STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265583	A. Building B. Wing	05/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Farmington Presbyterian Manor	500 Cayce Street Farmington, MO 63640

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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. Based on interview and record review, the facility failed to ensure the Nurse Aide (NA) Registry check was completed prior to the employment start date for four employees out of 10 sampled employees. The facility census was 68.Review of the facility's policy titled, Abuse Prevention, Intervention, Reporting and Investigation-Staff Treatment of Residents, revised 08/07/25, showed:- Potential employees will be screened for a history of abuse, neglect, or mistreating residents by obtaining information from previous employers and/or current employers, checking with the appropriate licensing boards and registries, including the Missouri employee disqualification list and the national sex offender registry (www.nationalsexoffenderregistry.com);- Screening employees, volunteers and consultants - the community will not knowingly employ any individual convicted of resident abuse, misappropriation of resident property or reported abuse, as noted by licensure boards or registries;- Prior to a new employee starting a work schedule, the community's human resource director or designee will obtain reference checks in accordance with human resources hiring checklist; obtain a criminal background check; if the potential employee has been found guilty of or pled no contest to abuse, neglect, mistreatment, exploitation of resident, misappropriation of resident property he/she is not hired; and a query from the Nurse Aid Registry has been completed on all certified nursing assistants (CNA) in each state where the CNA has previously worked;- The policy did not address the need to complete the NA Registry check on all employees. 1. Review of Employee A's personnel file showed:- Hire date of 04/06/26;- The facility failed to complete the NA Registry check until 04/13/26. 2. Review of Employee B's personnel file showed:- Hire date of 08/08/25;- The facility failed to complete the NA Registry check. 3. Review of Employee C's personnel file showed:- Hire date of 02/04/25;- The facility failed to complete the NA Registry check.4. Record review of Employee D's personnel file showed:- Hire date of 02/03/25;- The facility failed to complete the NA Registry check until 02/04/25.During an interview on 05/06/26 at 6:29 P.M., the Administrator and Human Resources Director said they would expect NA Registry checks to be completed on all employees prior to their start date.During an interview on 05/12/26 at 8:40 A.M., the Human Resources Director said she was responsible for checking the NA Registry. NA Registry checks should be completed on all employees, and she typically did the checks after an offer had been made. For CNAs and Certified Medication Technicians (CMTs), she would do the checks before they were interviewed.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to document a complete and accurate Minimum Data Set (MDS - a federally mandated assessment instrument completed by the facility) for four residents (Residents #1, #3, #6, and #48) out of 17 sampled residents and three residents (Residents #2, #30, and #38) outside the sample. The facility's census was 68. Review of the facility's policy titled, MDS Data Accuracy, reviewed 02/03/25, showed: - It is the responsibility of those who complete sections of the MDS to ensure data entered accurately reflects the resident's status and is coded according to Resident Assessment Instrument (RAI) Manual guidelines. If MDS documentation inaccuracies or disparities are ascertained, the process of editing the documentation source, in addition to correcting the MDS, will be initiated; - Validating MDS data for accuracy, prevents any issues with supportive documentation not matching the MDS and can help protect against any documentation issues arising in surveys or audits; - RAI Coordinator will work with staff to ensure any erroneous data is corrected and MDS is accurate. Review of the RAI Manual, dated October 2025, showed: - N0415E1. Anticoagulant (medication that prevents or reduces the coagulation of blood, slowing down the time it takes for clots to form; e.g., warfarin, heparin, or low-molecular weight heparin): Check if an anticoagulant medication was taken by the resident at any time during the seven-day look-back period (or since admission/entry or reentry if less than seven days); - N0415I1. Antiplatelet: Check if an antiplatelet medication (medication that prevents blood cells (platelets) from sticking together and clumping; e.g., aspirin/extended release, dipyridamole, clopidogrel) was taken by the resident at any time during the seven-day observation period (or since admission/entry or reentry if less than seven days); - Do not code antiplatelet medications such as aspirin/extended release, dipyridamole, or clopidogrel as N0415E, Anticoagulant. 1. Review of Resident #1's medical record showed: - admitted on [DATE]; - Diagnoses of multiple sclerosis (MS - chronic disease of the brain and spinal cord that can cause symptoms like numbness, vision problems, and weakness), dementia (decline in mental ability severe enough to interfere with daily life, characterized by loss of memory, language, problem-solving, and other thinking skills), and anxiety disorder (excessive, persistent, and uncontrollable fear or worry that disrupts daily life, work, or relationships). Review of the resident's physician order sheet (POS), dated 05/05/26, showed: - An order for aspirin (antiplatelet) 81 milligrams (mg) one tablet by mouth one time a day for preventative, dated 02/09/26; (continued on next page)

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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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- No current or discontinued order for an anticoagulant. Review of the resident's significant change MDS assessment, dated 02/12/26, showed: - N0415E1 marked yes for taking an anticoagulant; - N0415I1 marked no for taking an antiplatelet; - The facility failed to code aspirin as an antiplatelet and incorrectly coded aspirin as an anticoagulant. 2. Review of Resident #2's medical record showed: - admitted on [DATE]; - Diagnoses of cerebral palsy (neurological disorder that affects movement, posture, and muscle coordination, resulting from damage to the developing brain), chronic kidney disease (long-term condition where kidneys are damaged and gradually lose their ability to filter waste and excess fluid from the blood), and peripheral vascular disease (circulation disorder characterized by the narrowing, blockage, or spasms of blood vessels). Review of the resident's POS, dated 05/06/26, showed: - An order for aspirin 81 mg one tablet by mouth one time a day for preventative, dated 05/07/22; - No current or discontinued order for an anticoagulant. Review of the resident's MDS assessments showed: - A quarterly MDS assessment, dated 02/03/26, with N0415E1 marked yes for taking an anticoagulant; - A quarterly MDS assessment, dated 11/04/25, with N0415E1 marked yes for taking an anticoagulant; - A quarterly MDS assessment, dated 08/04/25, with N0415I1 marked no for taking an antiplatelet; - An annual MDS assessment, dated 05/07/25, with N0415I1 marked no for taking an antiplatelet; - The facility failed to code aspirin as an antiplatelet and incorrectly coded aspirin as an anticoagulant. 3. Review of Resident #3's medical record showed: - admitted on [DATE]; - Diagnoses of heart disease, aortic and mitral valve insufficiency (leaky heart valves), and chronic kidney disease. (continued on next page)

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the resident's POS, dated 05/05/26, showed: - An order for aspirin 81 mg one tablet by mouth one time a day for preventative, dated 10/14/25; - An order for Eliquis (anticoagulant) five mg one tablet by mouth two times a day related to atrial fibrillation, dated 08/21/25 and discontinued 10/14/25. Review of the resident's MDS assessments showed: - A quarterly MDS assessment, dated 03/17/26, with N0415E1 marked yes for taking an anticoagulant and N0415I1 marked no for taking an antiplatelet; - A quarterly MDS assessment, dated 12/16/25, with N0415E1 marked yes for taking an anticoagulant and N0415I1marked no for taking an antiplatelet; - A significant change MDS assessment, dated 09/15/25, with N0415I1 marked no for taking an antiplatelet; - The facility failed to code aspirin as an antiplatelet and incorrectly coded aspirin as an anticoagulant. 4. Review of Resident #6's medical record showed: - admitted on [DATE]; - Diagnoses of high blood pressure, hyperlipidemia (high concentration of fat in the blood), cardiac murmur (swishing sound heard during a heartbeat caused by rapid blood flow within or around the heart), and chronic ischemic heart disease (condition where the heart muscle doesn't receive enough oxygenated blood due to a buildup of plaque). Review of the resident's POS, dated 05/03/26, showed an order for aspirin 81 mg oral tablet delayed release one tablet daily as a preventative related to chronic ischemic heart disease, dated 09/04/24. Review of the resident's significant change MDS assessment, dated 03/27/26, showed: - N0415E1 marked yes for taking an anticoagulant and N0415I1 marked no for taking an antiplatelet; - The facility failed to code aspirin as an antiplatelet and incorrectly coded aspirin as an anticoagulant. 5. Review of Resident #30's medical record showed: - admitted on [DATE]; - Diagnoses of stroke, aphasia (a language disorder caused by brain damage that impairs a person's ability to communicate), and heart disease. Review of the resident's POS, dated 05/05/26, showed: (continued on next page)

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- An order for aspirin 81 mg one tablet by mouth one time a day for preventative, dated 03/27/25; - An order for heparin (anticoagulant) one milliliter (ml) subcutaneously (below the skin) three times a day related to stroke, dated 03/27/25 and discontinued 04/09/25. Review of the resident's MDS assessments showed: - A significant change MDS assessment, dated 03/17/26, with N0415E1 marked yes for taking an anticoagulant; - A quarterly MDS assessment, dated 12/17/25, with N0415E1 marked yes for taking an anticoagulant; - A quarterly MDS assessment, dated 09/23/25, with N0415E1 marked yes for taking an anticoagulant; - The facility failed to code aspirin as an antiplatelet and incorrectly coded aspirin as an anticoagulant. 6. Review of Resident #38's medical record showed: - admitted on [DATE]; - Diagnoses of chronic kidney disease, atherosclerotic heart disease (buildup of plaque within the artery walls), atherosclerosis of the aorta (plaque buildup in the largest artery in the body), and artificial heart valve. Review of the resident's POS, dated 05/03/26, showed an order for aspirin 81 mg oral tablet delayed release one tablet once a day as a preventative, dated 01/16/25. Review of the resident's quarterly MDS, dated [DATE], showed: - N0415E1 marked yes for taking an anticoagulant; - N0415I1 marked no for taking an antiplatelet; - The facility failed to code aspirin as an antiplatelet and incorrectly coded aspirin as an anticoagulant. 7. Review of Resident #48's medical record showed: - admitted on [DATE]; - Diagnoses of atherosclerosis of the aorta, muscle weakness, and occlusion and stenosis of carotid arteries (narrowing and/or blockage due to plaque of the main neck arteries supplying blood to the brain). Review of the resident's POS, dated 05/05/26, showed: (continued on next page)

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- An order for aspirin 81 mg one tablet by mouth one time a day for preventative, dated 01/19/24; - No current or discontinued order for an anticoagulant. Review of the resident's MDS assessments showed: - A quarterly MDS assessment, dated 04/13/26, with N0415E1 marked yes for taking an anticoagulant and N0415I1 marked no for taking an antiplatelet; - A quarterly MDS assessment, dated 01/16/26, with N0415E1marked yes for taking an anticoagulant and N0415I1marked no for taking an antiplatelet; - A significant change MDS assessment, dated 10/21/25, with N0415E1 marked yes for taking an anticoagulant and N0415I1 marked no for taking an antiplatelet; - The facility failed to code aspirin as an antiplatelet and incorrectly coded aspirin as an anticoagulant. During an interview on 05/06/26 at 2:00 P.M., the MDS Coordinator said she had been coding aspirin as an anticoagulant. She looked it up in her drug book and realized it was an antiplatelet. She believed she got confused when they added antiplatelet to the MDS assessment a while back. During an interview on 05/06/26 at 6:29 P.M., the Administrator said she would expect anticoagulants and antiplatelets to be coded correctly on MDS assessments.

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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 record review, the facility failed to maintain infection control practices to prevent the development and transmission of infection by not performing proper hand hygiene, not utilizing gloves appropriately, and by not wearing appropriate personal protective equipment (PPE-specialized clothing or gear that acts like a barrier to minimize infections) for enhanced barrier precautions (EBP-an infection control strategy in long term care that mandates gowns and gloves during high contact care to prevent the spread of multi drug resistant organisms (MDROs) during urinary catheter (a thin, flexible, hollow tube inserted into the bladder to drain urine) care for one resident (Resident #35) out of one sampled resident with a urinary catheter, by not performing proper hand hygiene or utilizing gloves appropriately during perineal (peri care - cleaning of the genital and anal areas) for one resident (Resident #45) out of 17 sampled residents and one resident (Resident #30) outside the sample and during blood sugar monitoring for five residents (Residents #8, #29, #32, #42, and #69) out of five sampled residents who had blood glucose monitoring. The facility census was 68.Review of the facility's policy titled, Hand Hygiene, reviewed 02/03/35, showed: - Indications for hand washing: before and after direct contact with residents, before and after contact with body fluids or excretions, mucous membranes, non-intact skin, and wound dressings, even if hands are not visibly soiled and when moving from a contaminated body site to a clean body site during resident care; - Before and after contact with inanimate objects including medical equipment in the immediate vicinity of the resident; after removing gloves, before and after medication administration; - An alcohol-based hand rub is the preferred method for hand hygiene in all situations except when your hands are visibly soiled or contaminated; - Gloves reduce hand contamination by 70-80 percent, prevent cross-contamination, and protect elders and health care personnel from infection. However, the use of gloves does not eliminate the need for hand hygiene; - Wear gloves when contact with blood or other potentially infectious materials including other body fluids, secretions and excretions, mucous membranes, non-intact skin and contaminated items will or could potentially occur; - Change gloves during elder care if moving from a contaminated body site to a clean body site; - Remove gloves promptly after use, before touching non-contaminated items and environmental surfaces, and before caring for another patient; - Decontaminate hands after removing gloves by appropriate hand hygiene; - Always discard contaminated gloves in plastic-lined trash containers or biohazard waste receptacles. Review of the facility's policy titled, Infection Control, revised 10/06/25, showed: - Enhanced Barrier Precautions (EBP) refers to an infection control intervention designed to reduce (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	transmission of multidrug-resistant organisms that employ 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: Infection or colonization with a Centers for Disease Control and Prevention (CDC)-targeted MDRO when Contact Precautions do not otherwise apply; or wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with a MDRO; - Indwelling medical device examples include central lines, urinary catheters, feeding tubes, and tracheostomies; - Enhanced Barrier Precautions include: Dedicate the use of resident-care equipment when possible; If equipment must leave the resident's room, a healthcare worker will remove the equipment; healthcare workers will don a new pair of gloves and disinfect all surfaces of the equipment with a hospital-grade disinfectant approved for the identified microorganism; The gloves will be removed and hands washed with antiseptic soap and water; and position a trash can inside resident's room and near exit for discarding PPE after removal, prior to exiting room, or before providing care to another resident in the same room; - All staff have a responsibility to ensure that the employee complies with the principles of standard infection control precautions; - All staff have a responsibility to be aware of local and national policies, procedures, and campaigns related to standard infection control precautions; - All staff are responsible for following hand hygiene protocols of this community and be able to demonstrate competency in hand hygiene at least annually. 1. Observation on 05/06/26 at 5:30 A.M., of Resident #45's peri care showed: - Certified Nurse Aide (CNA) E entered the resident's room, shut the door and pulled the curtain; - CNA E did not perform hand hygiene and put on gloves, placed a clean trash bag into the trash can, removed gloves and did not perform hand hygiene, and put on clean gloves; - CNA F entered the resident's room, did not perform hand hygiene, and put on clean gloves; - CNA E and CNA F loosened the resident's soiled brief. CNA E cleaned the resident's front peri area; - CNA E and CNA F rolled the resident to his/her right side. CNA E cleaned the middle of the resident's buttocks, removed gloves, did not perform hand hygiene, and put on clean gloves; - CNA E cleaned the right and left sides of the buttocks, tucked the soiled brief under the resident, and lay a clean brief on the bed; (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- With the same soiled gloves, CNA E and CNA F rolled the resident to his/her left side. CNA F removed the soiled brief and handed it to CNA E, who placed the brief in the trash can; - With the same soiled gloves, CNA E and CNA F placed the clean brief on the resident and pulled the blanket up around the resident's shoulders; - With the same soiled gloves, CNA F picked up several stuffed animals and placed them on the bed next to the resident; - CNA E took the trash to the soiled utility room, removed gloves and performed hand hygiene; - CNA F removed gloves and performed hand hygiene in the resident's room. During an interview on 05/06/26 at 2:30 P.M., CNA E and CNF F said they should wash their hands prior to providing peri care, should wash/sanitize their hands in between gloves changes, and they should remove soiled gloves before touching resident items, including bedding and stuffed animals. 2. Observation on 05/06/26 at 6:00 A.M., of Resident #30's peri-care showed: - CNA I and CNA J did not perform hand hygiene, put on gloves, and assisted the resident to stand with a sit-to-stand lift (mobility device designed to help individuals with limited mobility, but partial weight-bearing ability, transition from a seated to a standing position); - CNA I pushed the sit to stand lift into the resident's bathroom. CNA I and CNA J positioned the resident on the toilet; - CNA I removed gloves, and CNA J changed gloves and did not perform hand hygiene; - CNA J removed the resident's brief and shorts, put the brief in the trash can and the shorts in a plastic bag, removed the trash bag from the trash can and set the bags on the floor beside the trash can; - CNA J did not perform hand hygiene, changed gloves, obtained a clean brief and pants from the resident's closet. Without performing hand hygiene, CNA I, with bare hands, and CNA J placed the brief and pants on the resident; - CNA I and CNA J assisted the resident to a standing position over the toilet with the sit-to-stand lift; - CNA I did not perform hand hygiene, put on gloves and provided peri care for the resident; - CNA I removed gloves and did not perform hand hygiene, and CNA J pulled the resident's brief and pants up; - CNA I pushed the resident in the sit-to-stand lift to the wheelchair, and CNA J guided the resident into the wheelchair; - CNA J removed gloves, and CNA I took the trash bag out of the room with bare hands; - CNA J did not perform hand hygiene, put on gloves, obtained a pillow from the resident's recliner, (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	positioned it on the resident's lap, moved the resident's right arm onto the pillow and put both the resident's feet on the wheelchair's foot pedals; - CNA J straightened the resident's bedsheets, removed gloves, and washed hands. During an interview on 05/06/26 at 6:24 A.M., CNA J said he/she should wash hands when entering the room, wash hands in between glove changes, and when exiting the room. He/She could use sanitizer instead of washing. During an interview on 05/06/26 at 2:38 P.M., CNA I said he/she should do hand hygiene before care, sometimes during care if he/she got something on him/her, like a large bowel movement, and after care. 3. Observation on 05/06/26 of resident blood sugar checks showed: - At 6:22 A.M., Licensed Practical Nurse (LPN) G performed hand hygiene and put on clean gloves while outside the resident's room at the nurse cart. LPN G touched the computer keyboard, ink pen, and paper. LPN G obtained Resident #42's glucometer (machine used to test a person's blood sugar), alcohol pad, gauze, container of test strips, and lancet (small sharp instrument used to obtain blood sample) from the cart, put a strip in the glucometer and, with the same gloves, obtained the resident's blood sugar, threw the strip and lancet away in the sharps container, removed gloves, and put the glucometer in cart; - At 6:25 A.M., LPN G obtained Resident #32's glucometer, container of test strips, and lancet from the cart and placed them on the cart without a barrier, performed hand hygiene, put on clean gloves, then opened the cart with the right gloved hand to obtain gauze and alcohol pad and placed items between fingers on left gloved hand while he/she put a strip in the glucometer, and obtained the resident's blood sugar at the resident's doorway, threw strip and lancet away in sharps container, removed gloves, and put the glucometer in the cart; - At 6:29 A.M., LPN G performed hand hygiene, put on clean gloves, obtained Resident #69's glucometer, alcohol pad, container of test strips, and lancet from the cart and closed the cart with a gloved hand, put a strip in the glucometer, entered the resident's room and obtained the resident's blood sugar, then walked back to the cart, threw strip and lancet away in the sharps container, put the glucometer in the cart and obtained an insulin pen from the cart, primed the pen and dialed up five units of insulin, returned to the resident's room with the insulin and alcohol pad, and gave the insulin in the resident's abdomen; - At 6:37 A.M., LPN G performed hand hygiene, put on clean gloves, obtained Resident #8's glucometer, alcohol pad, container of strips, and lancet from the cart, put a strip in the glucometer, entered the resident's room and obtained the resident's blood sugar, threw the lancet away in the sharps container, removed gloves, removed the used strip from the glucometer with a bare hand and threw it away in the sharps container; - At 6:40 A.M., LPN G performed hand hygiene, put on clean gloves, opened the cart and obtained Resident #29's glucometer, lancet, alcohol wipe, test strip, and gauze and placed the items on top of the cart without a barrier. With the same gloves, LPN G typed on the computer, opened the resident's door, and obtained the resident's blood sugar. LPN G removed gloves while in the resident's room and placed the soiled gloves in the trash can on the nurse cart. LPN G placed the used lancet into his/her (continued on next page)

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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	bare hand and placed in the sharps container on the cart and performed hand hygiene. 3. Observation on 05/06/26 at 2:15 P.M., of Resident #35's urinary catheter care showed: - CNA H and CNA F entered the resident's room and did not put on a gown; - CNA H performed hand hygiene and put on clean gloves; - CNA F did not perform hand hygiene and put on clean gloves; - CNA H and CNA F lowered the resident's pants and brief; - CNA H cleaned the resident's front peri area and cleaned from the insertion site down the catheter tubing; - CNA H and CNA F rolled the resident to his/her right side, removed the soiled brief and CNA F placed it in the trash can; - With the same soiled gloves, CNA H and CNA F placed a clean brief on the resident, and pulled up the resident's pants; - CNA H removed gloves. With the same soiled gloves, CNA F assisted CNA H to pull the resident's blanket up around his/her shoulders; - CNA F took the trash to the soiled utility room and performed hand hygiene; - CNA H performed hand hygiene in the resident's room before leaving the room. During an interview on 05/13/26 at 7:56 A.M., CNA H said that he/she should change gloves when going from any dirty task to another task and should wash or sanitize in between glove changes. He/She should wear PPE when doing anything enhanced for the resident, such as changing the resident, looking at their skin, and for catheter care. He/She should wear a gown and gloves when providing catheter care. During an interview on 05/06/26 at 6:29 P.M., the Administrator said she would expect staff to wash and/or sanitize their hands prior to starting care, between glove changes, when going from dirty to clean tasks, and when completing care. She would expect staff to gather supplies prior to putting on gloves and starting care and for staff to wear gloves while handling used lancets and glucometer strips. During an interview on 05/12/26 at 8:56 A.M., the Director of Nursing (DON) said staff should wear PPE for EBP when caring for catheters, dressing changes, peripheral inserted central catheter lines (PICC - a thin flexible tube inserted into a vein in the upper arm and threaded to a large vein near the heart), and for care of any indwelling device. She would expect staff to wear gowns and gloves for catheter care.