was again asked if they knew what was in the cup and stated, No, but I guess it's for me since it was left there.</p> <p>On 8/27/24 at 9:55 AM, Licensed Practical Nurse, (LPN) A was asked about the medication left at the bedside and explained that she did not leave any medications at the bedside. Surveyor and LPN A entered R2's room at which time, LPN A questioned the resident about the medication. R2 confirmed they had received medications prior to therapy however, upon returning to their room, the medication was sitting on their bedside table, and consumed it. At this time, an unidentified peach colored pill was located on the floor of R2's room. LPN A and R2 denied knowing who the pill belonged to or where it came from.</p> <p>A review of R2's medical record revealed that they were admitted into the facility on [DATE] with diagnoses that include Hypokalemia, Diabetes, and Muscle Weakness. Further review revealed that the resident was cognitively intact however, there was not a self-administration assessment completed for the resident.</p> <p>49699</p> <p>R317</p> <p>On 8/26/2024 at 10:28 AM, two bottles of Flonase were observed on the bedside table of R317. R317 was asked where the medication came from, the response indicated that R317 was admitted the night before between 6:00 PM and 7:00 PM and the Flonase bottles were left there.</p> <p>A review of the facility record revealed R317 was admitted into the facility on [DATE]. R317's diagnoses included: Morbid Obesity, Toxic Encephalopathy, Diabetes Mellitus-Type 2, Major Depressive Disorder, Fibromyalgia, Hypertension, Urinary Retention, History of Malignant Neoplasm of Breast, History of Left Artificial Knee Joint, Obstructive Sleep Apnea, Rhabdomyolysis, Low Back Pain, and Muscle Weakness.</p> <p>On 8/29/24 at 2:27 PM, the Director of Nursing (DON) was interviewed regarding the observation of medications being left at the bedside. The DON explained that medications are not supposed to be left at the bedside.</p> <p>A review of the facility's Storage of Medications policy was reviewed and revealed the following, Policy Statement. The facility stores all drugs and biologicals in a safe, secure, and orderly manner. The nursing staff is responsible for maintaining medication storage and preparation areas in a clean, safe and sanitary manner.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235530	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2024
NAME OF PROVIDER OR SUPPLIER Marywood Nursing Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 36975 W Five Mile Rd Livonia, MI 48154	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49102</p> <p>This citation pertains to Intake: MI00146299.</p> <p>Based on observation, interview and record review, the facility failed to ensure proper donning of Personal Protective Equipment (PPE) for droplet precautions for one sampled resident (R261) of one resident reviewed for infection control practices, resulting in the potential for the spread of infection. Findings include:</p> <p>On 8/27/24 at 1:15 PM, Staff M was observed entering R261's room without donning Personal Protective Equipment (PPE) to remove R261's lunch tray. The room of R261 had a sign on the door for Droplet Transmission Based Precautions and a hanging drawer with necessary equipment and supplies to don.</p> <p>R261 was admitted on [DATE] with the diagnoses of Covid -19, Acute Kidney Failure, and Congestive Heart Failure.</p> <p>A review of the medical record noted R261 was on droplet contact precautions for diagnosis of Covid-19.</p> <p>Further review of R261's medical record revealed a physician order dated 8/25/24 stated Resident is to remain in the room. Full droplet and contact precautions every shift for Covid positive.</p> <p>On 8/29/24 at 10:00 AM, an interview occurred with the Infection Control Nurse (Nurse L). Nurse L was asked about staff donning PPE when entering a resident's room on droplet precautions. Nurse L stated, Full Personal Protection Equipment should be worn when entering the resident's room when signage indicates the same.</p> <p>A review of the facility policy titled, Transmission Based Precautions Policy and Procedure updated 7/22 revealed, Transmission Based Precautions are initiated when a resident develops signs and symptoms of a transmissible infection, arrives for admission with symptoms of an infection; or has a laboratory confirmed infection; and is at risk of transmitting the infection to other residents. Droplet Precautions may be implemented for an individual documented or suspected to be infected with microorganisms transmitted by droplets that are generated by the individual coughing, sneezing, talking, or by the performance of procedures such as suctioning .Masks will be worn in the room when entering the room. Gloves, gown, and goggles should be worn when entering the room.</p>		