STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395892	A. Building B. Wing	12/10/2025

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Kadima Rehabilitation & Nursing at Latrobe	576 Fred Rogers Drive Latrobe, PA 15650

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. Based on review of facility policies and personnel records, as well as staff interviews, it was determined that the facility failed to ensure that reference checks were obtained prior to hire for five of five new employees reviewed (Nurse Aides 1 and 2, Licensed Practical Nurse 3, Registered Nurse 4, Maintenance Director). Findings include:The facility's policy regarding the screening of new hires, dated May 14, 2025, indicated that new employees would be screened for hire and their complete personnel record would include documentation of verified references.The personnel file for Nurse Aide 1 revealed that she was hired on September 2, 2025, and there was no documented evidence that reference checks from previous employers were obtained prior to the staff's start date.The personnel file for Nurse Aide 2 revealed that she was hired on September 11, 2025, and there was no documented evidence that reference checks from previous employers were obtained prior to the staff's start date.The personnel file for Licensed Practical Nurse 3 revealed that she was hired on July 7, 2025, and there was no documented evidence that reference checks from previous employers were obtained prior to the staff's start date.The personnel file for Registered Nurse 4 revealed that she was hired on September 11, 2025, and there was no documented evidence that reference checks from previous employers were obtained prior to the staff's start date.The personnel file for the Maintenance Director revealed that he was hired on August 11, 2025, and there was no documented evidence that reference checks from previous employers were obtained prior to the staff's start date. Interview with the Nursing Home Administrator on November 5, 2025, at 8:20 a.m. confirmed that there was no documented evidence of reference checks for Nurse Aides 1 and 2, Licensed Practical Nurse 3, Registered Nurse 4,. and the Maintenance Director prior to their start date. 28 Pa. Code 201.18(e)(1) Management.

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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record reviews and staff interviews, it was determined the facility failed to ensure that a discharge summary was completed by the physician for one out of 33 residents reviewed (Resident 100). Findings include: A review of Resident 100's clinical record revealed that the resident was admitted to the facility on [DATE].A nursing note, dated September 4, 2025, at 12:40 p.m. revealed Resident 100 was discharged from the facility to a senior living community.There was no documented evidence in the resident's clinical record at the time of the survey ending November 6, 2025, the physician completed a discharge summary upon the resident's discharge from the facility. An interview with the Assistant Director of Nursing on November 5, 2025, at 2:51 p.m. confirmed that the physician did not complete a discharge summary upon the resident's discharge from the facility.28 Pa. Code 201.29(j) Resident Rights.

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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. Based on review of facility policy and clinical records, as well as staff interviews, it was determined that the facility failed to ensure that physician's orders regarding medication administration were followed for one of 33 residents reviewed (Resident 78).Findings include:The facility policy for medication administration dated May 14, 2025, included that medications are administered in accordance with written orders of attending physicians, and that electronic medication administration record (E-MAR) documentation of medication orders includes pulse or blood pressure where appropriate or respiration rate. A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 78, dated October 21, 2025, revealed that the resident was cognitively intact, independent with personal care needs, and had diagnoses that included Diabetes.Physician's orders for Resident 78, dated October 15, 2025, included an order for the resident to have his amlodipine (medication used to treat high blood pressure and certain types of chest pain) dose adjusted to 10 milligrams (mg) every day and held for a systolic blood pressure (SBP-top number on a blood pressure reading) less than 120, his clonidine (medication used to treat high blood pressure) held for a SBP less than 120 or a heart rate less than 55, and his Metoprolol (medication that lowers your blood pressure and heart rate) held for SBP less than 100 or a heart rate less than 55. A health note for Resident 78 dated October 15, 2025, at 2:01 a.m. included that holding parameters were set for amlodipine, clonidine, and metoprolol. Orders included to adjust amlodipine order to 10 mg every day and hold for SBP less than 120, hold clonidine for SBP less than 120 or a heart rate less than 55, and to hold metoprolol for a SBP less than 100 or a heart rate less than 55.Review of the E-MAR for Resident 78, dated October 2025 and November 2025, revealed that there was no documented evidence that the resident's blood pressure or heart rate was checked prior to the administration of amlodipine, clonidine, or metoprolol as ordered.Interview with the Director of Nursing on November 6, 2025, at 3:14 p.m. confirmed that the blood pressure for Resident 78 should have been assessed prior to the administration of amlodipine and the blood pressure and heart rate should have been assessed prior to the administration clonidine and metoprolol, however it was not. 28 Pa. Code 211.12(d)(1)(5) Nursing Services.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0691 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate colostomy, urostomy, or ileostomy care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review clinical records, as well as observations and staff interviews, it was determined that the facility failed to ensure that residents were provided with proper colostomy care for two of 33 residents reviewed (Residents 4 and 84). Findings include: A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 4 indicated that the resident was cognitively intact, required assistance from staff for daily care needs, had a diagnosis of paraplegia (the partial or complete paralysis of the lower half of the body, including both legs), and had an ostomy (a surgically created opening in the abdomen- part of the body between the chest and the hips). Care plan for Resident 4 dated September 11, 2025, indicated that the resident had a colostomy (opening on your abdomen that connects your colon (large intestine) to the outside of your body) and staff were to change the colostomy appliance as necessary. A nurse's note for Resident 4, dated October 30, 2025, at 11:59 p.m. indicated that the resident had soft brown stool noted in his colostomy. Review of physician's orders and treatment administration records for Resident 4 revealed there was no documented evidence that colostomy care was being provided to the resident. Interview with the Nursing Home Administrator on November 5, 2025, at 11:25 a.m. confirmed that there was no documented evidence that colostomy care was being provided to Resident 4. Review of the clinical record for Resident 84 indicated that he was admitted to the facility on [DATE]. Physician's orders for Resident 84, dated October 28, 2025 included an order for the resident to have ostomy care every shift. Observations of Resident 84 on November 3, 2025, at 11:08 a.m. revealed that the resident had a colostomy bag in place. He stated the staff usually empty the bag at least once a shift, but sometimes he has to ask them to do so sooner. There was no physician's order for changing the ostomy appliance or emptying the colostomy for Resident 84. There was no care plan in place for Resident 84's colostomy. Interview with the Director of Nursing on November 6, 2025, at 2:41 p.m. confirmed that there were no physician's orders in place regarding changing the colostomy appliance or emptying the colostomy. There was also no care plan in place for the colostomy and there should have been. 28 Pa. Code 211.12(d)(5) Nursing Services.

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F 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide for the safe, appropriate administration of IV fluids for a resident when needed. Based on review of facility policy and clinical records, as well as observations staff interviews, it was determined that the facility failed to provide adequate treatment and care for a peripherally inserted central catheter (PICC - a thin tube that's inserted through a vein in your arm and passed through to the larger veins near your heart) for one of 33 residents reviewed (Resident 58).Findings include:A facility policy for the care and maintenance of PICC and midline catheters (a small flexible tube inserted through a vein in your arm that is shorter than a PICC) dated May 14, 2025, indicated that registered nurses will routinely care for and maintain PICC and midline catheters. PICC's and midlines require the first dressing change 24 hours after insertion and require further dressing changes every week and as needed. A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 58 dated August 8. 2025, indicated that the resident had moderate cognitive impairment, required the assistance of staff for daily care needs, and had diagnoses that included Bullous Pemphigoid (skin disorder that causes large, itchy blisters). The care plan for Resident 58 dated October 28, 2025, indicated that the resident was receiving intravenous antibiotics for methicillin resistant staphylococcus aureus (MRSA-type of staph bacteria resistant to common antibiotics) and staff were to check the PICC line dressing daily. Observation of Resident 58 on November 6, 2025, at 9:48 a.m. revealed the resident laying in bed with a PICC in his right upper arm, covered with a dressing that was dated October 29, 2025. Interview with the Director of Nursing on November 6, 2025, confirmed that Resident 58's PICC dressing should have been changed on November 5, 2025. 28 Pa. Code 211.12(d)(1)(5) Nursing services.

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe, appropriate dialysis care/services for a resident who requires such services. Based on review of facilty policy and clinical records, as well as observations and staff interviews, it was determined that the facility failed to ensure that communication was shared regarding a resident's health status or changes in condition before and after dialysis for one of 33 residents reviewed that received dialysis (Resident 1). Findings include:A facility policy for Dialysis Care, dated May 14, 2025, indicated that residents ordered dialysis therapy will be monitored, and documentation will be maintained in the medical record. Medical information/record received from the dialysis provider shall be maintained as part of the facility's medical record for the residents. Should such information not be received from the dialysis provider upon return, the facility shall contact the dialysis provider to obtain such medical information. An annual Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 1, dated October 23, 2025, revealed that the resident was cognitively intact, required assistance from staff for daily care needs, had diagnoses which included end-stage renal disease (ESRD - a permanent condition that occurs when the kidneys are no longer able to function properly), and was receiving dialysis (treatment that helps your body remove extra fluid and waste products from your blood when the kidneys are not able to).Physician's orders for Resident 1 dated October 17, 2025, included an order for staff to obtain vital signs and weight every Monday, Wednesday, and Friday morning and enter the information in the dialysis binder prior to the resident leaving for dialysis. The care plan for Resident 1 dated November 26, 2024, indicated that the resident was dependent on hemodialysis, was to receive dialysis every Monday, Wednesday and Friday, and the facility was to keep open communication with the dialysis center. Nursing notes for Resident 1 dated September 12, 15, and 29, 2025, and October 6, 20, and 27, 2025 indicated that the resident went to dialysis. Review of the MAR for Resident 1 dated October, 2025 indicated that pre and post vitals signs were documented for the resident on October 1, 3, 6, 8, 15, 20, 29, and 31 indicating that the resident went to dialysis. Review of Resident 1's clinical record, including the resident's dialysis binder at the nurse's station, revealed no documented evidence of communication between the facility and dialysis center related to the resident's health status before and after dialysis on the above-mentioned dates. Interview with the Director of Nursing on November 6, 2025, at 3:27 p.m. revealed that the resident refused dialysis at times, however confirmed that there was no documented evidence of communication related to the resident's health condition before and after dialysis was being shared between the facility and the dialysis center every time the resident went to dialysis, and it should have been. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing Services.

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. Based on review of facility policy and clinical records, as well as staff interviews, it was determined that the facility failed to provide medication as ordered by the physician, resulting in a significant medication error for one of 33 residents reviewed (Resident 78)Findings include:The facility policy for medication administration dated May 14, 2025, included that medications are administered in accordance with written orders of attending physicians. A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 78, dated October 21, 2025, revealed that the resident was cognitively intact, independent with personal care needs, and had diagnoses that included diabetes.Hospital discharge records for Resident 78, dated July 12, 2025, included physician's orders for the resident to receive insulin aspart (a rapid acting insulin) using sliding scale coverage (an insulin dosing method where the amount of insulin administered is based on an individual's current blood sugar level) three times a day before meals; 22 units of insulin aspart three times a day with meals; and 7 units of insulin glargine (a long-acting insulin) daily with supper.A progress note for Resident 78 dated July 13, 2025, at 11:22 a.m. indicated that the resident returned to the facility from the hospital. A progress note dated July 14, 2025, at 00:06 a.m. revealed that the resident stated I haven't had my blood sugar checked today. I have a headache, and I need someone to check it. His glucose monitor (device that measures blood sugar levels) read HI. The physician was notified over the phone of the omitted 22 units of insulin aspart with lunch and dinner, the omitted blood glucose checks and possible sliding scale coverage with insulin aspart with lunch and dinner, and the omitted 7 units of insulin glargine with supper.Review of the Medication Administration Record for Resident 78 dated July 2025 revealed no documented evidence that the resident's blood glucose was checked or that he was administered insulin aspart or insulin glargine on July 13, 2025. Interview with the Director of Nursing on November 6, 2025, at 3:14 p.m. confirmed that Resident 78's blood glucose should have been checked and insulin should have been administered as ordered upon his return to the facility on July 13, however, it was not.28 Pa. Code 211.12(d)(1)(5) Nursing services.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on review of facility policies and manufacturer's instructions, as well as observations and staff interviews, it was determined that the facility failed to label multi-dose containers of medications with the date they were opened in one of three medication rooms observed (East 1 medication room). Findings include:The facility's policy regarding medication storage, dated May 14, 2025, revealed that medications were to be stored in a safe, secure, and orderly manner in accordance with federal and state regulations, and facility policies. Manufacturer's directions for use of Aplisol (tuberculin purified protein derivative), dated March 2016, indicated that the vials in use more than 30 days should be discarded due to possible oxidation and degradation, which may affect potency.Observations of the medication refrigerator in the East 1 medication room on November 6, 2025, at 10:23 a.m. revealed three opened and undated bottles of Aplisol solution.Interview with the Assistant Director of Nursing at the time of observation confirmed that the opened bottles of Aplisol solution should have been labeled with the date they were opened. 28 Pa. Code 211. 12(d)(1) Nursing Services.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on a review of policies, as well as observations and staff interviews, it was determined that the facility failed to ensure that ice was stored under sanitary conditions for the ice machine located in the dining room. Findings include:The facility's policy for ice storage, dated May 14, 2025, revealed that the facility was to make sure there was a gap between the drain from the ice machine and the drainage pipe.Observations of the ice machine in the main dining room on November 6, 2025, at 8:42 a.m. revealed that the ice machine drain was positioned into a PVC pipe that ran to a bucket under the sink, which was to be drained by a sump pump. The opposite end of the PVC drain pipe was laying on the rim of a bucket that was full of stagnant water. There was no air gap between the ice machine drain pipe and PVC pipe or the opposite end of the PVC pipe and the bucket located under the sink. Interview with the Maintenance Director on November 6, 2025, at 8:45 a.m. confirmed that there was no air gap between the ice machine drain. He indicated that the sump pump was not functioning properly which resulted in the bucket being full of stagnant water. 28 Pa. Code 211.6(f) Dietary Services.

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F 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services. Based on review of facility policy and clinical records, as well as staff interviews, it was determined that the facility failed to ensure that the designated interdisciplinary team member obtained the required information from the contracted hospice provider for one of 33 residents reviewed (Resident 42) who were receiving hospice services.Findings include: A facility policy for Hospice Care dated May 14, 2025, indicated that all hospice assessments, plans of care, progress notes and services provided will be maintained in the medical record and integrated with the facility plan of care. Nursing staff will ensure there is a current physician ' s order, physician progress note regarding hospice care, and hospice documentation is current and available on the medical record. A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 42, dated September 26, 2025, indicated that the resident was cognitively impaired, was dependent on staff for daily care needs, had diagnoses that included dementia, and was receiving hospice (program of care and support for individuals with a terminal illness) services. Physician's orders for Resident 42 dated September 25, 2025, included an order for the resident to receive hospice services. A care plan for Resident 42 dated September 29, 2025, indicated that the resident was receiving Hospice for end-of-life care. As of November 3, 2025, there was no documented evidence in the resident's clinical record, or in the hospice provider's clinical record, that the facility obtained updated hospice nurse aide or registered nurse charting. Interview with the Director of Nursing on November 6, 2025, at 11:06 a.m. confirmed that Resident 42's hospice nurse aide and registered nurse charting was not in the resident's clinical record and/or in the hospice provider's clinical record and should have been. 28 Pa. Code 211.12(d)(3)(5) Nursing Services.

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F 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action. Based on review of the facility's plans of correction for previous surveys, and the results of the current survey, it was determined that the facility's Quality Assurance Performance Improvement (QAPI) committee failed to maintain compliance with nursing home regulations and ensure that plans to improve the delivery of care and services effectively addressed recurring deficiencies.Findings include:The facility's deficiencies and plans of correction for a State Survey and Certification (Department of Health) survey ending May 20, 2025, and July 30, 2025, revealed that the facility developed plans of correction that included quality assurance systems to ensure that the facility maintained compliance with cited nursing home regulations. The results of the current survey, ending November 6, 2025, identified repeated deficiencies related to failure to comply with abuse policies, providing quality care, proper storage of medications, and food procurement-storing/preparing/serving food under sanitary conditions.The facility's plan of correction for a deficiency regarding abuse policies, cited during the survey ending May 20, 2025, revealed that the facility would complete audits and report the results of the audits to the QAPI committee for review. The results of the current survey, cited under F607, revealed that the facility's QAPI committee failed to successfully implement their plan to ensure ongoing compliance with regulations regarding following abuse policies.The facility's plan of correction for a deficiency regarding quality of care, cited during the survey ending May 20 and July 30, 2025, revealed that the facility developed a plan of correction that included completing audits and reporting the results of the audits to the QAPI committee for review. The results of the current survey, cited under F684, revealed that the facility's QAPI committee failed to successfully implement their plan to ensure ongoing compliance with regulations regarding quality of care.The facility's plan of correction for a deficiency regarding label/store drugs and biologicals, cited during the survey ending May 20, 2025, revealed that the facility developed a plan of correction that included completing audits and reporting the results of the audits to the QAPI committee for review. The results of the current survey, cited under F761, revealed that the facility's QAPI committee failed to successfully implement their plan to ensure ongoing compliance with regulations regarding label/store drugs and biologicals.The facility's plan of correction for a deficiency regarding labeling and storing food under sanitary conditions, cited during the survey ending May 20, 2025, revealed that the facility developed a plan of correction that included completing audits and reporting the results of the audits to the QAPI committee for review. The results of the current survey, cited under F812, revealed that the QAPI committee was ineffective in correcting deficient practices related to food procurement-storing/preparing/serving food under sanitary conditions. Refer to F607, F684, F761, F81228 Pa. Code 201.14(a) Responsibility of Licensee.28 Pa. Code 201.18(e)(1) Management.

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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. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Based on review of policies and clinical records, as well as observations and staff interviews, it was determined that the facility failed to maintain professional practices that support infection prevention and control for three of 33 residents reviewed (Resident 58, 63, and 103).Findings include:A facility policy for hand hygiene/handwashing dated May 14, 2025, included that effective hand hygiene reduces the incidence of healthcare-associated infections. Handwashing may be used for routinely decontaminating hands in the following clinical situation: after removing gloves. If hands are not visibly soiled, an alcohol-based hand rub may be used for routinely decontaminating hands in the following clinical situation: after removing gloves. The use of gloves does not eliminate the need for hand hygiene. Remove gloves promptly after use, before touching non-contaminated items and environmental surfaces, and before caring for another patient. Wash hands after removing gloves. Non-surgical hand hygiene technigue includes to wet hand with running water, apply hand washing agent to hands, vigorously rub hands together for at least 15-20 seconds, rinse hands thoroughly with hands angled down in sink, dry hands thoroughly with a disposable towel and use a disposable towel to turn off the water. A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 58 dated August 8, 2025, indicated that the resident had moderate cognitive impairment, required the assistance of staff for daily care needs, and had diagnosis that included Bullous Pemphigoid (skin disorder that causes large, itchy blisters). Observations made on November 6, 2025, at 9:48 a.m. revealed Licensed Practical Nurse 6 entered Resident 58's room, applied gloves, disconnected the resident's antibiotic, and flushed his PICC (peripherally inserted central catheter-a thin tube that's inserted through a vein in your arm and passed through to the larger veins near your heart). She then removed her gloves, exited the resident's room, walked down the hall, entered the nurse's station and touched several items including a cart with a cooler and ice scoop on it, then exited the nurse's station and entered the shower room. Licensed Practical Nurse 6 did not wash her hands or use alcohol-based hand rub after removing her gloves in the resident's room or prior to touching other areas in the facility.Interview with Licensed Practical Nurse 6 on November 6, 2025, at 9:56 a.m. confirmed that she should have washed her hands after removing her gloves. Interview with the Nursing Home Administrator on November 6, 2025, at 11:27 a.m. confirmed that Licensed Practical Nurse 6 should have completed hand hygiene after removing her gloves. CDC guidance on isolation precautions and Implementation of Personal Protective Equipment (PPE) use in Nursing Homes to Prevent Spread of Multidrug-Resistant Organisms (MDRO's - bacteria that have become resistant to certain antibiotics, and these antibiotics can no longer be used to control or kill the bacteria), dated July 12, 2022, indicates that MDRO transmission is common in skilled nursing facilities, contributing to substantial resident morbidity and mortality and increased healthcare costs. Enhanced Barrier Precautions (EBP) are an infection control intervention designed to reduce transmission of resistant organisms that employs targeted gown and glove use during high contact resident care activities. CMS updated its infection prevention and control guidance effective April 1, 2024. The recommendations now include the use of EBP during high-contact care activities for residents with chronic wounds or indwelling medical devices, regardless of their MDRO status, in addition to residents who have an infection or colonization with a CDC-targeted or other epidemiologically important MDRO when contact precautions do not apply.The facility's policy regarding EBP, dated May 14, 2025, indicated that EBP's are to be implemented for residents with an infection or colonization with a CDC targeted MDROs when contact precautions do not apply or wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with an MDRO. Indwelling medical devices include central lines, urinary catheters, feeding tubes and tracheostomies.A quarterly MDS assessment for Resident 63, dated October 7, 2025, revealed that the resident was cognitively impaired, required assistance from staff with care needs, had an indwelling catheter (a thin, flexible tube inserted into the bladder to drain urine from the bladder), and had a diagnosis of Obstructive and reflux uropathy (A blockage in the urinary tract that impedes urine flow). A care plan for Resident 63, dated August 25, 2025, indicated that the resident had an indwelling catheter and EBP's were in effect.Observations during a facility tour on November 3, 2025, at 1:27 p.m. revealed Resident 63 sitting in his wheelchair in his room with an indwelling catheter hanging under his wheelchair covered by a dignity bag. There was no signage on the door, on the wall outside of the resident's room or in the resident's room to indicate that EBP were in place, and there was no isolation bin or station near or in the room with the appropriate PPE. Observations on November 5, 2025, at 9:30 a.m. and on November 6, 2025, at 12:15 p.m.