STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385278	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rose Linn Care Center	2330 Debok Road West Linn, OR 97068

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review it was determined the facility failed to ensure a Quality Assurance and Performance Improvement (QAPI) program implemented action plans to correct identified quality deficiencies. This placed all residents at risk for not receiving care and services for optimal resident outcomes. Findings include:The facility's 7/19/24 Quality Assurance/Performance improvement (QAPI) program will aim for safety and high quality with all clinical interventions and service delivery while emphasizing autonomy, choice and quality of daily life for residents and family by ensuring our data collection tools and monitoring systems are in place. -The mission of [NAME] is to provide the appropriate care for our residents to make their days the best they can be. On 4/24/26 at 11:48 AM Staff 1 (Interim Administrator) acknowledged the QAPI program did not recognize or address the following identified concerns: - Obtaining consent when psychotropic medications were used. - Implementing physician orders regarding wound care, mobility and bowel medications.- Implementing care plans to prevent falls.- Nurse aide performance reviews and required In-Service training. - Lack of appropriate infection control practices related to following CDC guidelines.Refer to F552, F684, F689, F730, F790, F880, and F947

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385278	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rose Linn Care Center	2330 Debok Road West Linn, OR 97068

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0730 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observe each nurse aide's job performance and give regular training. Based on interview and record review it was determined the facility failed to ensure CNAs received annual performance reviews for 4 of 7 randomly selected CNA staff (#s 5, 6, 7, and 8) reviewed for sufficient and competent staffing. This placed residents at risk for lack of care by competent staff. Findings include:A review of personnel records on 4/24/26 indicated the following employees did not received their annual performance evaluations:-Staff 5 (CNA), hire date was 11/2020 and a performance review was completed in 11/2024.-Staff 6 (CNA), hire date was 8/2023 and a performance review was completed in 8/2024.-Staff 7 (CNA), hire date was 11/2011 and a performance review was completed in 11/2024.-Staff 8 (CNA), hire date was 1/2015 and a performance review was completed in 1/2025.On 4/24/26 at 10:43 AM Staff 1 (Interim Administrator) stated performance reviews were to be completed annually and acknowledged annual performance reviews were not completed for Staff 5, Staff 6, Staff 7 and Staff 8.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385278	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rose Linn Care Center	2330 Debok Road West Linn, OR 97068

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0947 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention. Based on interview and record review it was determined the facility failed to ensure CNA staff received 12 hours of in-service training annually for 7 of 7 randomly selected staff members (#s 5, 6, 7, 8, 9, 10, and 11) reviewed for in-service training. This placed residents at risk for lack of quality care. Findings include:On 4/24/26 at 9:30 AM Staff 12 (Human Resources/Payroll Director) provided minutes for all-staff meetings and sign in sheets for 4/2025-4/2026. The minutes showed Staff 5, 6, 7, 8, 9, 10, and 11 attended various all-staff meetings, but did not indicate what topics were covered and how many hours of training were provided.On 4/24/26 at 9:39 AM Staff 12 stated staff were expected to attend the all-staff meetings to receive the required trainings. If the staff member was not in attendance, they received a packet of the materials covered. Staff 12 could not produce a record of topics covered and how many hours each CNA had attended or received.On 4/24/26 at 10:43 AM Staff 1 (Administrator) acknowledged the 12 hours of annual in-service trainings for CNAs was not completed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385278	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rose Linn Care Center	2330 Debok Road West Linn, OR 97068

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. Based on interview and record review it was determined the facility failed to obtain informed consent prior to administration of a psychotropic medication for 1 of 5 sampled residents (#8) reviewed for unnecessary medications. This placed residents at risk for being uninformed of the risks and benefits of their medications. Findings include:Resident 8 was admitted to the facility in 3/2026 with diagnoses including depression and dementia.Resident 8's 3/2026 Physician Orders indicated the resident was prescribed sertraline (antidepressant) for depression.Resident 8's 4/2026 MAR revealed the resident received sertraline daily.Review of Resident 8's medical record revealed no indication the resident was informed in advance of the risks and benefits of sertraline.On 4/23/26 at 1:24 PM, Staff 3 (LPN Resident Care Manger) acknowledged Resident 8 was not informed of the risks and benefits for the use of sertraline.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385278	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rose Linn Care Center	2330 Debok Road West Linn, OR 97068

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review it was determined the facility failed to follow physician orders for 2 of 3 sampled residents (#s 5 and 40) reviewed for wound care and bowel medications. This placed residents at risk for constipation and worsening skin impairment. Findings include:1. Resident 40 admitted to the facility in 4/3/2026 with diagnoses including bipolar disorder. A review of Resident 40's Physician Orders dated 4/3/26 included sennoside 8.6 mg and polyethylene glycol 3350 powder, medications indicated for constipation on a PRN basis. The Physician Orders also included a bowel routine for Resident 40 which indicated the resident was to receive Milk of Magnesia for no bowel movement after three days, bisacodyl suppository after four days and fleets enema after five days. A review of Resident 40's Care Plan dated 4/6/26 revealed the resident had bowel incontinence and was dependent on staff for all toileting tasks. A review of Resident 40's bowel record indicated the resident had no bowel movement from 4/17/26 to 4/21/26 (five days). A review of Resident 40's 4/2026 MAR revealed no indication the resident received medications for constipation or that her/his bowel routine was followed after three days of no bowel movement. On 4/23/26 at 1:58 PM Staff 13 (LPN) stated Resident 40 had bowel movements daily and was unaware if the resident went consecutive days without a bowel movement. Staff 13 stated Resident 40 did not refuse medications and she did not administer medications indicated for constipation to the resident since her/his admission. On 4/24/26 at 9:53 AM Staff 3 (LPN Resident Care Manager) confirmed the resident went five days without a bowel movement from 4/17/26 to 4/21/26 and did not receive medications for constipation or her/his bowel routine. On 4/24/26 at 11:58 AM Staff 2 (DNS) stated nursing staff were expected to administer Resident 40's medications for constipation on 4/19/26 and to follow her/his bowel routine as ordered on 4/20/26. 2. Resident 5 was admitted to the facility on [DATE] with diagnoses including acute cystitis (sudden bladder infection). A 3/30/26 admission MDS indicated Resident 5 had a BIMS score of 1 which indicated the resident was not cognitively intact. A 3/14/26 MAR indicated staff performed daily wound care to Resident 5's left elbow. Wound care orders specified the site did not require a dressing. A 4/12/26 MAR indicated staff performed daily wound care to Resident 5's right elbow. The order indicated staff cleaned the wound with cleanser, dried it and applied a new dressing. During observations from 4/21/26 through 4/23/26 from 8:00 AM to 12:00 PM, Resident 5 was repeatedly observed wheeling herself/himself in the hallway. During these observations Resident 5's (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385278	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rose Linn Care Center	2330 Debok Road West Linn, OR 97068

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	left elbow wound was covered with a dressing dated 4/19/26. The dressing on Resident 5's right elbow was peeled off and the wound was exposed. Resident 5 was observed resting her/his arms on the side rails of the wheelchair. Resident 5 was observed bumping her/his elbow on the hallway rails. On 4/23/26 at 12:09 PM, Staff 13 (LPN) stated staff performed daily wound care to Resident 5's right and left elbow. Staff 13 acknowledged Resident 5's left elbow dressing was dated 4/19/26. Staff 13 stated Resident 5 did not require a dressing and removed the dressing. Staff 3 stated she did not perform wound care the previous day and acknowledged the MAR indicated she did perform wound care on that day. On 4/23/26 at 12:17 PM, Staff 13 and Resident 5 returned back into her/his room and she removed Resident 5's right elbow dressing and applied a new dressing. Staff 3 stated she did not perform wound care the previous day and acknowledged the MAR indicated she did perform wound care on that day. On 4/24/26 at 9:08 AM, Staff 3 (LPN, Resident Care Manager) stated she expected staff to follow wound care orders. Staff 3 stated she monitored residents MARs to ensure staff completed wound care. Staff 3 stated she was unaware staff did not complete wound care orders.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385278	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rose Linn Care Center	2330 Debok Road West Linn, OR 97068

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. Based on observation, interview and record review it was determined the facility failed to provide treatment, services, equipment, and assistance to maintain or improve mobility related to the use of a brace 1 of 1 sampled resident (#30) reviewed for mobility. Findings include:Resident 30 was admitted to the facility in 6/2018 with diagnoses including abnormalities of gait and mobility. A 1/16/26 Quarterly MDS indicated Resident 30 had a BIMS score of 4 indicating the resident was not cognitively intact. The MDS indicated the resident used a walker and wheelchair. The MDS indicated Resident 30 did not use a brace but she/he performed ROM exercises four days a week. A 6/20/25 Referral to Prosthetics and Orthotics indicated Resident 30 required an AFO (ankle foot orthosis) due to ankle weakness and instability and the length of need was lifetime. The referral indicated the current AFO did not fit properly. A 10/23/25 Care Conference indicated Resident 30's AFO fit properly when her/his black shoes were worn. A 3/6/26 Restorative services referral indicated Resident 30 performed functional transfer maintenance. Resident 30 wore a brace for repeated toilet transfers with bathroom grab bars three times a week. A 4/10/26 Care Plan indicated the following restorative services-Transfer program: Staff to perform repetitive toilet transfers with the grab bars and using the right AFO. A 4/2026 MAR indicated staff applied Resident 30's brace daily. Resident 30's medical record indicated staff performed daily restorative services.During observations from 4/20/26 through 4/23/26 from 8:00 AM to 4:00 PM, Resident 30 was repeatedly observed sitting in her/his wheelchair with her/his right foot inverted to the left side. Resident 30 did not wear the recommended shoes to properly fit the brace.On 4/20/26 at 12:25 PM Resident 30 stated she/he did not wear the brace due to increased pain when using the brace. Resident 30 stated staff adjusted the brace in the past to try and make it more comfortable, but it continued to be painful. Resident 30 indicated she/he was never reassessed for proper fit for the brace. On 4/23/26 at 9:07 AM Resident 30 stated staff were not currently offering her/him exercises or use of the brace. On 4/23/26 at 1:01 PM and 1:52 PM, Staff 6 (CNA) stated Resident 30 was able to communicate her/his needs. Staff 6 stated Resident 30's mobility decreased and she/he required maximum assistance to stand up. Staff 6 stated he did not offer Resident 30 transfer programs during the day. Staff stated he did not offer Resident 30 to use the brace because she/he normally refuses. Staff 6 stated Resident 30 stopped using the brace several months ago. Staff 6 stated Resident 30 did not wear because it was painful. Staff 6 stated he was unsure if Resident 30 performed ROM or worked with therapy. On 4/23/26 at 4:25 PM, Staff 11 (CNA) stated Resident 30 was required to use a brace daily. Staff 11 stated Resident 30 did not use the brace because it was tight and painful. Staff 11 stated staff were aware about the brace not fitting properly. Staff 11 stated Resident 30 continued to report pain and discomfort related to her/his brace. On 4/23/26 at 1:59 PM, Staff 18 (PT) stated Resident 30 was not required to use the brace daily. Staff 18 was unsure if Resident 30 was evaluated to stop using the brace. On 4/24/26 at 8:13 AM, Staff 13 (LPN) stated she did not offer the brace to Resident 30. Staff 13 stated she did not document refusals. Staff 13 stated she was unsure why the resident refused to use the brace. Staff 13 stated she was unsure if restorative services were completed daily. On 4/24/26 at 8:35 AM, Staff 3 (LPN Resident Care Manager) stated she expected staff to offer the brace daily. Staff 13 stated she was unaware if Resident 30 refused the brace. Staff 3 stated she expected staff to document refusals daily and notify the provider to assess the use of the AFO. On 4/24/26 at 9:58 AM, Staff 2 (DNS) stated Resident 30's brace was adjusted but not replaced. Staff 2 stated Resident 30 used the AFO intermittently. Staff stated the AFO was assessed for comfort or proper fitting since adjustment. Staff 2 stated the brace was ordered for stability and proper alignment. Staff 2 stated she expected staff to document refusals and notify the provider to assess for use.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385278	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rose Linn Care Center	2330 Debok Road West Linn, OR 97068

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on observation, interview, and record review it was determined the facility failed to implement care plan interventions to prevent falls for 1 of 4 sampled residents (#60) reviewed for accidents. This placed residents at risk for falls. Findings include:Resident 60 was admitted to the facility in 2/2026 with diagnoses including a stroke and femur fracture.Resident 60's 2/10/26 admission MDS revealed the resident was cognitively impaired.Resident 60's 2/3/26 care plan indicated she/he was a high fall risk which required a one person assist with transfers and to ensure her/his call light was within reach.A 3/18/26 and 4/13/26 Fall Assessment revealed Resident 60 had two unwitnessed falls which was a result of the resident's attempt to self-transfer to the bathroom independently.Observations between 4/20/26 at 8:30 AM and 4/22/26 at 2:48 PM revealed multiple occasions of Resident 60's sitting in her/his wheelchair near the foot of her/his bed and her/his call light draped over the head of her/his bed which was out of reach of the resident. On 4/20/26 at 9:08 AM Staff 5 (CNA) stated Resident 60 was able to use her/his call light appropriately if she/he was able to see it. Staff 5 stated Resident 60 was forgetful at times, and the visual of the call light was often a way to remind her/him to call for assistance.On 4/22/26 at 1:35 PM Staff 6 (CNA) stated if the call light was out of the resident's reach it would be safe for the resident to ambulate around her/his room to reach it.On 4/22/26 at 1:57 PM Staff4 (Resident Care Manager, LPN) acknowledged Resident 60 was a high fall risk and it was not safe for Resident 60 to ambulate in a wheelchair around her/his bed to reach her/his call light.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385278	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rose Linn Care Center	2330 Debok Road West Linn, OR 97068

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review it was determined the facility failed to properly clean a suprapubic catheter for 1 of 1 sampled resident (#5) reviewed for catheter care. This placed residents at risk for infection. Findings include:Resident 5 was admitted to the facility on [DATE] with diagnoses including acute cystitis (sudden bladder infection). A 3/30/26 admission MDS indicated Resident 5 had a BIMS score of 1 which indicated the resident was not cognitively intact. A 3/18/26 MAR indicated staff performed daily care to Resident 5's suprapubic catheter (a tube inserted through the stomach to drain urine from the bladder). Orders specified staff were to clean the site with warm soapy water or other gentle cleanser, pat dry and apply gauze. On 4/23/26 at 1:31 PM, Staff 13 was observed performing care to Resident 5's suprapubic catheter. Staff 13 cleaned the site with warm water and did not use soapy water or a cleanser. Staff 13 acknowledged she did not use soapy water or a cleanser and stated she forgot. On 4/24/26 at 9:08 AM Staff 3 (LPN Resident Care Manager) stated staff were to follow orders related to the suprapubic catheter.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385278	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rose Linn Care Center	2330 Debok Road West Linn, OR 97068

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review it was determined the facility failed to ensure PPE was used when wound care and catheter care was performed for 1 of 1 sampled resident (#5) reviewed for wound care. This placed residents at risk for infection. Findings include:A 2/2024 CDC Implementation of Personal Protective Equipment (PPE) Use In Nursing Homes to Prevent Spread of Multi-drug-resistant Organisms indicated enhanced barrier precautions was required during high-contact activities including device care or wound care. Resident 5 was admitted to the facility on [DATE] with diagnoses including acute cystitis (sudden bladder infection). A 3/30/26 admission MDS indicated Resident 5 had a BIMS score of 1 which indicated the resident was not cognitively intact.A 3/14/26 MAR indicated staff performed daily wound care to Resident 5's left elbow. The order indicated the wound did not require a dressing. A 3/18/26 MAR indicated staff performed daily wound care to Resident 5's suprapubic catheter (a tube inserted through the stomach to drain urine from the bladder). The order indicated staff were to clean the site with warm soapy water or other gentle cleanser, pat dry and apply gauze. A 4/12/26 MAR indicated staff performed daily wound care to Resident 5's right elbow. The order indicated staff cleaned the wound with a cleanser, dried it and applied a new dressing.On 4/22/26 at 2:14 PM, Staff 19 was observed to empty Resident 30's suprapubic catheter bag without using PPE. Staff 19 stated she was unaware the resident was on enhanced barrier precautions. On 4/23/26 at 12:11 PM, Staff 13 stated Resident 5 did not require a dressing. Staff 13 removed Resident 5's left elbow dressing in the hallway. Staff 13 did not use PPE.On 4/23/26 at 12:17 PM, Staff 13 and Resident 5 returned back into her/his room. Staff 13 removed Resident 5's right elbow dressing and applied a new dressing. Staff 13 did not wear PPE. Staff 13 stated PPE was not required because she did not touch the resident's suprapubic catheter. On 4/24/26 at 10:07 AM, Staff 2 (DNS) stated staff were not required to use PPE when changing Resident 5's wounds on her/his left and right elbow because staff were not in close contact with the suprapubic catheter. Staff 2 stated staff were not required to use PPE when the catheter bag was emptied because the resident did not have a urine infection.