

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

Printed: 10/09/2026  
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No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>265688                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                    | (X3) DATE SURVEY<br>COMPLETED<br><br>07/28/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Living Center, The                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>2506 Linden Tree Parkway<br>Marshall, MO 65340 |                                                 |
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| <p>F 0580</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to notify the resident's representative and/or physician of a change in condition or treatment for two residents (Residents #1 and #4). Resident #1 was treated with permethrin cream (a topical cream used to treat scabies and lice) on 07/04/26. Staff did not notify the resident's representative until 07/07/26 when the representative questioned the rash when he/she visited the resident at the facility. Resident #4, who had a history of verbal aggression, exhibited verbally aggressive behaviors directed towards another resident on 07/11/26. The facility did not notify the resident's representative or the physician of the resident's behaviors as directed in the resident's plan of care. The facility census was 65. Review of the facility policy titled Change in a Resident's Condition or Status, dated 09/19/26, showed the following:-Our facility shall promptly notify the resident, his/her attending physician, and representative of changes in the resident's medical/mental condition and/or status;-The nurse supervisor/charge nurse will notify the resident's attending physician or on-call physician when there has been a significant change in the resident's physical/emotional/mental condition;-A need to alter the resident's medical treatment significantly;-Unless otherwise instructed by the resident, the nurse supervisor/charge nurse will notify the resident's next of kin or representative when there is a significant change in the resident's physical, mental, or psychosocial status, there is a need to change the resident's room assignment;-Except in medical emergencies, notifications will be made within 24 hours of a change occurring in the resident's medical, mental condition or status;-The nurse supervisor/charge nurse will record in the resident's medical record information relative to changes in the resident's medical/mental condition or status. 1. Review of Resident #1's quarterly Minimum Data Set (MDS, a federally mandated assessment instrument required to be completed by facility staff), dated 05/08/26, showed the following:-Severe cognitive impairment;-Dependent on staff for toilet hygiene, lower body dressing, and personal hygiene;-Substantial to maximum assistance required from staff with bathing;-Partial to moderate assistance required from staff with upper body dressing;-No rashes present. Review of the resident's undated Face Sheet, revised 06/10/26, showed the resident the facility identified two family members as the resident's next of kin and responsible party. Review of the resident's shower sheet, dated 06/27/26, showed the following:-Visual assessment: redness, scratches and rashes to the resident's lower extremities and back;-The charge nurse signed the form. Review of the resident's Physician Order Sheet (POS), dated 07/04/26, showed the resident's physician ordered permethrin 5% topical cream on 07/04/26. Review of the resident's medical record showed no documentation staff notified the resident's family of the new physician orders received on 07/04/26 for permethrin cream or of the rash/suspected scabies (a tiny mite that burrows under the skin). Review of the resident's Progress Note, dated 07/07/26, showed the following:-Staff spoke (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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0580</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>with the resident's second next of kin via phone that morning. The resident's second next of kin was concerned the resident had not been treated for his/her rash;-Staff informed him/her the resident had been treated for the rash with permethrin cream on 07/04/26. During an interview on 07/28/26 at 2:15 P.M., the resident's second next of kin said the following:-He/She was aware the resident had been itching a lot, and the facility was trying to determine the cause of the itching around 06/25/26;-He/She visited the resident on 07/07/26 and noticed the resident had a severe rash, and the resident was scratching to the point of bleeding;-A family member of another resident who was visiting said they were testing residents for scabies;-Staff at the facility did not notify him/her of the resident's rash or treatment that started on 7/04/26 until he/she saw the rash and questioned the staff about it on 07/07/26;-He/She visited the resident routinely at the facility and was very upset no one had notified him/her of the rash, the medication changes and the potential diagnosis of scabies. During an interview on 07/28/26 at 11:40 A.M., the resident's first next of kin said the resident was itching a lot, and staff told him/her (could not recall when) the resident had been treated with a cream. He/She was not sure what the cream was for. Staff did not tell him/her they suspected the rash was scabies. 2. Review of Resident #4's undated Face Sheet showed the resident's family member was his/her first emergency contact. Review of the resident's quarterly MDS, dated [DATE], showed the following:-Diagnoses included cerebral vascular accident (stroke), hemiparesis (muscle weakness or partial loss of control of one side of the body) and traumatic brain injury (damage to the brain caused by an external physical force, such as a violent blow or bump or jolt to the head which disrupts normal brain function and ranges from mild to severe);-Cognitively intact;-Upper and lower extremity impairment on one side;-Verbal behaviors directed towards others occurred one to three days. Review of the resident's Care Plan, dated 06/5/26, showed the following:-Observe the resident's mood, pain, expressions, and abilities. Notify the nurse/primary care physician of any changes;-Observe the resident for worsening irritability and notify the primary care provider of any change. Review of the resident's Progress Note, dated 07/11/26, showed the following:-Resident #4 went up to another resident in the dayroom and said, What the fuck are you looking at fucker?-Staff told Resident #4 to go to his/her room. Resident #4 would not move away from the other resident, so staff told Resident #4 again he/she needed to go back to his/her room and his/her comment was inappropriate;-Resident #4 wheeled himself/herself back to his/her room;-Staff to keep the residents separated for safety; (Review showed no documentation staff notified the resident's family or physician of the resident's behavior.) During an interview on 08/10/26 at 8:30 A.M., the resident's family member said the following:-The facility did not notify him/her of the incident that occurred on 07/11/26;-He/She wanted staff to notify him/her when the resident exhibited any verbal behaviors. 3. During an interview on 7/28/26 at 5:00 P.M., the Administrator said staff should follow the facility policy regarding change in condition and document in the medical record when staff notified the family/representative or physician. She was not aware of the resident's verbal behaviors on 07/11/26. She expected staff to notify her and the resident's family of the resident's behaviors. She would have to look at the situation to see if they would notify the physician. 30719482749175</p> |                                                                                             |                                                 |

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| <p>F 0742</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide the appropriate treatment and services to a resident who displays or is diagnosed with mental disorder or psychosocial adjustment difficulty, or who has a history of trauma and/or post-traumatic stress disorder.</p> <p>Based on interview and record review, the facility failed to ensure one resident (Resident #4), with a diagnosis of a traumatic brain injury (damage to the brain caused by an external physical force, such as a violent blow or bump or jolt to the head which disrupts normal brain function and ranges from mild to severe), in a review of 11 sampled residents, received appropriate treatment and services to attain their highest practicable mental and psychosocial well-being. Staff failed to implement individualized interventions based on the resident's behavioral symptoms and underlying causes and to communicate these interventions to staff in order to address the resident's verbally aggressive behaviors directed towards his/her previous roommate (Resident #5). The facility census was 65. Review of the facility's policy titled Behavioral Assessment, Intervention and Monitoring, dated 12/2016, showed the following:-As a part of the initial assessment, the nursing staff and attending physician will identify individuals with a history of impaired cognition, altered behavior, or mental illness;-The nursing staff will identify, document, and inform the physician about specific details regarding changes in an individual's mental status, behavior and cognition, including onset, duration, intensity and frequency of behavioral symptoms.-The interdisciplinary team will thoroughly evaluate new or changing behavioral symptoms in order to identify underlying causes and address modifiable factors that may have contributed to the resident's change in condition;-The IDT will evaluate behavioral symptoms in residents to determine the degree of severity, distress and potential safety risk to the resident, and develop a plan of care accordingly. Safety strategies will be implemented immediately if necessary to protect the resident and others from harm;-Interventions and approaches will be based on a detailed assessment of physical, psychological and behavioral symptoms and their underlying causes, as well as the potential situational and environmental reasons for the behavior. The care plan will include, at a minimum, a description of the behavioral symptoms including the frequency, intensity, duration, outcomes, location and environment and any precipitating factors of the situations;-Targeted and individualized interventions for behavioral and/or psychosocial symptoms;-The rationale for the intervention and approaches;-Specific and measurable goals for targeted behaviors and how staff will monitor for effectiveness. 1. Review of Resident #4's Care Plan, revised 08/28/25, showed the following:-The resident came to the facility after a stroke affecting the resident's right side;-The resident had a history of brain injury and depression;-The resident got irritated with others at times;-The resident took medication for depression and anxiety;-Observe the resident's mood, pain, expressions, and abilities. Notify the nurse/primary care physician (PCP) of any changes;-Follow with a psychiatrist if needed. Review of the resident's Progress Note, 02/14/26 at 6:38 P.M., showed the resident was in the dining room and started to go after his/her roommate (Resident #5) who was also in the dining room. The resident was being verbally aggressive towards his/her roommate. The resident said the roommate stole his/her remote control. The charge nurse and the aide searched the resident's room and said the remote could not be found. The resident said he/she was going to beat the shit out of the roommate several times. Staff separated them for the remainder of the day. Registered Nurse (RN) Supervisor made aware. Review of the resident's Care Plan, last revised 8/25/25, showed it did not identify the resident's verbally aggressive behaviors directed towards his/her previous roommate after the incident on 02/14/26 and did not include specific interventions to address the resident's verbally aggressive behaviors. Review of the resident's Behavior Management Evaluation, dated 03/01/26 at 4:49 P.M. showed the following:-The (continued on next page)</p> |                                                                                             |                                                 |

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| <p>F 0742</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>resident was sitting in the dining room at lunch, when he/she saw his/her most recent roommate heading closer to dining room doors. The resident said, I want to beat him/her till he/she bleeds;-The charge nurse tried to deescalate the situation. The resident was determined to hurt the other resident. Staff notified the RN of the situation. Staff notified the resident's family who was okay with the resident going to the emergency room if he/she had another behavior. Review of the resident's Progress Note, dated 03/13/26 at 7:26 P.M., showed the Certified Nurse Aide (CNA) reported to the charge nurse that the resident was wheeling himself/herself to the dining room at the same time as another resident, who was his/her former roommate. The resident quickly wheeled himself/herself in front of the resident and blocked his/her way into the dining room. The other resident asked the resident how he/she was doing and the resident said bitch ass pussy while the CNA proceeded to push the resident in his/her wheelchair into the dining room. The resident said, of course you are wheeling him/her. Staff notified the family RN supervisor and the physician. The physician gave an order for the resident to go to the emergency room for psychiatric concerns. Review of the resident's Emergency Department Note, dated 03/13/26 6:41 P.M., showed the following:-The resident presented to emergency department. Staff reported the resident had been verbally aggressive to one resident (Resident #5) who was a previous roommate and they had been separated for the past week;-They moved the other resident to another room due to the inability to get along;-On arrival at the emergency room, the resident said he/she did not know why he/she was sent over. The resident said he/she got frustrated by the other resident, but he/she did not say anything aggressive tonight and only wheeled by the other resident. This appeared to be an acute anger reaction. The resident was administered hydroxyzine (antihistamine sometimes used to treat short-term anxiety) 25 milligrams (mg). Will discharge back to the facility with instructions to follow up with the primary care provider;-Diagnosis showed aggressive reaction;-Hydroxyzine 25 mg one tablet four times a day as needed (PRN). Return to the emergency department if symptoms worsen. Review of the resident's Care Plan, last revised 8/28/25, showed it did not identify the resident's verbally aggressive behaviors directed towards his/her previous roommate on 03/13/26 and did not include specific interventions to address the resident's verbally aggressive behaviors. Review of the resident's quarterly Minimum Data Set (MDS, a federally mandated assessment instrument required to be completed by facility staff), dated 05/30/26, showed the following:-Diagnoses included cerebral vascular accident (stroke), hemiparesis (muscle weakness or partial loss of control of one side of the body) and traumatic brain injury (damage to the brain caused by an external physical force, such as a violent blow or bump or jolt to the head which disrupts normal brain function and ranges from mild to severe);-Cognitively intact;-Upper and lower extremity impairment on one side;-Verbal behaviors directed towards others occurred one to three days out of seven. Review of the resident's Care Plan, last revised 06/05/26, showed the following:-The resident used a wheelchair for mobility;-The resident had a history of brain injury and depression. The resident may get irritated with others at times;-Sometimes the resident will get upset when he/she feels others are staring at him/her. Encourage the resident to move from the area;-The resident struggled with his/her limited abilities. Observe the resident's mood, pain, expression, and abilities. Notify the physician of any changes. Follow up with a psychiatrist if needed and approved. Observe the resident for worsening irritability, and notify the primary care provider;-The resident had poor safety awareness and was impulsive at times.(The resident's Care Plan, revised 06/05/26, did not identify the resident's verbally aggressive behaviors directed towards his/her previous roommate and did not include specific interventions to address the resident's verbally aggressive behaviors.) Review of the resident's Progress Note, dated 07/11/26, showed the following:-The resident went up to another resident (Resident #5) in the (continued on next page)</p> |                                                                                             |                                                 |

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| NAME OF PROVIDER OR SUPPLIER<br><br>Living Center, The                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>2506 Linden Tree Parkway<br>Marshall, MO 65340 |                                                 |
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| <p>F 0742</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>dayroom and said, What the fuck are you looking at fucker?-Staff told Resident #4 to go to his/her room. Resident #4 would not move away from the other resident, so staff told Resident #4 again he/she needed to go back to his/her room and his/her comment was inappropriate;-Resident #4 wheeled himself/herself back to his/her room;-Staff to keep the resident's separated for safety. During an interview on 08/10/26 at 8:30 A.M., the resident's family member said the following:-The resident had issues with his/her previous roommate (Resident #5). Staff moved the roommate out of the resident's room;-The resident continued to have very strong feelings towards his/her previous roommate;-He/She notified the physician in March 2026 about the resident's behaviors and the issues with his/her roommate. Staff did not notify the physician of the ongoing issue with the roommate;-The resident would hyper focus after incidents with his/her previous roommate and did not forget about the situation;-He/She did not feel staff were looking at the whole picture;During an interview on 7/28/26 at 11:15 A.M., Resident #5 said the following:-He/She had an issue with another resident (Resident #4) who had been his/her previous roommate. The other resident wanted his/her bed;-Staff moved him/her (Resident #5) to another room;-A while ago, Resident #4 put his/her fist up at him/her and said he/she was going to kick his/her (Resident #5's) ass. He/She also put his/her fist up towards Resident #4. He/She was not afraid, but he/she tried to ignore Resident #4. During an interview on 07/28/26 at 1:00 P.M., CNA I said the following: -A couple months ago, the resident cursed and threatened Resident #5. The two residents were moved to separate rooms. He/She was not aware of any further problems between the two residents;-There were no specific interventions or increased monitoring in place regarding the two residents as the issue was resolved. During an interview on 07/28/26 at 1:05 P.M., CNA H said the following:-He/She started working at the facility on 05/11/26;-A couple times, Resident #4 cursed and flipped off (an offensive/rude hand gesture) Resident #5;-Staff separated them and there were no more issues between the two residents;-There were no interventions in place as the issue was resolved. During an interview on 08/10/26 at 8:00 A.M., CNA J said the following:-There was an ongoing problem with the resident and Resident #5. He/She had concerns the resident would eventually act out or could become physical;-The resident cursed at Resident #5 when he/she was in a common area or in the hall. A few weeks ago, on 07/11/26, the resident got upset and tried to go after Resident #5;-He/She did not feel staff were documenting the ongoing issue between the two residents;-The communication was not good between the staff regarding the two residents at shift change or after there was an incident between the two residents;-Staff just tried to keep an eye on the two residents. There were no specific interventions in place. During an interview on 07/28/26 at 4:30 P.M., Licensed Practical Nurse (LPN) C said the following:-The resident always stayed in his/her room;-He/She was not aware of any issue involving the two residents on 07/11/26;-He/She was not aware the resident had verbally aggressive behaviors directed towards Resident #5. During an interview on 07/28/26 at 4:20 P.M., RN Supervisor A said he/she was not aware of any recent issues between the two residents or of the incident on 07/11/26. Staff should notify administration of any aggressive behavior. Staff should ensure the two residents were separated from each other and to assure the primary care physician was kept in the loop. During an interview on 07/28/26 at 4:15 P.M., the Care Plan Coordinator said the following:-The root cause for the resident's behaviors was the resident wanted a room to himself/herself;-The problem was resolved and the care plan did not need any specific interventions regarding the two residents as there was not an ongoing issue;-He/She was not aware of an incident on 07/11/26 between the two residents. During an interview on 07/28/26 at 1:45 P.M., the Administrator said the following:-The staff should know to keep the two residents separated in the dining room;-The interventions in general for Resident #4 were to remove him/her from the situation and allow him/her (continued on next page)</p> |                                                                                             |                                                 |

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| F 0742<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | time to decompress. The root cause was other residents staring at him/her and one other time it was because the resident could not locate his/her remote control;-She would not expect there to be anything specific on the resident's care plan related to Resident #5. She did not want staff to think the only issue was between the resident and Resident #5;-She would not expect staff to update the care plan with specific interventions to address aggressive behaviors towards a specific resident;-She was not aware of an issue on 07/11/26 between the two residents. She would have expected staff to notify her if the resident had any verbal aggression. During an interview on 08/11/26 at 10:35 A.M., the resident's physician said the following:-The resident and Resident #5 did not get along and were separated;-She was not sure what happened that really caused the original issue between the two residents;-She assumed the two residents were staying away from each other;-Staff notified her on 07/28/26 of the incident that occurred on 07/11/26;-Staff should monitor the two residents like they did for any other residents. Staff did not need to do anything special for the residents unless the two residents were in proximity of each other;-The facility should follow any policies they had regarding behavioral health. 2749175 |                                                                                             |                                                 |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and record review, the facility failed to ensure staff followed acceptable infection control practices when facility staff completed a central venous catheter (a long, thin flexible tube put into a large vein in the neck, chest or groin) dressing change and failed to ensure it was in accordance with the facility policy for one resident (Resident #3). The facility also failed to ensure Enhanced Barrier Precautions (EBP) were in place including posted signage to remind staff of the PPE requirements prior to entering the resident's room per facility policy. The facility census was 65 Review of the facility's policy titled Enhanced Barrier Precautions, dated 05/20/24, showed the following:-EBP will be used in conjunction with standard precautions and expand the use of personal protective equipment (PPE) to donning (putting on) of gowns and gloves for high contact resident care activities that provide opportunities for transfer of multi-drug resistant organisms (MDRO, microorganisms predominately bacteria, that are resistant to one or more classes of antimicrobial agents) to staff hands and clothing. PPE at a minimum will include gloves, gown, mask and face protection (with risk of splash or spray during care);-Use of EBP included indwelling device care;-Signage will be posted in the area to remind staff of the PPE requirements. Review of the facility policy titled Central Venous Access Device Management, dated 10/23/24, showed the following:-Dressing changes are performed as a sterile procedure, change dressing at designated intervals depending on the type of dressing;-Replace transparent dressing at least every seven days and when the dressing was not intact or the dressing was loose or moist, drainage or blood was under the dressing or further assessment was needed. 1. Review of Resident #3's quarterly Minimum Data Set (MDS, a federally mandated assessment instrument required to be completed by facility staff), dated 07/08/26, showed the following:-Diagnoses included renal insufficiency; -Moderate cognitive impairment;-Dependent on staff for toilet hygiene, showering/bathing, upper and lower body dressing;-The resident received dialysis in the last 14 days. Review of the resident's Care Plan, revised on 06/01/26, showed dialysis was on hold. Provide dialysis care to the port (vascular access located on the outside of the body) as ordered by the physician. Review of the resident's physician order sheet (POS), dated 07/28/26 at 10:54 A.M., showed the following:-Dressing to hemodialysis catheter (a central venous line) to be completed on Tuesday, Thursday and Saturday;-The resident and nurse were to wear a mask, cleanse area with alcohol wipes and cover with a 4x4 dressing and Tegaderm (a thin, waterproof, and sterile medical dressing). Observation on 7/28/26 at approximately 11:00 A.M. showed the following:-The resident's door had no signage indicating EBP was required and no accessible PPE (masks and gowns) available for staff upon entry to the resident's room;-Registered Nurse (RN) A entered the room, sanitized his/her hands, put on gloves and a mask, and put a mask on the resident;-RN A placed an unopened package of sterile gloves, an unopened drain sponge, an unopened Tegaderm and unopened alcohol pad directly on the resident's bedside table without cleaning the bedside table or placing a clean barrier on the bedside table; -RN A pulled back the resident's shirt and removed the old dressing that covered the resident's central venous catheter;-RN A removed his/her gloves, washed his/her hands, and put on another pair of gloves;-RN A placed a small paper towel at one end of the table. He/She picked up the unopened sterile gloves and dressing supplies from the unclean bedside table and placed them partially on the paper towel. The unopened alcohol pad remained on the unclean bedside table;-RN A opened the sterile gloves, drain sponge, and Tegaderm dressing;-RN A removed the exam gloves, and without washing or sanitizing his/her hands, put on the sterile gloves;-RN A picked up the alcohol pad from the unclean bedside table, opened it and swiped it back and forth around the central venous catheter;-While (continued on next page)</p> |                                                                                             |                                                 |

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| F 0880<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | wearing the same gloves, he/she placed the drain sponge and the Tegaderm around the central venous catheter insertion site. During an interview on 7/28/26 at 1:10 P.M. and email correspondence on 08/06/26 at 2:10 P.M., RN A said the following:-The dialysis clinic did not specify a sterile dressing was required, just to make sure the resident and staff wore a mask, and staff cleaned the access with alcohol pads;-He/She should have cleaned the table before completing the dressing change. During an interview on 7/28/26 at 1:10 P.M., the Dialysis Nurse Manager said the following:-The resident had a central venous catheter that was surgically placed in the resident's right upper chest;-He/She was concerned with the resident's risk of infection as the central venous catheter had not been used in a month;-He/She expected the facility to maintain infection control precautions throughout the dressing change. Staff should ensure a clean field and change their gloves frequently throughout the dressing change. During an interview on 7/28/26 at 5:00 P.M., the Administrator said the following:-The facility should have EBP in place for the resident;-Staff should follow infection control precautions when providing the resident's dressing change;-She expected staff to place dressing supplies on a clean surface;-The facility should contact the hemodialysis clinic for specific directions on the dressing change. 3071948 |                                                                                             |                                                 |