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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265864	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/10/2025
NAME OF PROVIDER OR SUPPLIER Sunterra Springs Independence		STREET ADDRESS, CITY, STATE, ZIP CODE 19200 E 37th Terrace S Independence, MO 64057	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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F 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care or services that was trauma informed and/or culturally competent. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51150 Based on interview and record review, the facility failed to provide trauma informed care (understanding a resident's life experiences to provide effective care) for one sampled resident (Resident #178) who had a diagnosis of Post Traumatic Stress Disorder (PTSD-a mental health condition caused by an extremely stressful or terrifying event) out of 12 sampled residents. The facility census was 38 residents. Review of the facility's Trauma Informed Care Policy, revised July 2024, showed: -It was the policy of the facility to provide care and services which, in addition to meeting professional standards, were delivered using approaches which were culturally competent, accounted for experiences and preferences, and addressed the needs of trauma survivors by minimizing triggers and/or re-traumatization. -The facility would use a multi-pronged approach to identify a resident's history of trauma, as well as his or her cultural preferences. This would include asking the resident about triggers that may be stressors or may prompt recall of a previous traumatic event, as well as screening and assessment tools such as the Resident Assessment Instrument (RAI), Admission Assessment, the history and physical, the social history/assessment, and others. -The facility would collaborate with resident trauma survivors, and as appropriate, the resident's family, friends, the primary care physician, and other health care professionals (such as psychologist and mental health professionals) to develop and implement individualized care plan interventions. -The facility would identify triggers which may re-traumatize residents with a history of trauma. Trigger specific interventions would identify ways to decrease the effect of the trigger on the resident and would be added to the resident's care plan. -Trauma specific care plans interventions would recognize the interrelation between trauma and symptoms of trauma such as substance abuse, eating disorders, depression (a state of intense sadness or despair that has advanced to the point of being disruptive to an individual's social functioning and/or activities of daily living), and anxiety (anticipation of impending danger and dread accompanied by restlessness, tension, fast heart rate, and breathing difficulty not associated with an apparent stimulus). (continued on next page)

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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F 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Those interventions would also recognize the survivors need to be respected, informed, connected, and hopeful regarding their own recovery. -In situations where a trauma survivor is reluctant to share their history, the facility would still try to identify triggers which may re traumatize the resident and develop care plan interventions which minimize or eliminate the effect of the trigger on the resident. Review of the facility's Comprehensive Care Plans Policy, revised July 2024, showed: -It was the policy of the facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that included measurable objectives and timeframes to meet a resident's medical, nursing, mental and psychosocial needs that were identified in the resident's comprehensive assessment. -Services provided or arranged by the facility, as outlined by the comprehensive care plan, shall be culturally competent and trauma informed. -The comprehensive care plan would describe, at a minimum, individualized interventions of trauma, as indicated. Trigger specific interventions would be used to identify ways to decrease the resident's exposure to triggers which re traumatize the resident, as well as identify ways to mitigate or decrease the effect of the trigger on the resident. -The comprehensive care plan would be prepared by an interdisciplinary team, that included, but was not limited to: The attending physician or non-physician practitioner designee involved in the resident's care, a registered nurse with responsibility to the resident, a nurse aide with responsibility to the resident, a member of the food and nutrition services staff, the resident and the resident's representative, to the extent practicable, and other appropriate staff or professionals in disciplines as determined by the resident's needs, such as: The social services director/social worker, licensed therapist, administration, mental health professionals, and chaplain. 1. Review of the resident's admission Minimum Data Set (MDS-a federally mandated assessment instrument completed by facility staff for care planning), dated 1/18/25 showed: -The resident was admitted to the facility on [DATE]. -The resident had moderate cognitive impairment. -The resident had diagnoses which included: PTSD, Schizophrenia (a chronic mental illness that interferes with a person's ability to think clearly, to distinguish reality from fantasy, to manage emotions, make decisions, and relate to others), and depression. Review of the resident's Care Plan (an individualized plan that summarizes a person's health conditions and current treatments for their care) dated 1/18/25, showed: -The resident had diagnoses which included: PTSD, schizophrenia, and Major Depressive Disorder (a state of intense sadness or despair that has advanced to the point of being disruptive to an individual's social functioning and/or activities of daily living). (continued on next page)

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F 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Note: The resident's care plan did not have any focus, goals, or interventions to reflect the resident's diagnoses of: PTSD, schizophrenia, or major depressive disorder. Further the care plan did not identify potential triggers related to the resident's diagnosis of PTSD. Review of the resident's hospital discharge summary, dated 1/18/25, showed: -The resident had the diagnoses of PTSD, schizophrenia, and depression. -The resident's psychiatric diagnoses could interfere with participation in therapies and limit the resident's functional progress. -A recommendation from the hospital physician was made to monitor the resident's mood. Review of the resident's Trauma Informed Care assessment dated [DATE], showed: -The resident had not experienced a traumatic event. -The probable PTSD interview questions were not completed. During an interview on 2/6/25 at 10:17 A.M., the resident said: -He/She had been a resident at the facility for a while. -He/She planned to discharge home after he/she completed physical therapy at the facility. -Note: The resident had aphasia (loss of ability to produce or comprehend language due to brain injury) due to a recent stroke and was having a difficult time communicating. He/She was unable to answer any questions when asked about his/her medical and mental health diagnoses. During an interview on 2/10/25 at 11:00 A.M., the Certified Nursing Assistant (CNA) A said: -He/She was aware of what PTSD was and how it was caused by trauma. -He/She was aware that the resident had PTSD due to another CNA reporting it to him/her. -He/She was not aware of the resident's triggers or how to prevent triggering the resident's past trauma. -He/She was not aware of how to access the resident's care plan in the electronic medical record. During an interview on 2/10/25 at 11:10 A.M., the agency Registered Nurse (RN) A said: -He/She was aware of what PTSD was and how it was caused by trauma. -He/She was not aware that the resident had a diagnosis of PTSD. -He/She was not aware that the resident had a diagnosis of schizophrenia or depression. (continued on next page)

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F 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-He/She was not aware of possible triggers for the resident's PTSD. -He/She was told by the staff to base his/her nursing care off the resident's care sheet. -Note: Review of the resident's care sheet, dated 2/10/25,did not show any of the resident's mental health diagnoses or triggers for the resident's PTSD diagnosis. During an interview on 2/10/25 at 11:15 A.M., the Interim Social Services Director said: -He/She was filling in for the permanent Social Services Director who was on maternity leave. -He/She was the Interim Social Services Director for approximately three months. -He/She was aware of what the medical diagnosis of PTSD was. -He/She knew that the resident had a diagnosis of PTSD and other mental health diagnoses. -The facility was in the process of coming up with plans to train him/her on adding the facility residents' mental health diagnoses to their care plans. -There were many residents in the facility that did not have their mental health diagnoses, including PTSD, on their care plans. -He/She knew that a resident's care plan should include the mental health diagnoses for PTSD, schizophrenia, and depression. -He/She would expect a resident who was diagnosed with PTSD to have a care plan that reflected goals, interventions, and triggers for the resident's trauma. -He/She knew the resident had triggers from working with the resident personally. -Other staff members were not aware of the resident's triggers. -He/She was the one responsible for care planning the resident's PTSD and triggers. During an interview on 2/10/25 at 11:25 A.M., the Nurse Practitioner (NP) said: -He/She would expect all mental health diagnoses to be on a resident's care plan. -He/She would expect PTSD triggers to be on a resident's care plan. During an interview on 2/10/25 at 4:46 P.M., the Director of Nursing (DON) said: -Social Services was responsible for ensuring that a resident's mental health diagnosis was care planned. -He/She would expect that a resident who was diagnosed with PTSD to have the diagnosis on their care plan as well as the triggers for the resident's past trauma. (continued on next page)

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F 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-He/She would expect the staff to be aware of the resident's PTSD triggers. -Social Services was responsible for completing the Trauma Informed Care Assessments when a resident is admitted to the facility. -The information for the Trauma Informed Care Assessments should come from a resident's admission medical documents when the resident had a cognitive impairment. -He/She would expect the Trauma Informed Care Assessment to accurately reflect a resident's PTSD diagnosis.

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51150 Based on observation, interview and record review, the facility failed to ensure sufficient staff present to provide resident cares and to answer call lights in a timely manner for two sampled residents (Resident's #181 and #1)out of 12 sampled residents. The facility census was 38 residents. Review of the facility's Call Lights: Accessibility And Timely Response Policy, revised July 2024, showed: -Call lights would directly relay to a staff member or centralized location to ensure appropriate response. -All staff members who saw or heard an activated call light were responsible for responding. -The process to respond to call lights was to first turn off the signal light in the resident's room. **Note: the policy did not specify the expected time staff were expected to respond to call lights. 1. Review of Resident 181's admission Minimum Data Set (MDS-a federally mandated assessment instrument completed by facility staff for care planning) dated 2/6/25 showed: -The resident was admitted to the facility on [DATE]. -The resident was cognitively intact. Review of the resident's undated Care Plan, showed: -The resident had alterations in Activities of Daily Living (ADL - dressing, grooming, bathing, eating, and toileting). -The resident would be encouraged to use his/her call light when ADL assistance was needed. -The resident was partially blind. -The staff was encouraged to keep the resident's call light within reach at all times. During an interview on 2/7/25 at 12:22 P.M., the resident said: -The staff took a long time to answer his/her call light on many occasions. -The staff did not always explain to him/her where they placed the call light and he/she could not always find it. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observation on 2/7/25 at 12:22 P.M., showed: -The resident's call light was not within the resident's reach. -The resident had a hard time finding the call light as he/she is partially blind. Review of the resident's call light past event log dated 2/6/25-2/10/25, showed: -On 2/10/25 at 10:12 A.M., the resident's bed station call light was on for 23 minutes. -On 2/10/25 at 8:37 A.M., the resident's bathroom call light was on for 12 minutes. -On 2/8/25 at 9:35 A.M., the resident's bed station call light was on for 35 minutes. -On 2/8/25 at 4:00 A.M., the resident's bed station call light was on for 22 minutes. -On 2/7/25 at 9:07 P.M., the resident's bathroom call light was on for 33 minutes. -On 2/7/25 at 5:20 P.M., the resident's bed station call light was on for 20 minutes. -On 2/7/25 at 3:17 P.M., the resident's bed station call light was on for 31 minutes. -On 2/7/25 at 9:14 A.M., the resident's bed station call light was on for 21 minutes. 2. Review of Resident 1's admission MDS, dated [DATE] showed: -The resident was admitted to the facility on [DATE]. -The resident was cognitively intact. Review of the resident's undated Care Plan, showed: -The resident had alterations in ADL. -The resident would be encouraged to use his/her call light when ADL assistance was needed. During an interview on 2/6/25 at 3:01 P.M., the resident said: -Sometimes it takes a while for staff to answer his/her call light. -It does not seem to matter the time of day or night, he/she thinks it happens regardless if it is day shift staff or night shift staff. Review of the resident's call light past event log dated 2/6/25-2/10/25, showed: -On 2/10/25 at 7:10 A.M., the resident's bed station call light was on for 18 minutes. -On 2/8/25 at 2:18 P.M., the resident's bed station call light was on for 10 minutes. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-On 2/8/25 at 11:21 A.M., the resident's bed station call light was on for 14 minutes. -On 2/8/25 at 7:19 A.M., the resident's bed station call light was on for 19 minutes. -On 2/7/25 at 3:44 P.M., the resident's bed station call light was on for 23 minutes. -On 2/7/25 at 1:21 P.M., the resident's bed station call light was on for 29 minutes. -On 2/6/25 at 4:16 P.M., the resident's bed station call light was on for 39 minutes. -On 2/6/25 at 7:54 A.M., the resident's bed station call light was on for 17 minutes. -On 2/6/25 at 6:05 A.M., the resident's bed station call light was on for 37 minutes. 3. During an interview on 2/10/25 at 11:25 A.M., the Administrator said: -He/She would expect the call lights to be answered in a timely manner. -He/She agreed that the call light response times on the report were substantial. -He/She needed to educate the staff on the importance of answering call lights in a timely manner. -The call light system notified staff through an application on the staff phones and through an electronic tablet in the hallway. During an interview on 2/10/25 at 1:53 P.M., the Certified Nursing Assistant (CNA) A said: -There was a tablet in the hallway that notified staff when a resident pushed their call light. -He/She had an application on his/her phone that notified him/her when a resident pushed their call light. -He/She was told during orientation to the facility that staff should answer call lights within 5 minutes. -He/She has had resident's and family members complain to him/her about call light response times. -All staff members were responsible for answering a resident's call light. During an interview on 2/10/25 at 1:58 P.M., the CNA B said: -There was a tablet in the hallway that notified staff when a resident pushed their call light. -He/She had an application on his/her phone that notified him/her when a resident pushed their call light. -Call lights should be answered within 5-15 minutes with emphasis given to bathroom call lights. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-The bedside call light and the bathroom call light come across on the staff phones and the hallway tablets as different colors. -Residents and family members have complained to him/her about call light response times. During an interview on 2/10/25 at 2:03 P.M., the Licensed Practical Nurse (LPN) A said: -When a resident pushed their call light, the staff was notified by the tablet in the hallway and through the computer paging system at the nurse's station. -He/She would expect for a resident's call light to be answered within 3-5 minutes. -He/She had heard complaints from the CNA staff, residents, and resident's family members about call light response times. -He/She has reported the complaints to the administration staff. -He/She would never expect a call light response time to be 20-30 minutes. -Note: A computer monitor was observed at the nurse's station that notified staff of call light prompts. During an interview on 2/10/25 at 4:46 P.M., the Director of Nursing (DON) said: -When a resident pushed their call light it transmits to the computer at the nurse's station, the phone application on the staff phones, and the tablets in the hallways. -He/She would expect call light response times to be less than 15 minutes. -He/She has had some complaints from the residents and the residents' family members about call light response times.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 21003 Based on observation, interview, and record review, the facility failed to ensure Enhanced Barrier Precautions (EBP-a set of infection control measures that use gowns and gloves to reduce the spread of multidrug-resistant organisms) were used upon providing resident cares for three sampled residents (Resident #228, #3, and #229) out of 12 sampled residents. The facility census was 38 residents. Review of the facility's undated Transmission Based Precautions (Isolation Precautions) policy and procedure showed the facility will use standard approaches, as defined by the Centers of Disease Control (CDC) for transmission based airborne, contact and droplet precautions. The category of transmission based precautions will determine the type of personal protective equipment (PPE-gowns, gloves, face masks/shields) to be used. -All staff receive training on transmission-based precautions upon hire and at least annually. -An order for transmission-based precautions /isolation will be obtained for residents who are known or suspected to be infected or colonized with infectious agents that require additional controls to prevent transmission effectively. -The order for transmission-based precaution will specify the type of precaution and reason for transmission-based precautions. -Contact precautions is intended to prevent transmission of pathogens that are spread by direct or indirect contact with the resident or resident environment. -Healthcare personnel caring for residents on contact precautions wear a gown and gloves for all interactions that may involve contact with the resident or potentially contaminated areas in the resident's environment. -Donning (to put on) PPE upon room entry and discarding before exiting the room is done to contain pathogens. -The policy did not specifically state EBP precaution guidelines. 1. Review of Resident #3's Face Sheet showed the resident was admitted on with diagnoses including a chronic ulcer (an open sore or wound that does not heal properly) of his/her left foot. Record review of the resident's admission Minimum Data Set (MDS-a federally mandated assessment tool to be completed by facility staff for care planning) dated 1/23/25, showed the resident: -Was alert and oriented without confusion. -Had a venous/arterial wound (wounds that occur when there is poor blood flow to the arteries or veins) and received treatments and preventive services. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the resident's Physician's Order Sheet (POS) dated February 2025, showed physician's orders for wound care to the resident's anterior left foot. Orders showed: -Clean left anterior wound with saline. Apply lodosorb (a wound care product that treats wet wounds and ulcers) to the wound bed, cover with alginate pad and wrap with kerlix every day shift on Monday, Wednesday Friday and as needed (1/30/25). -There was no physician's order for enhanced barrier precautions. Observation on 2/6/25 at 10:15 A.M., showed there was a EBP sign on the resident's room door with a box containing PPE box outside of the door. The sign showed instructions staff should follow prior to entering the resident's room such as sanitizing hands and using gowns and gloves. Observation on 2/7/25 at 8:50 A.M., showed there was an EBP sign on the resident's room door. There was a box containing PPE right beside the resident's door. Certified Nursing Assistant (CNA) C sanitized his/her hands then entered the resident's room without donning PPE. He/She put on gloves and told the resident he/she was back to take the resident to get weighed. The resident was sitting up on the side of his/her bed with his/her tray table in front of him/her. CNA C assisted the resident to transfer to his/her wheelchair then brought the resident out of his/her room. CNA C was not wearing a gown. CNA C asked Certified Medication Technician (CMT) A (who was standing outside the resident's room) if the resident was to receive medications. CNA C then took the resident back into his/her room and told the resident he/she would be back after the resident received his/her medication. CNA C removed his/her gloves and sanitized his/her hands upon leaving the resident's room. During an interview on 2/7/25 at 8:59 A.M. CNA C said: -The resident was on EBP for wounds. -He/She was not sure when he/she needed to don PPE but he/she would find out. -When he/she went into the resident's room, he/she did not put on a gown prior to entering the room. -He/She did not pay attention to the sign on the resident's door, but now that he/she sees it, he/she will put on PPE every time he/she enters the resident's room. 2. Review of Resident #229's Face Sheet showed the resident was admitted to the facility on [DATE], with diagnoses including fracture of his/her right knee. Review of the MDS records showed the resident did not have an admission MDS completed to date. Review of the resident's POS dated February 2025, showed physician's orders for: -Remove the right leg immobilizer assess skin integrity and reapply every shift (1/23/25). -Apply surgical foam gel to right knee every shift on Tuesday, Thursday and Saturday and as needed if dislodged or soiled. Notify provider with any sign or symptom of infection (1/30/25). (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observation on 2/6/25 at 11:08 A.M., showed there was a EBP sign on the resident's room door with a box containing PPE box outside of the door. The sign showed instructions staff should follow prior to entering the resident's room. The resident was sitting up in his/her recliner with his/her legs elevated. Licensed Practical Nurse (LPN) B did the following: -Sanitized his/her hands then entered the resident's room and said he/she was going to change the resident's bandage to the resident's wound. -Without donning a gown, LPN B removed the resident's leg brace, then gloved, removed the ace bandage, then removed and discarded the soiled bandage. -He/She discarded his/her gloves and sanitized his/her hands then left the room to get more supplies. -He/She sanitized his/her hands, re-entered the room without donning a gown, gloved, opened a clean bandage and placed it on the residents knee and dated it. -He/She then placed the ace bandage over the wound and put the resident's leg brace back on. LPN B then pulled the resident's pant leg back down, removed and discarded his/her gloves. LPN B pulled the trash and upon leaving, he/she sanitized his/her hands. 3. Review of Resident #228's Face Sheet showed the resident was admitted on [DATE], with diagnoses including urinary retention, and an arm fracture. Review of the MDS records showed the resident did not have an admission MDS completed to date. Review of the resident's POS dated February 2025, showed physician's orders for: -Wound Care-clean area to left heel with wound cleanser, apply a gauze dressing and cover every day shift and as needed for wound care (2/5/25). -Wound Care-clean areas to bilateral buttocks, apply calazime (a skin protectant that contains zinc oxide and menthol) every shift and as needed for wound care (2/5/25). -Enhanced Barrier Precautions related to wound care every shift (2/4/25). Observation and interview on 2/7/25 at 8:49 A.M., showed there was an EBP sign on the resident's door instructing staff to don PPE prior to entering the room. There was a hand sanitizer on the wall outside of the resident's room but the box containing PPE was across the hall from the resident's room. The resident was sitting up in his/her recliner with his/her legs elevated. At 8:50 A.M., CMT A went into the resident's to give his/her medications. CMT A sanitized his/her hands, but did not don a gown or gloves before entering his/her room. CMT A: -Sat the resident's medications on the tray table that was beside the resident and watched the resident take them. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265864	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/10/2025
NAME OF PROVIDER OR SUPPLIER Sunterra Springs Independence		STREET ADDRESS, CITY, STATE, ZIP CODE 19200 E 37th Terrace S Independence, MO 64057	

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-He/She then said he/she was going to apply the resident's breathing treatment and put the resident's face mask on the resident, turned on the breathing treatment machine and then adjusted the resident's face mask. -CMT A then went to the bathroom and washed his/her hands prior to leaving the resident's room. -At 9:05 A.M., CMT A sanitized his/her hands, went into the resident's room without donning a gown or gloves, turned off the resident's breathing treatment and removed his/her face mask. He/She then went into the bathroom and washed his/her hands prior to leaving the room. CMT A said: -The resident received breathing treatments four times daily. -The resident is on EBP for wounds. -He/She usually washed or sanitized his/her hands before entering the resident's room, but he/she does not don a gown or gloves before giving medications. -He/She was told that PPE should only be used when providing direct care to a resident. -When giving a breathing treatment he/she still would not put on a gown or gloves, but he/she washes his/her hands prior to leaving the resident's room. 4. During an interview on 2/7/25 at 2:28 P.M., LPN B said: -EBP relates to anyone more susceptible to in infection, has an open wound, a catheter, etc. needs to wear extra PPE (gown) when giving cares to a resident. -Staff should wear PPE (gown and gloves) anytime wound care is done, peri care, or other cares where close proximately of the resident or cares completed and interaction with the insertion site (example catheters). -He/She was not told to use EBP for medication administration, glucose monitoring, or insulin administration. During an interview on 2/10/25 at 4:46 P.M., the Director of Nursing (DON) said: -The procedure for EBP is to wear gown and gloves to provide direct patient care such as transfers, providing toileting, and putting on creams. -The residents who have wounds, tubes such as gastronomy tube (a thin, flexible tube inserted through the abdominal wall into the stomach), foley catheter (a thin, flexible tube that is inserted into the body to drain or deliver fluids), intravenous site (IV-a medical procedure that involves inserting a needle or tube into a vein to deliver fluids, medications, or nutrients) or dialysis catheters (a thin, flexible tube inserted into a large vein to provide access to the bloodstream for hemodialysis treatment) should all be on EBP, have signs on their doors and a box containing PPE (gowns, gloves, face masks) by the door or in the hallway. (continued on next page)

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-They have provided staff education on EBP. New hires get it in orientation and he/she tries to provide it every couple months. They also have signs on the doors that explain when they are to use it and what they are to wear. He/She said they should look at the signs on the doors. -If a resident has a sign on the door showing they are on EBP, he/she would expect the nursing staff to follow the signs based on the cares being provided. -With residents with a surgical wound or well-healing wounds they do not have to use EBP, but since he/she had a sign on his/her door, they are supposed to follow the precautions. -CNA C was from agency and he/she was aware that the CNA did not use gown and he/she should have. -It was a gray area with providing assistance with putting the resident's face mask on because they have been told that this was not really close contact and they have been told that they do not have to don PPE when giving medications.