

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455942	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/10/2024
NAME OF PROVIDER OR SUPPLIER Lubbock Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4120 22nd Pl Lubbock, TX 79410	

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)
<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46425</p> <p>Based on interview and record review, the facility failed to ensure all residents had the right to formulate an advance directive for 1 of 18 residents (Residents #42) reviewed for advanced directives, in that:</p> <p>Residents #42 were listed as DNR (Do Not Resuscitate) but had Out-of-Hospital Do Not Resuscitate (OOH-DNR) form that was missing required information.</p> <p>These failures could place residents at risk for not having their end of life wishes honored and incomplete records.</p> <p>Findings included:</p> <p>Resident #42</p> <p>Record review of Resident #42's face sheet, undated, revealed a 5-year-old-female was admitted to the facility on [DATE] with diagnoses to include Cerebral infarction (lack of blood supply to the brain), muscle weakness (decreased strength in muscles), Hypertension (high blood pressure), Major Depressive Disorder (persistent depressed mood), and Type 2 Diabetes (problem with blood sugar). The face sheet also revealed under the advance directive section - DNR-Do Not Resuscitate.</p> <p>Record review of Resident #42's physician order summary dated 09/11/24 revealed the following order: DNR-Do Not Resuscitate dated 12/22/23.</p> <p>Record review of Resident #42's care plan, dated 08/14/23, revealed care plan for DNR.</p> <p>Record review of Resident #42's OOH-DNR form dated 12/20/23 revealed there was no physician's license number associated with the physician's signature, no printed name associated with the physician's signature.</p> <p>(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.

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: 455942	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/10/2024
NAME OF PROVIDER OR SUPPLIER Lubbock Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4120 22nd Pl Lubbock, TX 79410	
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)		
<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 09/10/24 at 3:05pm with the Social Worker, she stated the OOH DNR was not valid if it's not filled out correctly. She stated she was responsible for ensuring OOH-DNRs are completed correctly. She verified missing information on OOH-DNRs for Residents #42. She stated she was the system for monitoring OOH-DNRs for accuracy. She stated the reason the DNR was not complete was human error. She stated the potential negative outcome for Residents without a completed DNR was the wishes of the Resident may not be followed. She stated she had been trained on how to complete OOH DNRs.</p> <p>During an interview on 09/10/24 at 1:45PM with the ADM, she stated the OOH DNR was not valid if not filled out correctly. She stated the Social Worker was responsible for making sure the OOH DNR was completed accurately. She stated the Social Worker should check DNRs for accuracy and the DNRs are audited by the DON quarterly. She verified missing information on OOH DNR for Residents #42. She stated she does not know why the information was missing. She stated the potential negative outcome was the Resident's wishes may not be followed. She stated she had been trained on how to complete OOH DNR and her expectations were for them to be filled out completely and be correct.</p> <p>Record review of the Social Services Policies and Procedures Advanced Directives (Revised October 2013) revealed the following:</p> <p>Policy</p> <p>The facility will honor two types of Do Not Resuscitate orders: a physician's order for Do Not Resuscitate and the Texas Out-of-Hospital DNR Order.</p> <p>Out of Hospital DNR Form</p> <p>The Out Of Hospital DNR form was designed by the Texas Department of Human Services to comply with the requirements as set forth in the Health and Safety Code for the purpose of instructing Emergency Medical personnel and other health care professionals to forgo resuscitation attempts.</p> <p>Procedure: Texas Out of Hospital DNR Form</p> <p>Any resident may initiate an Out of Hospital DNR Order. The resident's attending physician will document the presence of the terminal condition in the resident's permanent medical record.</p> <p>If the resident is capable of providing informed consent for the order, he/she will sign and date the DNR order on the front of the official DNR form from the state of Texas. All validly executed DNR orders will be honored by the facility. Social services will assist all interested family members and residents will information, education, and execution of the DNR form.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455942	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/10/2024
NAME OF PROVIDER OR SUPPLIER Lubbock Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4120 22nd Pl Lubbock, TX 79410	

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)
<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>46425</p> <p>Based on observation, interview, and record review, the facility failed to provide information to resident's and their representatives on their rights related to filing grievances or concerns for 6 of 6 confidential residents.</p> <p>1. The facility failed to make information known to Resident's and their Representatives either individually or through postings in prominent locations throughout the facility on who the facility grievance official was, their contact information, how to file an anonymous grievance and their right to obtain a written decision related to their grievance.</p> <p>2. The facility failed to ensure 6 of 6 confidential residents had information known to them on how to file a grievance or concern, who the grievance official was, how to file an anonymous grievance, and their right to obtain a written decision related to their grievance.</p> <p>The facility failure could place the residents at risk of unresolved grievances and decreased quality of life.</p> <p>Findings include:</p> <p>Interviews and Record Review during Resident Council on, 9/9/2024 at 2:00pm, attendees 6 of 6 confidential residents, stated they did not know the grievance process; they did not know where to obtain or submit a grievance form. Residents attending the group meeting did not know how to file a grievance. Residents did not know where to acquire a grievance form, who to turn the form into, and what happens once a grievance was filed. 6 Residents attended the meeting, 1 of the Residents who attended the meeting was a new Admit, the other 5 Residents were tenured Residents. The grievance offered is a blank sheet of paper followed by two additional forms with questions that are to be answered by staff.</p> <p>Interview on 9/9/24 at 4:45 PM, the Activity Director confirmed she had never discussed Grievances in Resident Council as she did not know Residents were able to file grievances on their own or anonymously. The AD did not know the Grievance process for Residents filing a grievance without the assistance of a staff member. The AD stated she has been employed by the facility for 18 months. The AD stated she had documented grievances in the facility electronic records when complaints were discussed individually with her and during Resident Council. The AD stated she was a licensed AD. The AD stated she had not been explained the Grievance procedure and she did not know there was a Grievance policy she could request to review. The AD stated she did her best to decide what complaints reported in Resident Council warrant her filing a Grievance. The AD stated there is no written documentation kept for filed grievances. The AD stated she and the Social Worker file grievances, however, all grievances are documented in their electronic records. The AD stated she did not understand, nor had she been trained on the importance of a Grievance; in addition, it was the Social Workers' responsibility to follow up on grievances once they are submitted into the electronic records.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455942	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/10/2024
NAME OF PROVIDER OR SUPPLIER Lubbock Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4120 22nd Pl Lubbock, TX 79410	
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)		
<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview, observations, and record review with the Social Worker on September 8, 2024, at 3:42pm Surveyor requested to review all grievance forms from March 2024-September 2024; the Social Worker printed the information she had submitted into the facility's electronic records. The electronic records information consisted of questions answered by the Social Worker, the questions in the electronic record were questions only a staff member could answer, such as, who followed up on the grievance, who was assigned the grievance, and what was the resolution to the grievance. Surveyor requested the handwritten grievances completed by staff, residents, and residents' representatives; the Social Worker stated there are no written grievances as written grievances are never completed by staff, residents, or residents' representatives. The Social Worker stated the only information that could be provided to Surveyor was the print outs from their electronic records. Surveyor asked Social Worker if she was aware documentation of grievances must be kept for three years; the Social Worker stated she was not aware and she had no handwritten grievances from the past three years to provide to the Surveyor. The Social Worker stated the facility started using the electronic process for grievance information within the last year. Record Review of the facility undated Grievance form reflected a blank sheet of paper followed by two additional forms with questions that are to be answered by staff.</p> <p>Interviewed the ADM on 9/10/2024 at 1:30pm; the ADM stated the Grievance form is in a box next to the SW office, in addition, there is a box for submitting the Grievance form. The procedure for the Grievance process consisted of the SW reviewing the Grievance; the SW contacted the head of the department the Grievance should be assigned to, the Department head contacted the Resident and discussed the Grievance, and a resolution to the Grievance is discussed with the Resident. The time frame for addressing a Grievance once it had been submitted is immediately. Authors of Grievances were interviewed once a Grievance is submitted. The documentation of the completed interviews were typed into their electronic records. The findings of the Grievances were also documented in the electronic records. not accessible unless a resident asks the SW for the form. The resolutions to Grievances are provided to Residents via a Resolution Letter delivered to the Resident by the SW. The ADM stated unhappy Residents was the potential negative outcome if the Grievance procedure is not followed.</p> <p>During an interview, observations, and record review on 9/10/2024 at 3:30pm, the SW stated the Grievance procedure she followed included discussing the Grievance with the ADM, the ADM decided what department is assigned to the Grievance. The Grievance form is kept in a box outside the SW office and a mail slot is offered for submission of the Grievance. The SW stated she did not know who is responsible for assigning a staff member to address a Grievance. The SW stated the time frame for addressing the Grievance is immediate. The SW stated authors of Grievances are interviewed the same day the Grievance is submitted; the interviews are documented in their electronic records. The SW stated findings of the Grievance are documented in the electronic record, then the author of the Grievance is provided with a resolution letter provided by the SW. The SW stated the potential negative outcome for Residents if the Grievance procedure is not followed is the Residents' needs may not be met.</p> <p>Grievance Policy</p> <p>Policy:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455942	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/10/2024
NAME OF PROVIDER OR SUPPLIER Lubbock Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4120 22nd Pl Lubbock, TX 79410	
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)		
<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The resident has the right to voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. Such grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and of other residents; and other concerns regarding their LTC facility stay. The resident has the right to and the facility must make prompt efforts by the facility to resolve grievances the resident may have.</p> <p>Policy Interpretation and Implementation:</p> <ol style="list-style-type: none"> 1. The facility will notify residents on how to file a grievance orally, in writing, or anonymously with postings in prominent locations. 2. The grievance official of this facility is the administrator or their designee. 3. The grievance official will: <ul style="list-style-type: none"> Oversee the grievance process Receive and track grievances to their conclusion Lead any necessary investigations by the facility Maintain the confidentiality of all information associated with grievances Issue written grievance decisions to the resident Coordinate with state and federal agencies as necessary 4. As needed, the facility will take immediate action to prevent further potential violations of any resident right while the alleged violation is being investigated 5. All grievances involving alleged violations of neglect, abuse, including injuries of unknown source, and/or misappropriation of resident property, by anyone furnishing services on behalf of the provider, to the abuse preventionist. 6. All written grievances decisions will include: <ul style="list-style-type: none"> The date the grievance was received A summary statement of the residents grievance The steps taken to investigate the grievance A summary of the pertinent findings or conclusions regarding the resident's concern(s) <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455942	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/10/2024
NAME OF PROVIDER OR SUPPLIER Lubbock Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4120 22nd Pl Lubbock, TX 79410	

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)
<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>A statement as to whether the grievance was confirmed or not confirmed</p> <p>Any corrective action taken or to be taken by the facility as a result of the grievance</p> <p>The date the written decision was issued</p> <p>7. The facility will take appropriate corrective action in accordance with State law if the alleged violation of the residents' rights is confirmed by the facility or if an outside entity having jurisdiction, such as the State Survey Agency, Quality Improvement Organization, or local law enforcement agency confirms a violation of any of these residents' rights within its area of responsibility</p> <p>8. Maintain evidence demonstrating the results of all grievances for a period of no less than 3 years from the issuance of the grievance decision.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455942	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/10/2024
NAME OF PROVIDER OR SUPPLIER Lubbock Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4120 22nd Pl Lubbock, TX 79410	

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)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>49305</p> <p>Based on observation, interview and record review the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for 10 of 18 residents (Resident #3, #39, #40, #41, #43, #44, #49, #53, #56, #60) and 1 of 1 staff (LVN A) reviewed for infection control.</p> <p>1. LVN A failed to properly clean multi-use equipment between each resident during medication administration for Resident # 39, #40, #56, and #60.</p> <p>2. LVN A failed to sanitize hands between residents during medication administration for Resident #3, #39, #40, #41, #43, #44, #49, #53, #56 and #60.</p> <p>These failures could place residents at risk for spread of infection and cross contamination.</p> <p>Findings included:</p> <p>1. During a medication pass observation on 09/08/24 at 04:00 PM, LVN A took a wrist blood pressure device to the room of Resident #40, who was sitting upright in bed, and took her blood pressure on the left wrist. She then took the wrist blood pressure device and placed it on top of the medication cart. LVN A did not sanitize the wrist blood pressure device before or after use.</p> <p>During a medication pass observation on 09/08/24 at 04:17 PM, LVN A picked up the wrist blood pressure device from the top of the medication cart and took it to the room of Resident #39, who was watching tv in bed, and took her blood pressure on the right wrist. She then took the wrist blood pressure device and placed it on top of medication cart. LVN A did not sanitize the wrist blood pressure device before or after use.</p> <p>During a medication pass observation on 09/08/24 at 04:22 PM, LVN A picked up the wrist blood pressure device from the top of medication cart and went to the room of Resident #60, who was asleep in bed, and took his blood pressure on the right wrist. She then took the wrist blood pressure device and placed in on top of the medication cart. LVN A did not sanitize the wrist blood pressure device before or after use.</p> <p>During a medication pass observation on 09/08/24 at 04:41 PM, LVN A picked up the wrist blood pressure device from the top of the medication cart and took it to the room of Resident #56, who was resting in bed, and took his blood pressure on the right wrist. LVN A took the wrist blood pressure device and placed it back on top of the medication cart. LVN A did not sanitize the wrist blood pressure device before or after use.</p> <p>2. During an observation of medication pass on 09/08/24 at 04:06 PM, LVN A prepared medications for Resident #40 and administered her medications. LVN A did not sanitize her hands before or after medication administration.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455942	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/10/2024
NAME OF PROVIDER OR SUPPLIER Lubbock Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4120 22nd Pl Lubbock, TX 79410	
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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an observation of medication pass on 09/08/24 at 04:17 PM, LVN A prepared medications for Resident #39 and administered his medications. LVN A did not sanitize her hands before or after medication administration.</p> <p>During an observation of medication pass on 09/08/24 at 04:22 PM, LVN A prepared medications for Resident #60 and administered his medications. LVN A did not sanitize her hands before or after medication administration.</p> <p>During an observation of medication pass on 09/08/24 at 04:29 PM, LVN A prepared medications for Resident #43 and administered his medications. LVN A did not sanitize her hands before or after medication administration.</p> <p>During an observation of medication pass on 09/08/24 at 04:34 PM, LVN A prepared medications for Resident #44 and administered his medications. LVN A did not sanitize her hands before or after medication administration.</p> <p>During an observation of medication pass on 09/08/24 at 04:37 PM, LVN A prepared medications for Resident #3 and administered his medications. LVN A did not sanitize her hands before or after medication administration.</p> <p>During an observation of medication pass on 09/08/24 at 04:41 PM, LVN A prepared medications for Resident #56 and administered his medications. LVN A did not sanitize her hands before or after medication administration.</p> <p>During an observation of medication pass on 09/08/24 at 04:46 PM, LVN A prepared medications for Resident #49 and administered his medications. LVN A did not sanitize her hands before or after medication administration.</p> <p>During an observation of medication pass on 09/08/24 at 04:48 PM, LVN A prepared medications for Resident #53 and administered her medications. LVN A did not sanitize her hands before or after medication administration.</p> <p>During an observation of medication pass on 09/08/24 at 04:52 PM, LVN A prepared medications for Resident #41 and administered her medications. LVN A did not sanitize her hands before or after medication administration.</p> <p>During an interview on 09/08/24 at 04:57 PM with LVN A, she stated she did not know why she failed to sanitize her hands and wrist blood pressure device between residents during medication administration. She stated, you just get into a groove and get thrown off when someone is watching. She stated she has been trained by nursing administration to sanitize her hands between every 2-3 residents, but she has not been trained to sanitize medical devices between residents. She stated facility training for infection control practices usually occurred quarterly. LVN A stated a potential negative outcome for failure to properly sanitize hands and multi-use medical devices was the spread of infection.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455942	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/10/2024
NAME OF PROVIDER OR SUPPLIER Lubbock Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4120 22nd Pl Lubbock, TX 79410	
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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 09/10/24 at 11:45 AM with the ADM, she stated nursing administration was responsible for staff training on proper hand sanitizing and sanitizing of multi-use medical devices during medication administration. The ADM stated training was conducted through in-services as well as computer-based training and was conducted quarterly and as needed. The ADM stated her expectation of staff for proper sanitation of hands and multi-use medical devices was that staff follow policy and do things properly. She stated a potential negative outcome of failure to properly sanitize hands and multi-use medical devices was spreading disease.</p> <p>During an interview on 09/10/24 at 11:53 AM with the DON, she stated the ADON was responsible for training staff on proper hand sanitizing and sanitizing multi-use medical devices during medication administration. She stated staff are trained monthly through in servicing and computer-based training. The DON stated her expectation of staff for proper sanitizing of hands and multi-use medical devices was that staff sanitize hands and medical devices between each resident. She stated a potential negative outcome of failure to properly sanitize hands and multi-use medical devices was spreading infection.</p> <p>Record review of the facility-provided certificate of completion titled Infection Control: Essential Principles, dated 03/07/24 revealed LVN A completed the course training.</p> <p>Record review of the facility-provided in-service titled, Infection Control, dated 08/12/24 was signed by LVN A.</p> <p>Record review of the facility's policy titled, Infection Control Plan: Overview, dated 2019 revealed:</p> <p>Infection Control</p> <p>The facility will establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>Preventing Spread of Infection</p> <p>.</p> <p>(3) The facility will require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>INTENT</p> <p>The intent of this policy is to assure that the facility develops, implements, and maintains an Infection Prevention and Control Program in order to prevent, recognize, and control, to the extent possible, the onset and spread of infection within the facility. The program will:</p> <p>Implement hand hygiene (hand washing) practices consistent with accepted standards of practice, to reduce the spread of infections and prevent cross-contamination;</p>		