

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245350	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/06/2026
NAME OF PROVIDER OR SUPPLIER St Benedicts Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1810 Minnesota Boulevard Southeast Saint Cloud, MN 56304	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and document review, the facility failed to ensure refrigerated food items were properly labeled, dated, and closed after the packaging was opened to prevent cross contamination which had the potential to affect all 45 residents currently residing on the second floor. Findings Include: During observation and interview on 08/03/2026 at 10:28a.m., dietary assistant (DA)-A and surveyor reviewed contents of the Parker's Lane kitchenette on second floor. DA-A verified the following concerns identified in the refrigerator freezer: -one hamburger patty in a plastic bag, left open, undated-one omelet in plastic bag, undated-one French toast in plastic bag, undated-five waffles in plastic bag, left open, undated-multiple pancakes in plastic bags, one bag left open, undated-two macaroni and cheese items wrapped in plastic, undated. During observation and interview on 08/03/2026 at 10:38a.m., DA-B and surveyor reviewed contents of the Therapy Suite's kitchenette on second floor. DA-B stated foods in refrigerators and freezers were supposed to be dated. DA-B verified the following concerns identified in refrigerator freezer: -multiple corn dogs in plastic bag, undated-multiple hamburger patties in plastic bag, undated-multiple pancakes in plastic bag, undated-multiple omelets in plastic bag, undated-multiple hot dogs in plastic bag, undated-multiple waffles in plastic bags, one bag left open, undated. DA-B removed waffles in open bag, taped bag closed and returned to freezer. During interview on 8/4/26 at 10:00 a.m. dietary manager (DM)-A indicated all food items should be dated if to be stored for longer than one day. DM-A stated it was important to date items to assure facility was using food first in- first out, and that it could be a potential problem if food items became old. DM-A also stated if bags were left open cross contamination could be possible. The facility policy titled Food Storage dated 5/25, identified sufficient storage facilities would be provided to keep foods safe, wholesome, and appetizing. Frozen foods should be covered, labeled and dated. All foods would be checked to ensure that foods would be consumed by their safe use by dates or discarded.		

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
--	-------	-----------

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245350	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/06/2026
NAME OF PROVIDER OR SUPPLIER St Benedicts Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1810 Minnesota Boulevard Southeast Saint Cloud, MN 56304	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0572 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give residents a notice of rights, rules, services and charges. Based on observation and interview, the facility failed to ensure the most up to date Nursing Home Resident [NAME] of Rights (RBOR) was provided to each resident residing in the facility and displayed for residents, visitors, and staff to review. This had the potential to affect all 71 residents currently residing in the facility as well as all staff and visitors. Findings include: During interview on 8/4/26 at 11:23 a.m. R19 stated the [NAME] of Rights was posted on the first floor but did not recall anyone sitting down and going over the bill of rights During observation on 8/4/26 at 11:26 a.m. displayed on first floor across from the kitchen door was the RBOR dated 7/1/07. On 8/4/26 at 11:33 a.m. reviewed facility admission packet, the packet included RROB indicated it was revised 11/28/16, modified 2/1/17. ON 8/4/26 at 11:35 a.m. observed a folder in a clear plastic wall hanger, the folder contained RBOR modified 2/1/17. During interview on 8/5/26 at 11:17 a.m. director of nursing (DON) stated the social service director (SSD) worked with marketing and ordered items needed for the admission packets. DON stated they were not aware the RBOR had been updated. DON stated the admission packet surveyors were provided was the most recent packet. During interview on 8/5/26 at 11:22 a.m. SSD stated they personally did not go over RBOR at admission. SSD stated they were not aware of who was responsible for updating the posters for the RBOR, was not aware if residents had been updated regarding the updated RBOR as they had not been aware there was a change. Policy regarding RBOR was requested, however, none was provided.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245350	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/06/2026
NAME OF PROVIDER OR SUPPLIER St Benedicts Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1810 Minnesota Boulevard Southeast Saint Cloud, MN 56304	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and document review the facility failed to notify the Ombudsman of transfers and discharges for 1 of 2 residents (R75) reviewed for Ombudsman notification. Findings include: R75's admission Minimum Data Set (MDS) dated [DATE], indicated R75 admitted to the facility 6/11/2026, and had the following diagnoses: anemia, coronary artery disease, diabetes and long-term use of anti-coagulants. R75's medical record identified the following MDS assessments: 1) 6/22/2026 Entry Tracking record 2) 6/22/26 PPS-Discharge Assessment - Return Not Anticipated Review of the May and June Discharge tracking log failed to identify the Ombudsman had been notified of R75's transfer/discharge out of the facility against medical advice. (AMA) Progress note dated 6/11/2026 at 11:11 p.m., indicated R75 admitted to the facility for rehabilitation after a short hospital stay. Progress note dated 6/12/2026 at 2:24 p.m., indicated R75 left the facility AMA at 2:00 p.m. R75's daughter was present and the primary care provider was updated. Progress note dated 6/12/2026 at 3:56 p.m. indicated a MAARC (Minnesota Adult Abuse Reporting Center) report was filed. During interview on 8/4/2026 at 1:30 p.m., Administrator (Admin) stated the facility did not routinely report residents who left AMA to the Office of the Ombudsman. Admin confirmed the ombudsman wasn't notified when R75 left the facility. Admin stated it was important to notify the ombudsman of resident transfers and discharges to ensure residents were connected to any follow-up services they may need after discharge. A policy regarding Ombudsman notification was requested but not provided.		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245350	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/06/2026
NAME OF PROVIDER OR SUPPLIER St Benedicts Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1810 Minnesota Boulevard Southeast Saint Cloud, MN 56304	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and document review, the facility failed to ensure a comprehensive care plan was developed and maintained to include focus, goals, and interventions for dialysis for 1 of 2 residents (R1) who had a diagnosis of kidney failure and was receiving dialysis. Findings include: R1's admission minimum data set (MDS) assessment dated [DATE], indicated R1 was cognitively intact, required minimal to moderate assistance with activities of daily living, and had the following diagnoses: acute kidney failure, and renal failure. R1's electronic medical record (EMAR) indicated an order for dialysis every Tuesday, Thursday, and Saturday for hemodialysis. R1's care plan lacked a focus, goal, or intervention specific to R1 receiving dialysis. During interview on 8/5/2026 at 2:34 p.m., registered nurse (RN-A) stated she was familiar with R1 and confirmed R1 received dialysis 3 days per week. RN-A reviewed R1's care plan and confirmed it did not contain information on R1's nephrologist, where she received dialysis treatments, or how to monitor or care for R1's dialysis site. RN-A stated she would expect to see basic information related to dialysis. During interview on 8/5/2026 at 2:58 p.m., Director of Nursing (DON) stated she was familiar with R1 and that she received dialysis. DON confirmed R1's care plan lacked a focus/goal/intervention for R1's specific dialysis treatment. DON stated she expected care plans for residents receiving dialysis treatments to contain at minimum information specific to each resident such as port or fistula access site, care and monitoring instructions for that site, any specific nutritional guidelines or restrictions and dialysis schedule. DON went on to state it would be important for a care plan to include specific dialysis care instructions to ensure R1 received appropriate care to manage her kidney disease and dialysis treatments.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245350	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/06/2026
NAME OF PROVIDER OR SUPPLIER St Benedicts Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1810 Minnesota Boulevard Southeast Saint Cloud, MN 56304	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview, the facility failed to provide assistance with activities of daily living (ADLs) to 1 of 2 residents (R17) reviewed who was dependent on facility staff for cares. Findings include: R17's Quarterly Minimum Data Set (MDS), dated [DATE], indicated the resident was severely cognitively impaired and dependent on staff for activities of daily living. R17's diagnoses included paraplegia, dementia, anxiety, major depression, and multiple sclerosis. Review of the resident's care plan revealed the resident required assistance with personal hygiene and preferred to be clean shaven. On 08/03/26 at 12:13 p.m., observed R17's face and neck was covered with black and gray whiskers. When asked if having whiskers bothered him, the resident nodded yes. When asked if he preferred to be shaved every day, the resident again nodded yes. On 08/04/26 at 11:22 a.m., observed R17 was sleeping in bed with whiskers remaining on his face and neck. Again at 1:21 p.m. R17 continued to have whiskers on his face and neck. On 08/05/26 at 7:55 a.m. observed R17 continued with black and gray whiskers approximately one-half inch long on his face and neck. On 08/05/26 at 11:37 a.m. nursing assistant (NA)-A stated R17 required total assistance with shaving, did not usually refuse shaving, and preferred to be shaved. NA-A stated the resident was not shaved that morning because his electric razor was broken. On 08/05/26 at 11:43 a.m. licensed practical nurse (LPN)-B stated she had just learned that day the resident's razor was broken and would have to review the documentation. On 08/05/26 at 11:50 a.m. registered nurse (RN)-A stated staff use care guides and the Kardex to identify resident care needs. RN-A stated staff should not document Not Applicable when care was refused and had received education regarding proper documentation. RN-A reviewed R17's Kardex and stated the resident preferred to be shaved in the morning and was to be shaved every morning. She further stated she was unaware the razor was broken until that day and would have expected staff to report the equipment issue when it was discovered. After reviewing the documentation, RN-A stated documentation that indicated R17 had been shaved on 08/03/26 did not appear consistent with the observations and would be investigated as possible inaccurate documentation. On 08/05/26 at 12:54 p.m. director of nursing (DON) stated the expectation was that residents be groomed according to their individual preferences. After reviewing R17's care plan DON confirmed R17 preferred to be clean shaven and staff should document the care that was actually provided. Facility Shaving the Resident policy undated, indicated the purpose was to promote cleanliness and to provide skin care. The policy directed staff to review the residents care plan.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245350	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/06/2026
NAME OF PROVIDER OR SUPPLIER St Benedicts Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1810 Minnesota Boulevard Southeast Saint Cloud, MN 56304	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0791 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or obtain dental services for each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and document review, the facility failed to provide arrangements for dental care for 1 of 1 resident (R62) reviewed for dental services. Findings include: R62's quarterly Minimum Data Set (MDS) dated [DATE], indicated R62 had moderate cognitive impairment and required staff assistance with activities of daily living (ADLs). R62's care plan revised 6/25/2, indicated R62 had a self-care deficit related to impaired mobility. R62's care plan further indicated they were usually independent with oral care but needed assistance at times. R62's order summary report printed 8/5/26, indicated R62 received a renal diet, level 7 regular texture diet (kidney friendly with normal textures). During interview on 8/3/26 at 11:46 a.m. R62 stated they had no upper teeth and only a couple of teeth on the bottom, R62 stated they had been wanting dentures but have not gotten any, R62 stated this made eating difficult at times. R62's oral/dental assessment form dated 7/23/25, indicated R62 had no upper teeth/dentures and only two teeth on lower and no dentures. The dental care referral recommendations indicated routine dental referral, R62 had non-urgent dental care needs with note to nursing staff question denture for upper and partial for lower. Review of R62's electronic medical record (EMR) failed to identify follow up was completed regarding the question of upper denture and lower partial dentures. During interview on 8/5/26 at 11:43 a.m. licensed practical nurse (LPN)-B stated they were not aware R62 wanted dentures. During interview on 8/5/26 at 12:12 p.m. registered nurse (RN)-A stated R62 had a screening completed at the facility 7/23/25. RN-A stated R62 was previously seen by an outside dental office but had not been seen there since 2004. RN-A stated they had gone to R62 to ask if they wanted to be seen for dentures and R62 had become tearful and wanted to be seen. RN-A stated that typically dental care was not addressed quarterly during care conferences but believed that was something that should be done to ensure residents dental needs were addressed on a regular basis for comfort, dignity, and basic care. Facility Dental Services policy revised 12/2016, indicated routine and emergency dental services was available to meet the resident's oral health services. The policy further indicated routine and emergency dental services were provided to the residents through a contract agreement with a licensed dentist that came to the facility, a referral to personal dentist, referral to community dentist or referral to other health care organizations that provided dental services.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245350	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/06/2026
NAME OF PROVIDER OR SUPPLIER St Benedicts Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1810 Minnesota Boulevard Southeast Saint Cloud, MN 56304	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, and document review, the facility failed to ensure the common use blood glucometer machine was disinfected according to current manufacture's recommendation after resident use for 2 of 2 residents (R85, R21) observed for glucometer use, which had the potential to affect all 5 residents (R85, R21, R82, R84, R12) who resided on the transitional care unit and received blood glucose testing in the facility. In addition, the facility failed to review their Infection Prevention And Control Program (IPCP) at least annually, which could affect all 71 residents who resided in the facility. Findings Include: R85's Order Summary Report dated 8/5/26, identified R85 had diagnoses which included type 2 diabetes mellitus (DMII). R85's orders included glucometer (Gluc) checks before meals and at bedtime. R85's orders also included Novolog insulin inject as per sliding scale (insulin order based on current blood glucose level) subcutaneously (under the skin) with meals for DMII. R33's Order Summary Report dated 8/5/26, identified R33 had diagnoses which included DMII. R33's orders included blood sugar checks before meals and at bedtime. R33's orders also included Free Style Libre 3 Plus Sensor (continuous glucose system sensor) and Novolog insulin, inject 11 unit subcutaneously one time a day before dinner and lunch, and 13 units before breakfast for DMII. R21's Order Summary Report dated 8/5/26, identified R21 had diagnoses which included DMII. R21's orders also included glucose checks before meals and at bedtime. If glucose checks were greater than 300 restart Lantus (insulin) order on HOLD. During observation on 8/3/26 at 3:53 p.m., licensed practical nurse (LPN)-A entered R85's room with a medication cup and a basket with a common use blood glucometer machine and supplies. LPN-A administered R85's pill, then completed a glucometer check for R85. LPN-A placed the glucometer back into the basket, left R85's room then placed the basket on top of the medication cart. LPN-A did not sanitize the glucometer. At 4:03 p.m., LPN-A primed an insulin pen, placed it in the glucometer basket, with the glucometer, then entered R33's room and placed it on the top of the dresser. LPN-A stepped outside of R33's room and applied gown and gloves, then returned to R33's room. LPN-A picked up the basket, placed it on R33's bedside table, administered insulin, then placed R33's insulin pen back into the basket, and placed it on the foot of R33's bed. LPN-A removed the basket from R33's room then returned it to the top of the medication cart. LPN-A removed R33's insulin pen then placed it back into the medication cart drawer. At 4:13 p.m., LPN-A entered R21's room with the glucometer basket and completed a blood glucometer check for R21. LPN-A removed the basket from R21's room and placed the basket back onto the medication cart. LPN-A did not sanitize the glucometer. At 4:16 p.m. LPN-A confirmed she had not sanitized the glucometer after use for R85 or R21. LPN-A indicated she should have sanitized it using the Super Sani-cloths, which were stored on the medication cart. LPN-A indicated her usual practice was to use a Sani-cloth and wipe it all over. When asked if she allowed the glucometer to be kept wet with a cloth, LPN-A indicated she would just wipe it off. The Super Sani-Cloth germicidal disposable wipes label indicated it is a bactericidal, tuberculocidal and virucidal in 2 minutes. Special instructions for cleaning and decontamination against HIV-1, Hepatitis B virus (HBV) and Hepatitis C virus (HCV) of surfaces/objects soiled with blood/body fluids. Cleaning instructions: all blood and other body fluids must be thoroughly cleaned from surfaces and objects before disinfection by the germicidal wipe. Open, unfold and use first germicidal wipe to remove heavy soil. Contact time: use second germicidal wipe to thoroughly wet surfaces. Allow: to remain wet two minutes, let air dry. Review of the Assure Platinum glucose monitor by Arkray instruction manual suggested cleaning and disinfecting the meter between patient use. The manual indicated cleaning and disinfecting to be completed by using a commercially available EPA-registered disinfectant detergent or germicide wipe, (list included: Super (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245350	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/06/2026
NAME OF PROVIDER OR SUPPLIER St Benedicts Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1810 Minnesota Boulevard Southeast Saint Cloud, MN 56304	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Sani-Cloth Germicidal Disposable Wipes). The manual further indicated to follow product label instructions to disinfect the meter. The manual indicated if blood was visibly present on the meter two wipes must be used, one wipe to clean and a second wipe to disinfect. During interview on 8/4/26 at 2:02 p.m., registered nurse infection preventionist (IP)-A indicated her expectation was that the common glucometer would be cleaned between each resident, using the Sani-cloths. IP-A stated the glucometer should be wiped off and kept with a cloth on for about two minutes. IP-A indicated this was important to prevent cross contamination and blood born pathogens. IP-A verified the facility had not had any blood born illnesses. IP-A also confirmed the IPCP had not been reviewed annually and stated she had just become the facility IP in January. IP-A verified the last review date on the policy was 12/23. During interview on 8/4/26 at 2:41 p.m., director of nursing (DON) stated her expectation was that the common use glucometer would be cleaned between residents with a disinfectant wipe. DON indicated this was important to make sure clean and would not contaminate a resident. DON stated she was not aware when IPCP was last reviewed but thought it was reviewed as a team. DON verified IPCP policy last review date was 12/23. DON indicated it was important to review the IPCP for any updated changes. The facility policy titled Obtaining A Fingerstick Glucose Level dated 10/11, identified the purpose of the procedure was to obtain a blood sample to determine the resident's blood glucose level. Supplies included a disinfected blood glucose meter (glucometer). Clean and disinfect reusable equipment between uses according to the manufacturer's instructions and current infection control standards of practice. The facility policy titled Cleaning And Disinfection Of Resident-Care Items And Equipment dated 9/22, identified resident-care equipment, including reusable items and durable medical equipment would be cleaned and disinfected according to current Centers for Disease Control and Prevention (CDC) recommendations for disinfection and the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard. Reusable items were cleaned and disinfected or sterilized between residents. Reusable resident care equipment was decontaminated and/or sterilized between residents according to manufactures instructions. The facility policy titled Infection Prevention And Control Program, dated 12/23, identified the IPCP was established and maintained to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. The policy identified the infection prevention and control committee was responsible for reviewing and providing feedback on the overall program. The infection prevention and control committee, medical director, director of nursing services, and other key clinical and administrative staff would review the infection control policies at least annually.		