

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265405	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/05/2024
NAME OF PROVIDER OR SUPPLIER  Life Care Center of Brookfield		STREET ADDRESS, CITY, STATE, ZIP CODE  315 Hunt Street Brookfield, MO 64628	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>30813</p> <p>34536</p> <p>Based on observation, interview, and record review, the facility failed to ensure ice machines were free of a buildup of black debris, were equipped with an appropriate air gap and had clean water filters, failed to ensure food items were not stored directly on the floor, failed to ensure food items were closed or sealed properly after use, and failed to ensure a ceiling vent was free of a buildup of debris. The facility census was 89.</p> <p>1. Review of the facility policy, Ice Machines, revised 6/12/23 showed ice machines should be maintained in a clean and sanitary state following infection prevention and control guidelines.</p> <p>Review of the facility policy, Preventative Maintenance-Ice Machines, revised 1/11/23 showed all ice machines in the facility will be inspected by the in-house maintenance department on a monthly basis and the coils will be cleaned every quarter.</p> <p>1. Observation on 12/2/24 at 9:39 A.M. of the ice machine inside the kitchen showed a plastic PVC drainpipe sat directly on the floor and made direct contact with the floor drain grate. No air gap was visible. A buildup of black-colored debris was visible inside the machine over the accumulated ice below.</p> <p>Observation on 12/3/24 at 9:04 A.M. of the ice machine located in the dining room, showed the interior portion of the ice machine had a buildup of black debris on the side walls over the ice below and also had white crusty buildup inside the unit near the door hinges. [NAME] and red crusty debris was also visible on the exterior of the ice machine on the side of the unit closest to the wall. The ice machine water filter was labeled with a date of 8/16/23. The ice machine drain was equipped with an appropriate air gap.</p> <p>2. Review of the facility policy, Food Safety, revised 4/26/23, showed the following:</p> <ul style="list-style-type: none"> <li>-Food is stored and maintained in a clean, safe and sanitary manner following federal, state and local guidelines to minimize contamination and bacterial growth;</li> <li>-Food is stored a minimum of six inches off the floor;</li> </ul> <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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-Pre-packaged food is placed in a leak-proof, pest-proof, non-absorbent, sanitary container with a tight-fitting lid. The container is labeled with the name of the contents and date (when the item is transferred to the new container). 'Use by Date' is noted on the label or product when applicable;</p> <p>-Cold Food Storage: Food in a walk-in cooler/freezer is stored six inches off the floor;</p> <p>-Dry Storage: Opened packages of food are resealed tightly to prevent contamination of the food item and 'use by date' will be used when applicable.</p> <p>Observation on 12/2/24 at 9:49 A.M. in the walk-in freezer showed a cardboard box of fresh cut vegetables sat directly on the floor of the freezer and was not stored up off the floor.</p> <p>Observation on 12/2/24 at 9:50 A.M. showed individual containers of spices sat on a rolling cart with open lids on the containers that were unsealed on 18-oz ground black pepper, 21-oz garlic powder and 18-oz ground cinnamon.</p> <p>3. Review of the facility policy, Food Safety, revised 4/26/23, showed the following:</p> <p>Dry Storage: All food is stored six inches off the floor and 18 inches from the ceiling and is stored in a clean, dry area which is free of contaminates and away from sewer/waste disposal pipes and vents.</p> <p>Observation on 12/2/24 at 9:33 A.M. and on 12/3/24 at 9:13 A.M. showed a ceiling vent inside the dry storage room in the kitchen had a buildup of fuzzy debris on the vent cover that blew in the breeze.</p> <p>4. During an interview on 12/3/24 at 9:21 A.M., the Dietary Manager said the following:</p> <p>-He had been the dietary manager for approximately six to seven months;</p> <p>-All food items/ingredients in containers should be closed or sealed. Spice lids should be closed when not in use;</p> <p>-No food should be stored on the floor and should be stored six inches up off the floor;</p> <p>-The facility received food shipments via truck on Mondays and Fridays-those days were hectic days trying to get food put away;</p> <p>-Maintenance cleaned the coils on the ice machine. Maintenance/Dietary worked together and coordinated a day to clean the ice machines. During this process, staff empty the ice, sanitize the inside of the unit, make new ice (dump the first couple batches) and then leave new ice inside. This process was done quarterly and was last conducted possibly in September 2024;</p> <p>-An outside vendor changed the water filter on the ice machine either every six months or once a year, depending on the filter. The Dietary Manager checked the interior of ice machines weekly and wiped them down when needed;</p> <p>-He was unaware that an air gap was required with an ice machine;</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 30813</p> <p>Based on observation, interview, and record review, the facility failed to provide care in a manner to prevent the development and transmission of diseases and infections for four residents (Residents #41, #55, #293, and #22), in a review of 20 sampled residents, and three additional residents (Resident #30, #80 and #294). Staff failed to utilize Enhanced Barrier Precautions (an infection control intervention that utilizes personal protective equipment to reduce the spread of multi drug-resistant organisms) during personal care for one resident (Resident #55), who had a tracheostomy (an incision in the windpipe made to relieve an obstruction to breathing) tube and a feeding tube (tube inserted into the stomach for nutrition); failed to utilize proper handwashing and gloving when providing incontinence care to one resident (Resident #22); failed to effectively clean a multi-use glucometer (used to check blood sugar levels) according to manufacturer's instructions between each resident for three residents (Resident #30, #41 and #80) during a medication pass; and failed to properly clean equipment used for dressing changes for two residents (Residents #294 and #293). The facility census was 89.</p> <p>Review of the facility's policy, Cleaning and Disinfection of the Glucometer, last reviewed 9/23/24, showed to prevent the spread of infection, specifically blood borne pathogens through the use of the point of care blood glucose monitoring, clean and disinfect glucometers after each resident use.</p> <p>Review of the manufacturer's instructions for the glucometer (used for Residents #41, #80, and #30), undated, showed the following:</p> <ul style="list-style-type: none"> <li>-The meter should be cleaned and disinfected after use on each patient;</li> <li>-The cleaning procedure is needed to clean dirt, blood and other bodily fluids off the exterior of the meter before performing the disinfection procedure;</li> <li>-The disinfecting procedure is needed to prevent the transmission of blood borne pathogens;</li> <li>-Only wipes with EPA registration numbers listed below have been validated for use in cleaning and disinfecting the meter: Clorox Healthcare Bleach Germicidal Wipes, Dispatch Hospital Cleaner Disinfectant Towels with Bleach, Super Sani-Cloth Germicidal Disposable Wipe and CaviWipes1;</li> <li>-Cleaning: wear appropriate protective gear such as disposable gloves, open the cap of the disinfectant container and pull out one towelette and close the cap, wipe the entire surface of the meter three times horizontally and three times vertically using one towelette to clean blood and other body fluids, carefully wipe around the test strip port by inverting the meter so that the test strip port is facing down. This prevents disinfectant liquid from entering the meter, NOTE: no actual drying of the meter is necessary before the disinfecting procedure.</li> </ul> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Disinfecting: open the towelette container and pull out one towelette and close the lid, wipe the entire surface of the meter three times horizontally and three times vertically to remove blood-borne pathogens, carefully wipe around the test strip port by inverting the meter so that the test strip port is facing down. This prevents disinfectant liquid from entering the meter, properly dispose of the used towelette, treated surface must remain wet for recommended contact time, for all other contact times, refer to wipe manufacturer's instructions. DO NOT WRAP THE METER IN A WIPE, once contact time is complete, wipe meter dry.</p> <p>1. Observation on 12/3/24 at 8:04 A.M. showed the following:</p> <p>-Licensed Practical Nurse (LPN) A obtained a glucometer from the medication cart and placed the glucometer on a tissue in Resident #41's room;</p> <p>-LPN A cleaned the resident's finger with alcohol, obtained a blood sample and checked the resident's blood sugar with the glucometer;</p> <p>-LPN A placed the glucometer on the medication cart, picked up an alcohol pad and cleaned the glucometer;</p> <p>-LPN A did not sanitize the glucometer with an approved disinfectant wipe.</p> <p>Observation on 12/4/24 at 6:43 A.M., showed the following:</p> <p>-LPN A obtained a glucometer from the medication cart and placed the glucometer on a tissue in Resident #80's room;</p> <p>-LPN A cleaned Resident #80's finger with alcohol, obtained a blood sample and checked the resident's blood sugar with the glucometer;</p> <p>-LPN A returned to the medication cart, cleaned the glucometer with an alcohol pad and placed the glucometer back into the medication cart drawer;</p> <p>-LPN A obtained the same glucometer from the medication cart and placed the glucometer on a tissue in Resident #30's room;</p> <p>-LPN A did not sanitize the glucometer prior to checking Resident #30's blood sugar;</p> <p>-LPN A cleaned Resident #30's finger with an alcohol pad, obtained a blood sample and checked the resident's blood sugar with the same glucometer;</p> <p>-LPN A returned to the medication cart, cleaned the glucometer with an alcohol pad, and placed the glucometer back into the medication cart drawer.</p> <p>During interview on 12/5/24 at 10:00 A.M., LPN A said he/she cleans the glucometer with alcohol wipes or the purple top germicidal wipes (Sani-Cloth wipes) after each use. He/She used the alcohol pads because there were on the medication cart at the time.</p> <p>During interview on 12/5/24 at 2:17 P.M., the Director of Nursing (DON) said the following:</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Staff should clean the glucometer with Sani-Cloth wipes after each resident use;</p> <p>-Staff should follow facility policy and Sani-Cloth wipes, not alcohol pads to clean the glucometer.</p> <p>Review of the facility's policy, Enhanced Barrier Precautions, last reviewed 6/3/24, showed the following:</p> <p>-The facility should use EBP as an additional MDRO mitigation strategy for residents who meet the following criteria, during high-contact resident care activities;</p> <p>-EBP are indicated for residents with any of the following:</p> <p>-1. Infection or colonization with a Centers for Disease Control and Prevention (CDC) targeted MDRO when Contact Precautions do not otherwise apply; or</p> <p>-2. Wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with a MDRO;</p> <p>-Wounds generally include chronic wounds, not shorter-lasting wounds, such as skin breaks or skin tears covered with an adhesive bandage (e.g., Band-Aid(R)) or similar dressing. Examples of chronic wounds include, but are not limited to, pressure ulcers, diabetic foot ulcers, unhealed surgical wounds, and venous stasis ulcers;</p> <p>-Indwelling medical device examples include central lines, urinary catheters, feeding tubes, and tracheostomies. A peripheral intravenous line (not a peripherally inserted central catheter) is not considered an indwelling medical device for the purpose of EBP;</p> <p>-EBP refer to an infection control intervention designed to reduce transmission of multi drug-resistant organisms that employs targeted gown and glove use during high contact resident care activities;</p> <p>-High contact care activities include dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, medical device care or use, and wound care;</p> <p>-Examples of high-contact resident activities requiring gown and glove use include dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use (central line, urinary catheter, feeding tube, tracheostomy/ventilator), and wound care (any skin opening requiring a dressing).</p> <p>2. Review of Resident #55's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument required to be completed by facility staff, dated 11/1/24, showed the following</p> <p>-Dependent on staff for all activities of daily living (ADLs);</p> <p>-Received tracheostomy care;</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-The resident had a feeding tube for nutrition;</p> <p>-Stage II pressure ulcer (partial-thickness skin loss with exposed dermis, presenting as a shallow open ulcer) present on admission.</p> <p>Review of the resident's care plan, last revised 11/8/24, showed the following:</p> <p>-The resident received all his/her nutritional intake via feeding tube due to his/her traumatic brain injury (TBI);</p> <p>-He/She had a Stage II pressure injury to his/her right outer foot;</p> <p>-Provide feeding tube site care and monitor for irritation as ordered;</p> <p>-The resident has a tracheostomy and is at risk for respiratory distress and aspiration;</p> <p>-Enhanced Barrier Precautions (EBP) per protocol every shift for tracheostomy;</p> <p>-Provide tracheostomy care and suction tracheostomy tube as ordered.</p> <p>Review of the resident's Physician Order Sheet (POS), dated December 2024, showed the following:</p> <p>-Assess the tube exit site for new or increasing pain and signs of skin breakdown, redness, edema, leakage, induration, bleeding, and wear and tear every day shift;</p> <p>-Change drainage sponge every day shift;</p> <p>-Enhanced Barrier Precautions (EBP) per protocol every shift for tracheostomy and feeding tube site;</p> <p>-Diagnoses included diffuse traumatic brain injury, functional quadriplegia, Stage II pressure ulcer, tracheostomy, and gastrostomy (an opening into the stomach from the abdominal wall).</p> <p>Observation on 12/4/24 at 5:40 A.M., showed the following:</p> <p>-EBP hung on the outside of the resident's room door;</p> <p>-LPN B entered the resident's room, did not put on a gown or wash his/her hands, and put on gloves;</p> <p>-LPN B removed a wipe from a package of disposable wipes and cleaned around the resident's tracheostomy tube;</p> <p>-LPN B removed his/her gloves, did not perform hand hygiene, put on new gloves, picked up a split sponge dressing package, opened the dressing package and placed the split sponge around the tracheostomy site;</p> <p>-LPN B removed the soiled split sponge dressing from around the feeding tube;</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Without changing gloves, LPN B picked up a new split sponge and placed it around the feeding tube site;</p> <p>-LPN B did not clean around the feeding tube site prior to putting on the new split sponge;</p> <p>-LPN B removed his/her gloves, did not perform hand hygiene, and left the room.</p> <p>During interview on 12/4/24 at 5:38 A.M. and 6:15 A.M., LPN B said the following:</p> <p>-He/She did not know what EBP was and thought the door was an easier place to keep the gloves since there was more respiratory infections and C-diff (a bacterium that can cause diarrhea, colitis and other intestinal conditions) going around the facility;</p> <p>-He/She only wore gloves when taking care of the resident;</p> <p>-Staff should sanitize or wash their hands before entering the resident's room, between providing tracheostomy care and feeding tube care, between glove changes and before leaving the room;</p> <p>-Day shift normally cleaned around the resident's feeding tube site but he/she just changed the dressing because it was soiled.</p> <p>During interviews on 12/3/24 at 12:05 P.M. and 12/4/24 at 9:35 A.M., the Infection Preventionist said the following:</p> <p>-All full time, part time and as needed (PRN) staff have been inserviced on EBP;</p> <p>-There was EBP signage on the doors and additional PPE on the outside of the door;</p> <p>-The signage on the door tells staff what PPE to wear. She would expect staff to wear PPE as required.</p> <p>During interview on 12/5/24 at 2:17 P.M., the Director of Nurses (DON) said the following:</p> <p>-Staff should wear a gown and gloves when EBP was in place;</p> <p>-All staff have been educated on EBP;</p> <p>-Staff should wear PPE (personal protective equipment) when taking care of Resident #55.</p> <p>During interview 12/5/24 at 2:32 P.M., the Administrator said the following:</p> <p>-Staff should wear PPE for EBP when going into a room where there would be close contact with the resident;</p> <p>-Staff should wear PPE for EBP when caring for Resident #55.</p> <p>Review of the facility's undated policy, Wound Care, showed the following:</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Wound cleaning: Wound care supplies, sterile normal saline solution or commercially prepared wound cleaner. Maintain solution as clean;</p> <p>-Routine dressing change: Wound care supplies. Maintain supplies as clean.</p> <p>3. Review of Resident #294's face sheet showed a diagnosis of fracture of left lower end of left tibia, open fracture (a fractures of a bone in the lower leg), with routine healing that occurred on 11/25/24.</p> <p>Review of the resident's Care Plan, revised 11/27/24, showed the resident had a surgical incision to his/her left ankle.</p> <p>Review of the resident's December 2024 POS showed an order to change dressing to left lower extremity every 72 hours, cleanse areas with wound cleanser and apply foam (non-adherent) dressing, wrap with kerlix (a wrap designed to cover a dressing to hold it in place), then ace wrap and as needed for soiling of dressing on day shift every three days.</p> <p>Observation on 12/03/24, at 11:16 A.M., showed the following:</p> <p>-Infection Preventionist (IP)/Wound Care Nurse positioned a bedside table from the hallway into the resident's room;</p> <p>-IP/Wound Care Nurse did not clean/sanitize the top of the bedside table or place a barrier on the table;</p> <p>-IP/Wound Care Nurse placed a bottle of wound cleanser, a stack of 4x4 gauze, a package containing a foam dressing, a package containing kerlix wrap, and tape directly on the bedside table;</p> <p>-IP/Wound Care Nurse removed the dressing from the resident's wound and used all of the 4x4 gauze from the table to clean the wound;</p> <p>-After IP/Wound Care Nurse completed the dressing change, she took the bedside table out of the resident's room and into Resident #293's room.</p> <p>4. Review of Resident #293's face sheet showed a diagnosis of orthopedic aftercare following surgical amputation.</p> <p>Review of the resident's December 2024 POS showed an order to cleanse left below the knee amputation stump incision with wound cleanser, apply folded gauze along incision line, cover with a clear dressing, change daily on day shift.</p> <p>Observation on 12/03/24, at 11:35 A.M., showed the following:</p> <p>-IP/Wound Care Nurse positioned a bedside table from Resident #294's room and entered this resident's room;</p> <p>-IP/Wound Care Nurse did not clean/sanitize the top of the bedside table or place a barrier on the table;</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-IP/Wound Care Nurse placed a stack of 4x4 gauze and tape directly on the bedside table;</p> <p>-IP/Wound Care Nurse removed the old dressing, cleansed the surgical site with wound cleanser and 4x4 gauze from the bedside table, folded two 4x4 gauze and applied them directly to the surgical site;</p> <p>-Once the dressing was completed, IP/Wound Care Nurse took the table from the room.</p> <p>During an interview on 12/05/24, at 1:03 P.M., the IP/Wound Care Nurse said the following:</p> <p>-She should clean the wound care cart/bedside table before it was used and should place a clean barrier on the cart before it was used for wound care supplies;</p> <p>-If she took the bedside table into a resident's room, she should clean and disinfect the table between each resident;</p> <p>-Unpackaged wound care supplies should not directly touch a surface that is not clean, such as the bedside table, and should be placed on a barrier;</p> <p>-She should not have placed the wound care supplies for Resident #294 directly on the bedside table;</p> <p>-She should have cleaned the bedside table before entering Resident #293's room, since it came directly from Resident #294's room. She should have placed the dressing supplies on a barrier.</p> <p>During interview on 12/5/24 at 2:17 P.M., the DON said staff should use a barrier for wound care supplies and should not place the wound care supplies directly on an unclean table top.</p> <p>During interview 12/5/24 at 2:32 P.M., the Administrator said if staff take a treatment cart into a resident's room, they should clean the cart and place the dressing supplies on a barrier.</p> <p>Review of the facility's policy, Hand Hygiene, last reviewed 6/3/24, showed the following:</p> <p>-Associates perform hand hygiene (even if gloves are used) in the following situations:</p> <p>-Before and after contact with the resident;</p> <p>-After contact with blood, body fluids, or visibly contaminated surfaces;</p> <p>-After contact with objects and surfaces in the resident's environment;</p> <p>-After removing personal protective equipment (e.g., gloves, gown, eye protection, facemask);</p> <p>-Before performing a procedure such as an aseptic task (e.g., insertion of an invasive device such as a urinary catheter, manipulation of a central venous catheter and/or dressing care);</p> <p>5. Review of Resident #22's quarterly MDS, dated [DATE], showed the following:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265405	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/05/2024
NAME OF PROVIDER OR SUPPLIER  Life Care Center of Brookfield		STREET ADDRESS, CITY, STATE, ZIP CODE  315 Hunt Street Brookfield, MO 64628	

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Required substantial/maximum staff assistance for personal hygiene;</p> <p>-Frequently incontinent of bladder.</p> <p>Review of the resident's care plan, revised on 09/20/24, showed the following:</p> <p>-Check the resident routinely and assist with toileting as needed;</p> <p>-Peri-care as needed.</p> <p>Observation on 12/04/24, at 5:10 A.M., showed the following:</p> <p>-Certified Nursing Assistant (CNA) C and CNA D entered the resident's room and put on gloves without performing hand hygiene;</p> <p>-CNA C unfastened the resident's urine soiled incontinence brief and performed peri-care to the resident's front peri area;</p> <p>-CNA C removed his/her gloves, did not perform hand hygiene, put on a new pair of gloves and put a new incontinence brief under the resident;</p> <p>-CNA D put skin protectant on the resident's buttocks, bilateral groin and along the resident's perineal area;</p> <p>-CNA D completed incontinence care, did not remove his/her gloves, and applied the new incontinence brief on the resident.</p> <p>During an interview on 12/04/24, at 5:56 A.M., CNA C said the following:</p> <p>-He/She should change his/her gloves after providing peri-care and when they get dirty in any way;</p> <p>-He/She should wash his/her hands after he/she performed peri-care, when he/she removed his/her gloves;</p> <p>-He/She did not wash his/her hands or perform hand hygiene prior to putting on gloves and between gloves changes when providing care for the resident and should have.</p> <p>During an interview on 12/04/24, at 6:05 A.M., CNA D said the following:</p> <p>-He/She should change his/her gloves anytime they were dirty and when going from a clean process to a dirty process;</p> <p>-He/She should wash his/her hands anytime they were dirty and between glove changes;</p> <p>-He/She did not perform hand hygiene or wash his/her hands prior to putting on gloves and between glove changes when he/she provided care for the resident and should have;</p> <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-He/She should have changed gloves after he/she applied skin protectant to the resident's bottom and prior to applying the skin protectant to the resident's groin and frontal perineal area to avoid cross-contamination that could cause issues like an infection.</p> <p>During interview on 12/5/24 at 2:17 P.M., the DON said staff should wash their hands before providing care, when their gloves are dirty and before leaving a room.</p> <p>During interview 12/5/24 at 2:32 P.M., the Administrator said he expected staff to wash their hands before and after providing care and anytime staff went from a dirty to clean task during care.</p> <p>36219</p> <p>42592</p>		