

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>366325                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                             | (X3) DATE SURVEY<br>COMPLETED<br><br>06/11/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Ohio Veterans Home                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>3416 Columbus Ave<br>Sandusky, OH 44870 |                                                 |
| 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 0604<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, staff interview, resident interview, medical record review, review of an incident and accident log, and facility policy review, the facility failed to ensure a thorough assessment was completed for use of and residents were free from unnecessary physical restraints. This affected one (#91) of one residents reviewed for physical restraints. The facility census was 233. Findings include: Review of the medical record for Resident #91 revealed an admission date of 03/05/24. Diagnoses included chronic obstructive pulmonary disease (COPD), Parkinson's disease, and abnormalities of gait and balance. Review of the annual Minimum Data Set (MDS) assessment dated [DATE] for Resident #91 revealed he had moderate cognitive impairment. Review of the care plan revised June 2026 for Resident #91 revealed he was care planned for falls. Interventions included a standard wheelchair with Dycem (a sticky mat to prevent sliding) above and below the redistribution cushion with push button release seatbelt and encourage Resident #91 to buckle his seatbelt. Review of the fall assessment dated [DATE] for Resident #91 revealed no falls in the past assessment period. Further review of the fall risk assessment for Resident #91 revealed a balance problem while standing and required the use of an assist device. Review of the seatbelt review assessment dated [DATE] for Resident #91 revealed he was able to release the device. Review of the current orders for June 2026 for Resident #91 revealed he had an order to encourage the resident to buckle the seatbelt on the wheelchair. Review of the incident and accident log for the past six months revealed Resident #91 has not had a fall during the past six months. Observation on 06/08/26 at 10:44 A.M. revealed Resident #91 was sitting in his wheelchair with a seatbelt laying across his lap and unbuckled. Resident #91's truncal support was steady and was unwavering. Observation on 06/09/26 at 9:10 A.M. of Resident #91 revealed the resident was sitting in his room in his wheelchair with a seatbelt in place and fastened. Resident #91's truncal support was steady and was unwavering. Concurrent interview and observation with Resident #91 revealed he fumbled with the seatbelt and was not able to independently remove the seatbelt. Resident #91 stated, I can't take it off. Observation on 06/09/26 at 11:05 A.M. of Resident #91 revealed staff assisted the resident and the seatbelt remained in place and latched. Resident #91's truncal support was steady and was unwavering. Observation on 06/09/26 at 3:15 P.M. of Resident #91 revealed he was sitting in his room in his wheelchair with the seatbelt in place and latched. Resident #91's truncal support was steady and was unwavering. Observation on 06/10/26 at 9:45 A.M. of Resident #91 revealed he was sitting in his wheelchair with the seatbelt in place and latched. Resident #91's truncal support was steady and was unwavering. Interview on 06/09/26 at 3:16 P.M. with Certified Nurse Aide (CNA) #791 stated she applied the seatbelt to Resident #91 and stated he played with the buckle all day long. Interview and concurrent observation on 06/09/26 at 3:43 P.M. with Registered Nurse (RN) #625 stated Resident (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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| F 0604<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | #91 utilized the seatbelt for positioning for poor trunk control. Continued observation of Resident #91 revealed a significant amount of prompting from RN #625 before he was able to unfasten the seatbelt. The time lapsed was approximately five minutes. RN #625 stated Resident #91 liked to lean forward and pick things up off the floor and can slide out (of the wheelchair). RN #625 was questioned about whether the seatbelt restrained him from falling on the floor and the nurse stated, Yes. Interview on 06/10/26 at 8:09 A.M. with Rehabilitation Director (RD) #790 stated Resident #91 had been in several different wheelchairs as his disease had progressed and he would not be in a seatbelt without therapy evaluation and recommendations. A follow up interview on 06/10/26 at 11:06 A.M. with RD #790 state the Occupational Therapist did not complete a formal assessment that was documented and must have just gone to the room of Resident #91 and made sure he was able to buckle and unbuckle the seatbelt and then an order was written. Review of the facility policy titled, Restraints and Plan of Care, revealed the resident has the right to be free from any physical and chemical restraints imposed for the purposes of discipline or convenience and not required to treat the residents medical symptoms. |                                                                                      |                                                 |

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| <p>F 0689</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, medical record review, staff interview, and facility policy review, the facility failed to ensure meal intake strategies were followed in accordance with physician orders and failed to ensure residents were adequately supervised and smoking safety interventions were properly utilized during resident smoking. This affected two (#3 and #109) of six residents reviewed for accidents and hazards. The census was 233. Findings include:</p> <p>1. Medical record review revealed Resident #3 admitted to the facility 02/11/22 with the diagnoses including, schizophrenia, peripheral vascular disease, gastroesophageal reflux disease with esophagitis, gastroparesis, dysphagia pharyngoesophageal phase, dyskinesia of esophagus, anemia, Barrett's esophagus, and type II diabetes mellitus.</p> <p>Review of the most current Minimum Data Set (MDS) assessment dated [DATE] assessed Resident #3 with intact cognition, no recorded behaviors, the utilized a walker or wheelchair independently for mobility, was independent with activities of daily living, had unplanned weight loss, received nutrition via feeding tube and by mouth, and was on a mechanical and therapeutic diet. Review of Resident #3's ordered revealed on 07/24/25 a physician order was implemented for intake/dysphagia recommendations to include encouraging the resident to consume gastroparesis-friendly food/drink items (lean proteins, soft vegetables, and water) instead of fried/greasy/high-fiber/acidic food/drink items (whole grains, salsa, and orange juice). Staff were to provide prompts/reminders for slowed rate of consumption, small bite sizes, and alternation of solids/liquids every two to three bites. Review of Resident #3's speech therapy Discharge summary dated [DATE], with dates of service between 07/24/25 and 09/11/25, revealed discharge recommendations including strategies to facilitate safety and efficiency, it was recommended the resident use the following strategies during oral intake: bolus size modifications, rate modification, alternation of liquid/solids, lingual sweep/re-swallow and hard throat clear/swallow, along with the following maneuvers including upright posture for greater than 30 minutes after meals. Review the medical record revealed on 02/18/26 a nursing plan of care was revised to address Resident #3 being at risk for malnutrition related to frequent emesis/regurgitating behaviors related to gastroparesis, esophageal dysmotility, dysphagia, etc. Gastroparesis guidelines are challenging for the resident to adhere to as he eats rapidly with large portions, purchases food/beverages outside of dietary recommendations, and often lays down right after meals. Interventions included the resident was able to dine with set up help and supervision; staff to determine food preferences and provide items within dietary limitations; honor food preferences whenever possible as the resident liked potato chips and many beverages and disliked ground meat; the resident purchased many unapproved snacks which cause gastric distress despite continual education efforts on appropriate items; a diet order including high protein, mechanical soft with chopped meat texture and thin consistency, and provide additional sauces/gravy and bite sized pieces; intake/dysphagia recommendations to include encouraging the resident to consume gastroparesis-friendly food/drink items (lean proteins, soft vegetables, and water) instead of fried/greasy/high-fiber/acidic food/drink items (whole grains, salsa, and orange juice); provide prompts/reminders for slowed rate of consumption, small bite sizes, and alternation of solids/liquids every two to three bites; and monitor for chewing/swallowing problems or choking. Observation on (continued on next page)</p> |                                                                                      |                                                 |

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| <p>F 0689</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>06/10/26 between 6:53 A.M. and 7:14 A.M. revealed Resident #3 was seated at table in dining room with a large lidded cup and multiple Styrofoam cups, two bowls of ice cream, two containers of dry cereal, a whole breakfast burrito and hash browns, and two health shakes. There was no monitoring or instruction provided during the meal related to consumption strategies. No staff were observed monitoring the resident throughout the meal.</p> <p>Observation on 06/11/26 at 8:35 A.M. revealed Resident #3 was noted in the main dining room seated at a table alone. Resident #3 was consuming two large slices of banana bread with additional food items and multiple beverages. No staff were observed in the dining room or monitoring the resident during the meal. Resident #3 was noted to be regurgitating into a large Styrofoam cup following intake at intervals. On 06/11/26 at 8:42 A.M. Food Service Worker (FSW) #533 was observed providing food to residents seated in the main dining room. Interview with FSW #533 at that time verified Resident #3 ate each meal in main dining room. FSW #533 stated if residents require supervision during meals either nursing staff monitors or specific residents would eat on their residing unit. FSW #533 verified Resident #3 had multiple food and beverage items including large slices of banana bread being consumed by the resident and the resident frequently regurgitates following consumption. FSW #533 stated she was unaware Resident #3 required monitoring or mealtime consumption strategies and confirmed the resident was not monitored by any staff during the meals each day. On 06/11/26 8:50 A.M. interview with Licensed Practical Nurse (LPN) #595 verified Resident #3 ate each meal in the main dining room and was not monitored or prompted during the meals. LPN #595 went on to state she was unaware Resident #3 required prompting or supervision with or during meals. On 06/11/26 at 11:02 A.M. interview with Director of Therapy Services #790 during a review of Resident #3 most recent speech therapy treatment verified 09/11/25 was the most current recommendation and included the 07/24/25 meal time monitoring with instruction.</p> <p>2. Review of the medical record for Resident #109 revealed the resident was admitted on [DATE]. Diagnoses included nicotine dependence and quadriplegia.</p> <p>Review of the quarterly MDS assessment dated [DATE] for Resident #109 revealed he was cognitively intact.</p> <p>Review of the care plan, revised February 2026, for Resident #109 revealed the resident was care planned for supervised smoking with smoking apron. Interventions included Resident #109 was to wear a smoking apron (supervised), and inform the resident of smoking policy and procedure. Further review of the care plan for Resident #109 revealed continued non-compliance with the smoking safety put into place for the resident. Further review of the care plan for Resident #109 revealed he was care planned for activities of daily living (ADLs) due to a diagnosis of quadriplegia.</p> <p>Review of the physician orders for June 2026 for Resident #109 revealed he was a supervised smoker with smoke apron.</p> <p>Review of the nursing progress note dated 02/17/26 for Resident #109 revealed he was found to have a burn on his leg from the cigarette ash falling on his leg earlier in the day while he was smoking. Further review of the nursing progress notes for Resident #109 revealed he was found to have ashy substance on his person after returning from smoking with no actual burn holes in his clothes or on (continued on next page)</p> |                                                                                      |                                                 |

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| <p>F 0689</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>his skin.</p> <p>Review of the resident safe smoking assessment dated [DATE] for Resident #109 revealed he required supervision and a smoke apron for smoking cigarettes.</p> <p>Observation on 06/08/26 at 4:15 P.M. of Resident #109 revealed the resident was observed smoking outside the [NAME] Lounge. The resident was alone and had a smoking apron on. Concurrent interview with Resident #109 stated he was found to have a burn hole in his clothes about four months ago and he was told he had to be supervised while he smoked and had to wear a smoking apron while he smoked.</p> <p>Observation on 06/09/26 at 10:44 A.M. of Resident #109 revealed he was sitting on the smoke deck outside D unit and had a spent cigarette in his hand. The resident was not wearing a smoke apron.</p> <p>Observation on 06/10/26 at 9:30 A.M. of Resident #109 revealed the resident was smoking a cigarette. Resident #109 did not have a smoking apron on and there were no staff for supervision.</p> <p>Interview on 06/10/26 at 9:33 A.M. with the Director of Nursing (DON) verified Resident #109 was a supervised smoker and required the use of a smoke apron. The DON further verified Resident #109 was smoking without his smoke apron in place and without supervision.</p> <p>Review of the facility policy titled, Smoking, dated 04/23, revealed the purpose of the policy is to provide a safe and healthy environment for residents, visitors, and employees, including safety as related to smoking. Residents who smoke will be further assessed to determine if it is safe to smoke unsupervised using the assessment form. All safe smoking measure will be documented in the care plan of each resident and communicated to the staff and visitors.</p> |                                                                                      |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>366325                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                             | (X3) DATE SURVEY<br>COMPLETED<br><br>06/11/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Ohio Veterans Home                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>3416 Columbus Ave<br>Sandusky, OH 44870 |                                                 |
| 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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| <p>F 0697</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, medical record review, resident interview, and staff interview, the facility failed to ensure pain monitoring and pain relief interventions were effectively implemented. This affected one (#195) of three residents reviewed for effective pain control and monitoring in a facility census of 233. Findings include: Review of the medical record revealed Resident #195 admitted to the facility on [DATE] with the diagnoses including, type II diabetes mellitus, hypertension, end stage renal disease requiring hemodialysis, congestive heart failure, atrial fibrillation, and Charcot's joint of the bilateral ankle and foot. Review of the most current Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #195 was assessed with intact cognition, had no recorded behavior or refusal of care, was dependent on staff for the completion of activities of daily living, received scheduled pain medication with no pain frequency identified, received a mechanically altered therapeutic diet, and received dialysis. Review of Resident #195's physician orders revealed an order dated 12/14/25 for acetaminophen 325 milligrams (mg) to give two tablets three times a day for pain, and order dated 06/13/25 to attend hemodialysis every Tuesday, Thursday, and Saturday, and an order dated 06/02/25 to document pain level and location, if applicable, every shift. Review of the medical record noted Resident #195 had a nursing plan of care, revised 11/26/25, to include the resident had the potential to be non-compliant with dialysis treatment. On 09/13/25, 11/01/25, and 11/25/25 the resident refused to go to dialysis. Interventions included to acknowledge the resident's right to refuse or choose against recommended treatment; document non-compliance in appropriate charts and notify the nurse/physician; offer education and reassurance to the resident and/or family/responsible party as needed; and re-attempt to offer declined interventions as needed. Further review revealed on 07/30/25, a nursing plan of care was revised to address Resident #195's pain due to diabetes mellitus with neuropathy and lumbar disk disease with claudication. Interventions included to administer medications as ordered, monitor for effectiveness of medications given, and notify the physician as needed; monitor for signs and symptoms of pain and when having pain try to determine cause of pain and attempt to eliminate it; position for comfort as needed; try alternative relief measures such as back rubs; and offer non-pharmacologic intervention for complaints of pain (such as reposition, offer food/fluids, assist to the toilet, use pillows for positioning, provide distraction through television/music/conversation) and if ineffective, medicate as ordered. Review of Resident #195's progress notes dated 06/06/26 at 7:15 A.M. revealed a late entry nursing note that Resident #195 refused dialysis. There was no documentation noted of a physician notification or attempts/interventions to determine why Resident #195 was refusing to attend dialysis. On 06/09/26 at 5:11 A.M., and nursing progress note was documented that Resident #195 refused to go to dialysis that morning. The resident was educated and the Registered Nurse supervisor (RNCC) was notified. No content of education was documented and no intervention or underlying cause was documented to be attempted. Additionally, no pain evaluation was recorded. Observation and interview on 06/09/26 at 10:25 A.M. noted Resident #195 seated in a wheelchair in his room. Resident #195 stated he had bilateral lower extremity pain since early morning and requested pain medication approximately at 7:00 A.M. The source of pain was the lower extremity neuropathy and resulted in him refusing dialysis that day due to pain. On 06/09/26 at 10:30 A.M. interview with Licensed Practical Nurse (LPN) #595 revealed no information was provided during shift report at 7:00 A.M. indicating the reason for Resident #195 refusing to attend dialysis. LPN #595 stated she assumed care of Resident #195 at 7:00 A.M.; however, she had not interacted or assessed the resident since assuming report from the (continued on next page)</p> |                                                                                      |                                                 |

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

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>366325                                                          | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                             | (X3) DATE SURVEY<br>COMPLETED<br><br>06/11/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Ohio Veterans Home                                                                             |                                                                                                                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>3416 Columbus Ave<br>Sandusky, OH 44870 |                                                 |
| 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 0697<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | off-going shift. LPN #595 confirmed she was not informed at anytime since assuming care Resident #195 was experiencing pain. |                                                                                      |                                                 |

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| F 0880<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | Provide and implement an infection prevention and control program.<br><br><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, medical record review, staff interview, and policy review, the facility failed to ensure infection control practices were followed for residents on enhanced barrier precautions and during medication administration. This affected three (#2, #33, and #192) of three residents directly observed for infection control practices. The facility census was 233. Findings include: 1. Review of the medical record for Resident #233 revealed the resident was admitted on [DATE]. Diagnoses included Parkinson's disease, dementia, congestive heart failure (CHF), and peripheral vascular disease (PVD). Review of the annual Minimum Data Set (MDS) assessment dated [DATE] for Resident #233 revealed an unhealed stage four pressure ulcer (full-thickness skin and tissue loss) present on admission. Review of the current physician orders for Resident #233 revealed he was ordered enhanced barrier precautions (EBP; infection control measures to protect individuals from cross infections for those that have either multi-drug resistant organisms and those that have areas of increased risk factors for infections such as wounds, catheters, and other artificial openings in the skin). Observation on 06/09/26 at 8:57 A.M. revealed two unknown staff members entered Resident #233's room. Observation revealed EBP signage was posted on the resident's door along with the personal protective equipment (PPE) that may be needed to wear during care. Continued observation revealed the staff that entered the room did not apply PPE. Observation on 06/09/26 at 9:08 A.M. revealed two staff members exited Resident #33's room holding a garbage bag with an incontinence brief inside. Concurrent interview with Certified Nurse Aide (CNA) #738 stated she provided oral care, peri-care, and repositioned Resident #233. CNA #738 verified the resident had a sign that identified the need to don PPE when care was provided in high contact areas and he had a wound on his buttocks. CNA #738 verified she did not wear gown and was in a hurry. Review of the facility policy titled, Enhanced Barrier Precautions, dated 02/23, revealed enhanced barrier precautions are infection control interventions designed to reduce the transmission of multi-drug resistant organism (MDRO) in nursing homes. EBP involve gown and glove use during high-contact resident care activities for resident known to be colonized or infected with a MDRO as well as those at increased risk of MDRO acquisition (residents with wounds or indwelling medical devices). Indications for use of EBP are those with MDRO, chronic wounds, and/or indwelling medical devices. Activities that require EBP are activities of daily living such as dressing, bathing/showering, providing hygiene, and toileting. 2. Observation on 06/09/26 at 9:00 A.M. revealed Licensed Practical Nurse (LPN) #569 was at her medication cart in the hallway and Resident #2 approached the medication care. LPN #569 gathered the medications for the resident. Further observation of LPN #569 revealed she administered eye drops to Resident #2 without wearing gloves. Further observation of LPN #569 revealed no hand hygiene was completed following the administration of the eye drops. LPN #569 then collected a medication cup with pills in the cup and an insulin syringe and went to Resident #192's room and administered his oral medication and his insulin injection. Continued observation of LPN #569 revealed no gloves were worn to administer the insulin to Resident #192. Interview on 06/09/26 at 9:05 A.M. with LPN #569 verified she did wear gloves when she administered the eye drops to Resident #2 and verified she did not wear gloves when she administered the insulin to Resident #192. LPN #569 stated she washed her hands between the residents and used hand sanitizer. Review of the facility policy titled, Medication Administration Procedure, revised 10/24, revealed all prescribed medications are administered safely, accurately and timely by a qualified licensed nurse. The nurse preparing medication is responsible for being knowledgeable about the medication, side effects, medication order, method of preparation, administration, and documentation. |                                                                                      |                                                 |