

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525265	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/19/2025
NAME OF PROVIDER OR SUPPLIER Bethany St Joseph Care Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 2501 Shelby Rd LA Crosse, WI 54601	

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 0686 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Example 3R50 was admitted to the facility on [DATE], and has diagnoses that include acute kidney failure, neuromuscular dysfunction of the bladder, type 2 diabetes mellitus, and cellulitis of buttock. R50 developed his pressure wound after admission.R50's MDS, dated [DATE], indicates that R50 is moderately cognitively impaired. R50's MDS shows that he requires substantial/maximal assist for hygiene and personal cares and is dependent for mobility.R50's physician orders dated 3/7/25 and 5/2/2025, state Encourage resident to lay down for at least 1 hr. on his SIDE between meals to offload pressure to buttocks twice a day AM PM. R50's Treatment Record (E-TAR) printed 6/17/25, shows the order was first implemented 5/23/25. No order for remainder 7 hours of the shift, resulting in R50 sitting on his buttocks for extended periods.R50's Kardex (CNA Resident Care Plan), dated 6/17/25, states: Skin Care . Offload side-side as much as possible during the day. Surveyor requested and was not supplied with documentation that this was being done.R50's care plan, with last revisions dated 3/27/25, states:12/18/2024 I have a skin injury I need my nurses to monitor and assess my skin with my scheduled skin check check my skin with cares check my skin weekly.My Goal is to: keep my skin healthy and intact have my skin heal3/12/25 Because I am a diabetic poor tissue perfusion 2/13/25 DTI to left heal-DTI healed 3/12/25, 2/25 25 Stage 2 to Rt posterior thigh-changed to unstageable on 3/7/25.12/18/24 I need my aides to help with hygiene and general skin care; .offer me fluids when I change positions 12/18/24 I need my restorative aide to offer me fluids before and after my program reduce pressure and friction between myself and my bed or chair.12/18/24 I need everyone to report any changes to my nurse .Make sure I change positions frequently. 3/13/25 Skin Care: .Offload side-side as much as possible during the day.On 06/17/25 at 7:31 AM, Surveyor interviewed R50, who stated that R50 came in with a blister and now R50 has a wound. R50 does not think R50 is getting better. They keep monkeying with it and I have to go to the clinic every few weeks now. R50 is sitting in his bed at about a 20-degree angle.On 6/17/25 at 8:00 AM, R50 fell back to sleep. Surveyor observed that R50 remained positioned on his back at about 20-degree angle, pillow by right shoulder but not providing offloading support to the pressure wound On 06/17/25 at 10:05 AM, Surveyor observed R50 rolled for cares. R50 was placed back on his back again about 20 degrees, no offloading support to buttocks.On 06/17/25 at 11:04 AM, Surveyor had been in hallway outside R50's room observing. Surveyor had not observed anyone going into R50's room.On 06/17/25 at 12:00 PM, Surveyor observed R50 sitting up in bed at about 45 degrees with lunch tray.R50 remained with pressure on same area of his buttocks from 8:00 AM until 12:00 PM, except for rolling for cares at 10:05 AM. At 12:00 PM, while pressure was adjusted, R50 remained on his buttocks, with no offloading.On 06/19/25 at 12:21 PM, Surveyor followed up with R50 to clarify his movement. R50 stated they do not make me move a lot; they do use pillows when I'm in bed. R50 stated that at night when R50 goes to bed pillows are placed on R50's left side, then when R50 gets up about 5 AM they put it on the right side. R50 stated the Certified Nursing Assistant (CNA) comes in about 8:00 AM and gets me ready for the day. R50 stated R50 stays in bed for breakfast. Any pillows are removed. R50 states R50 usually gets up around 10:30 AM into my wheelchair for lunch. R50 stated that sometimes R50 goes back to bed, but usually not until just before dinner at 6 PM. R50 stated R50 stays in R50's bed until the staff come in about 8:30 PM to get R50 ready for bed. Surveyor asked R50 if he is sitting on his butt most of the time, or on his side. R50 stated, I am sitting in bed or in my chair most of the day. R50 stated R50 lays on his sides at night.On 06/19/25 at 11:14 AM, Surveyor interviewed Registered Nurse (RN) N who stated the order means we (the facility) have to ensure R50 lays down if R50 gets up for meals. RN N looked and confirmed there is no order to reposition in bed or a frequency. RN N states the nurse ensures R50 lays down by asking the CNAs and trusts the CNAs are telling the truth. RN N does not believe there is anywhere CNAs can chart if CNAs reposition someone. RN N stated again there is no specific frequency it just says offload frequently. RN N stated, [R50] could be on his butt for hours at a time.On 06/19/25 at 11:23 AM, Surveyor interviewed CNA M. CNA M stated CNAs know what each residents' abilities and care needs are because it is on the Kardex. A copy of the Kardex can be found on the wall inside the door of patient's room, in the computer or chart. The computer and chart copies are more in-depth than what is on the walls. CNA M stated we reposition residents, encourage residents to get up, everyone can get up with a lift. CNA M stated if they don't want to get up, we reposition them. CNA M stated that she makes sure everyone is repositioned every 2 hours or what the orders say. CNA M stated it is policy if they have a bed sore repositioning is ordered. CNA M stated</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and record reviews, the facility did not ensure that residents with limited range of motion (ROM), received the appropriate treatment and services to maintain or prevent further reduction in ROM for 1 of 3 residents (R). (R22)</p> <p>R22's restorative plan was not implemented. R22 did not receive R22's maintenance program.</p> <p>This is evidenced by:</p> <p>The facility policy, titled Restorative Nursing Program, dated 8/15/06, states:</p> <p>To provide each resident with the opportunity to remain independent for as much and as long as possible despite impairment, disability, or handicap if he or she chooses .</p> <p>B. Nursing Responsibilities:</p> <ol style="list-style-type: none"> 1. Document on resident cardex (sic) that resident is participating in a restorative nursing program. 2. Evaluate restorative nursing plan monthly with monthly nursing summary. 3. Monitor the effectiveness of program . <p>C. CNA Responsibilities:</p> <ol style="list-style-type: none"> 1. Note those residents' that are on a restorative program . 2. Carry out restorative program . 3. Document on Restorative Nursing Program documentation sheets, the amount of time [NAME] (in minutes) assisting resident in completing their program. <p>R22 was admitted to the facility on [DATE], and has diagnoses that include chronic pulmonary embolism, mild cognitive impairment, depression, history intra cranial hemorrhage, osteoporosis, acute respiratory failure, and type 2 diabetes mellitus with chronic kidney disease.</p> <p>R22's Minimum Data Set (MDS) assessment, dated 4/1/25, indicates R22 is cognitively intact, with an impairment on one of R22's upper extremities and both of R22's lower extremities, requiring maximum assist with dressing, hygiene, and all movement.</p> <p>On 06/16/25 at 3:37 PM, Surveyor interviewed R22 who stated R22 had therapy, but it just stopped. R22 stated R22 is not sure why, thinks it was insurance. R22 stated, I didn't plateau. R22 is wheelchair dependent.</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 06/18/25 at 9:32 AM, Surveyor interviewed Rehab Director (RD) K who stated R22 is not on case load at this time. R22 was last on the case load from 1/14/25 to 3/19/25. R22 was being seen under R22's part B benefits and only had 30 visits per calendar year. RD K stated because R22 had plateaued and was not improving the facility did not ask for an extension from insurance. RD K stated that a restorative plan was made so R22 could come down and ride the nu-step with nursing staff 3 times per week. RD K stated R22 likes the machine, and it will help R22 maintain her abilities.</p> <p>On 06/18/25 at 11:34 AM, Surveyor interviewed Certified Nursing Assistant (CNA) P who stated CNA P knows what residents need by reviewing the Kardex (CNA plan). CNA P took R22's Kardex off the wall in R22's room and showed it to Surveyor. CNA P stated R22 does not walk, she is maximal assist and in a wheelchair. CNA P turned Kardex so Surveyor could see the area titled RESTORATIVES was blank.</p> <p>On 06/18/25 at 11:56 AM, Surveyor interviewed Registered Nurse (RN) G who stated how restorative orders are processed. RN G stated therapy sends the order out and nursing supervisors implement the order. The order is printed on Kardex. RN G pulled the Kardex for R22 and showed under the section Therapy/Equip it states: Bring to therapy 3-5 times a week M-F to use the Nu-step. Surveyor asked RN G how RN G knows the order is being followed. RN G stated there would be charting. RN G could not find a spot in CNA charting where they would document this is done.</p> <p>On 06/18/25 at 11:07 AM, Surveyor interviewed Director of Nursing (DON) B who stated DON B expects the CNAs to follow the Kardex and implement the restorative order if it exists. Surveyor asked for evidence of implementation and compliance with order.</p> <p>On 06/18/25 at 2:15 PM, DON B provided Surveyor with additional paperwork. DON B stated the restorative order for R22 was in the wrong section of the Kardex and was not being implemented. A copy of the Kardex was provided showing it was removed from the wrong section but still not under RESTORATIVES section. DON B provided Surveyor with a copy of the new order for same restorative plan dated 6/18/25. DON B stated the charge nurse will implement this order and put it on the Kardex for the CNAs.</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not ensure residents (R) with indwelling Foley catheters received care and treatment consistent with professional standards of practice to prevent complications or urinary tract infections (UTI) from the catheter for 1 of 3 residents (R) reviewed, R33.</p> <p>R33's Foley catheter was changed on a routine basis without clinical indications.</p> <p>This is evidenced by:</p> <p>Facility's policy titled, Indwelling Catheter Use and Removal, with a reviewed date of 01/25/25, states in part: Policy: It is the policy of this facility to ensure that indwelling urinary catheters that are inserted or remain in place are justified or removed according to regulations and current standards of practice .Catheters and drainage bags should be changed based on clinical indication such as infection, obstruction, or when the closed system is compromised. Routine, fixed intervals is not recommended.</p> <p>R33 was admitted to the facility on [DATE] with pertinent diagnoses of neuromuscular dysfunction of bladder and retention of urine.</p> <p>R33's care plan, dated 07/14/22, with a goal date of 08/13/25, states: Bladder management with interventions of enhanced barrier protection (EBP), monitor intake/output, urinary retention, history of UTIs .</p> <p>R33's physician orders:</p> <p>10/5/23 change indwelling foley catheter as needed for leaking or not draining. Reason for indwelling cath: neurogenic bladder</p> <p>12/6/23 change foley catheter bag as needed to prevent build-up/odor. Ensure blue privacy covers are utilized to cover foley bags (located in CS) as needed 2x monthly maximum.</p> <p>12/17/23 indwelling foley catheter 16Fr30cc</p> <p>11/8/24 change indwelling foley catheter every 90 days</p> <p>Surveyor reviewed R33's treatment administration record (TAR) and noted R33's Foley was last changed on 05/08/25 per order and has been changed every 90 days per order.</p> <p>Surveyor reviewed R33's medical record for provider rationale to support recommendation for scheduled catheter changes. Surveyor was unable to find this documentation.</p> <p>On 06/18/25 at 10:42 AM, Surveyor interviewed Registered Nurse (RN) G regarding R33's Foley catheter orders. RN G stated that R33's Foley catheter is scheduled to be changed every 90 days according to current standards of practice.</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 06/19/25 at 1:43 PM, Surveyor interviewed Director of Nursing (DON) B regarding R33's Foley catheter. DON B stated the facility's policy is that indwelling Foley catheters not be changed on a fixed schedule unless indicated by a provider. Surveyor asked DON B if R33 had a documented indication for a scheduled Foley catheter change. DON B stated no, that she could not find one. DON B stated recognition that this was missed and would reach out to the provider as this was not an acceptable practice.</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not ensure that a resident (R) who requires dialysis receives such service, consistent with professional standards of practice form 1 of 2 residents (R8) reviewed for dialysis.</p> <p>The facility failed to provide ongoing assessment of R8's condition and monitoring for complications before and after dialysis treatments.</p> <p>This is evidenced by:</p> <p>Facility policy titled, Dialysis Communication and Care, with an effective date of 01/26/18, states in part: Purpose: To ensure residents who require dialysis receive such services, consistent with professional standards of practice, their care plan and resident's goals and preferences.</p> <p>Procedure:1. Nursing will provide ongoing assessment of the resident's condition and monitoring for complications before and after dialysis treatment .3. There will be ongoing communication and collaboration with the dialysis unit, resident and/or representative regarding care and services .</p> <p>R8 was admitted to the facility on [DATE] with pertinent diagnoses of end stage renal disease and dependence on renal dialysis.</p> <p>R8's quarterly Minimum Data Set (MDS) assessment dated [DATE] noted a Brief Interview for Mental Status (BIMS) score of 15 indicating cognition is intact.</p> <p>R8's care plan, dated 01/28/25, and a goal date of 08/25/25, states: Fluid management with interventions to follow standards of care for dialysis, monitor fluid intakes, and weigh weekly .</p> <p>R8's physician orders:</p> <p>01/28/25 Dialysis on Tuesday, Thursday, Saturday offsite</p> <p>01/30/25 FLUIDS: Fluid restriction 1200ml/24 hours all liquids</p> <p>05/12/25 Evaluate & Assess tunneled central line for hemodialysis - Monitor for signs of infection or complications like pain, swelling, drainage, or erythema at the insertion site. AM Monday Wednesday Friday</p> <p>05/20/25 DIET Renal, CHO, minced & moist</p> <p>Of note: no order entered for vital signs to be completed.</p> <p>Surveyor reviewed R8's treatment administration record (TAR):</p> <p>-Dialysis port assessments not completed prior to dialysis treatments.</p> <p>-Vital signs not completed prior to or after dialysis treatments.</p> <p>(continued on next page)</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Surveyor reviewed R8's nursing notes and did not note any dialysis port assessments completed prior to dialysis treatments.</p> <p>On 06/17/25 at 2:14 PM, Surveyor interviewed Nurse Tech (NT) C regarding dialysis standard of care. NT C stated that all residents receiving dialysis should have a pre/post dialysis assessment that includes weight, vital signs, and inspection of port/fistula site. NT C stated dialysis residents also have a communication book that is taken to their treatment for the dialysis unit to note changes/concerns to the facility, which the PM dialysis nurse assigned to the resident reviews. Surveyor asked NT C if R8 had a communication book. NT C stated no and was unsure why. Surveyor asked NT C how communication from the dialysis unit was completed for R8 if a book is not used. NT C stated not being sure, but that the dialysis unit would likely contact the charge nurse directly with concerns.</p> <p>On 06/17/25 at 3:05 PM, Surveyor interviewed Registered Nurse (RN) G regarding R8's dialysis assessments. RN G stated that R8's port is assessed daily per order, but not necessarily prior to dialysis treatment. Surveyor asked RN G why it was not assessed prior to dialysis treatment. RN G stated that as long as it was assessed daily, it did not matter. Surveyor asked RN G if R8 had a communication binder to send to dialysis. RN G stated no. Surveyor asked how changes/concerns are communicated. RN G stated either by phone or sending a paper with the resident back to the facility. Surveyor asked RN G if this would be standard of practice for communicating with the dialysis unit. RN G stated that it could be, because each resident is different. Surveyor asked how often R8's vital signs were obtained as there is no order entered for frequency. RN G stated that if an order is not entered than standard of practice is to complete vital signs weekly on bath day. Surveyor asked RN G if this would be considered appropriate monitoring for a resident on dialysis. RN G stated yes because they get vital signs done at every dialysis appointment. Surveyor asked how R8's vitals are monitored if this is not communicated with a binder at each appointment. RN G stated that if there was a concern, the dialysis unit would contact the facility directly so there is no need to do it that often at the facility.</p> <p>On 06/18/25 at 12:06 PM, Surveyor interviewed R8 regarding dialysis. R8 stated that a communication binder hasn't been used in a long time and that a piece of paper will be sent with her once in a while if there is a concern or change. R8 stated the facility does not assess the port site prior to dialysis treatment and sometimes assesses it after treatment. R8 stated that the facility does not complete vital signs pre/post dialysis treatment at any time.</p> <p>On 06/19/25 at 1:43 PM, Surveyor interviewed Director of Nursing (DON) B regarding dialysis communication and standard of care. DON B stated that every resident receiving dialysis should have a communication binder sent with to dialysis and an assessment of the port/fistula site and vital signs be completed pre/post dialysis treatment. Surveyor asked DON B if she was aware that R8 was not receiving pre/post treatment assessments, and no communication binder was being used. DON B stated not being aware of this. Surveyor asked DON B if this was an acceptable practice. DON B stated that it could be as long as any concerns/changes were still being communicated, but that the port and vitals should be assessed before and after treatment. Surveyor asked DON B if this aligned with the facility's policy for dialysis care. DON B stated it did not.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, policy review, and interview, the facility failed to store, prepare, distribute and serve food in a manner that prevents foodborne illness to the residents. Male staff with facial hair did not wear beard restraints when over hot foods. This has the potential to affect all 68 residents in the facility.</p> <p>Findings:</p> <p>Facility policy titled, Dress Code revised 10/9/2010 and implemented July 2025 stated in part: .Hair . Mustaches and beards must be neat, clean and trimmed. If length is longer than 1/2-inch employee must wear a beard guard (per State regulations) .</p> <p>On 06/17/25 at 11:05 AM, Surveyor observed Nutrition Services (NS) E and NS F monitoring the temperature of hot foods with no beard restraints. NS E had facial hair just on the end of the chin measuring about 1 and 1/2 inches long by 2 inches wide and NS F had facial hair that started anterior to both ears and ran all the way down to the chin. Both NS E and NS F's facial hair was long enough to see across the kitchen as both had dark colored beards.</p> <p>On 06/17/25 at 1:49 PM, Surveyor interviewed Dietary of Nutritional Services (DNS) D about the observation made of facial hair not covered in the kitchen. DNS D informed Surveyor that the regulation states beards longer than $\frac{1}{2}$ inch must have a hair restraint. Surveyor informed DNS D that both the State Operations Manual (SOM) and the WI Food Code both indicate facial hair must be covered with a beard restraint. There is no length given in the regulation; all facial hair is to be covered. DNS D replied, Well, that is a learning moment. I am going to change our policy and make sure effective immediately that all facial hair is covered in the kitchen.</p>

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<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>(continued on next page)</p>

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(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>Based on observation, interview and record review, the facility did not maintain an infection prevention and control program designed to provide a safe and sanitary environment to help prevent the development and transmission of infections that has the potential to affect 10 residents living in that resident hall (R) (R3, R7, R20, R30, R37, R50, R60, R314, R315, R316). Facility staff failed to transport linens in a manner to prevent the spread of infection, potentially effecting all residents living in affected hallway. (R3, R7, R20, R30, R37, R50, R60, R314, R315, R316). Facility staff did not properly take on and take off personal protective equipment (PPE) during cares for R50, who is on enhanced barrier precautions (EBP). Facility staff failed to clean mechanical lift in between resident use. (R37, R30) Staff failed to implement appropriate infection prevention and control practices during medication administration for R22, including hand hygiene and glove use with eye medication. This is evidenced by: The facility policy titled, Handling Soiled Linen, dated 4/19/2011, reviewed/revised 6/18/25 states: It is the policy of this facility to handle, store, process, and transport linen in a safe and sanitary method to prevent the spread of infection. The policy pertains to soiled linen. Contaminated linen is linen that has been soiled with blood or other potentially infectious material. 1. Linen can become contaminated with pathogens from contact with intact skin, body substances, or from environmental contaminants. Transmission of pathogen can occur through direct contact with linens or aerosols generated from sorting and handling contaminated linen. 2. A used linen should be handled using standard precautions (i.e. gloves) and treated as potentially contaminated. 3. Linen should not be allowed to touch the uniform or floor and should be handled as little as possible, with minimum agitation to avoid contamination of air, surfaces and persons. 4. Used or soiled linen shall be collected at the bedside. and placed in a linen bag or designated lined receptacle. When task is complete, the bag shall be closed securely and placed in the soiled utility room. On 06/17/25 at 9:12 AM, Surveyor observed Certified Nursing Assistant (CNA) J roll all contaminated linen together after cares on R37 and walked down the hall with it unbagged to a contained receptacle/basket in the soiled utility room. The dirty linen was touching CNA J's clothing, CNA J was not wearing gloves. On 06/17/25 at 10:04 AM, Surveyor observed wound care for R50. During care, bedding fell on the floor. After care was completed, CNA J bundled the contaminated linen that had fallen on the floor, with the wet soaker pad and took it over to the bin located in the room. Nurse Technician (NT) L collected all the garbage and sealed in a bag and came over to same bin. The bin was full of the linen; NT L took the contaminated linen out and dropped it on the floor next to the bin. The bin was a waste receptacle for the disposable gowns and gloves. CNA J disposed of CNA J's gloves and gown in the bin, picked up the pile of contaminated linen from floor and rolled into a large ball. CNA J carried the large ball of contaminated linen down hall to soiled utility room. Dirty linen was placed on floor, not contained when transported down the hall, touched CNA J's clothing and CNA J had no gloves on. On 06/17/25 at 11:18 AM, Surveyor observed CNA J walking down the resident's hall towards soiled utility room with rolled up pile of contaminated linen and no gloves. On 06/17/25 at 11:26 AM, Surveyor observed CNA J roll up contaminated linen into a ball after providing cares for R7. CNA J did not wear gloves and held the unbagged contaminated linen against CNA's clothing while carrying the linen down the residents' hallway to the soiled utility room. On 06/17/25 at 12:29 PM, Surveyor observed CNA J come out of R30's room carrying unbagged contaminated linen close to CNA J's body, and not wearing gloves. CNA J carried the contaminated linen down the resident's hall to the soiled utility room. This had the potential to affect R3, R7, R20, R30, R37, R50, R60, R314, R315, R316 who live on this hallway. On 06/18/25 at 9:09 AM, Surveyor interviewed CNA J, who stated usually CNA J puts everything into the sheet or bedspread and puts it around it and takes it down. A regular person (meaning one not on precautions) I don't worry so much about, but [R50] has blue bags for linen. CNA J stated, I try hold it away from body, (pause) mostly. If too much stuff CNA J states CNA J will put in a blue bag and take it down. On 06/18/25 at 10:15 AM, Surveyor interviewed Director of Nursing (DON) B, who stated DON B expected dirty linen coming out of room should not be on staff clothing, it should be brought right to the dirty utility, placed in the hamper and hand hygiene after that. When asked how it is to be carried out of the room, DON B stated, Infection control wise I would expect to have gloves on and carrying out the dirty linen in a bag or a hamper. Example 2 The facility policy titled, Personal Protective Equipment (PPE), revised 2006, states: PURPOSE: To assist nursing staff in protecting themselves, residents and visitors from potentially infection materials. PROCEDURE: Personal protective equipment will be removed before leaving the isolated area and placed in an appropriately designated area or container for storage, washing</p>		