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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675150 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 03/21/2025 |
| NAME OF PROVIDER OR SUPPLIER Bluebonnet Rehab at Ennis | | STREET ADDRESS, CITY, STATE, ZIP CODE 2300 South Oak Grove Rd Ennis, TX 75119 | |

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

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| <p>F 0584</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 a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>44671</p> <p>Based on observation, interview, and record review, the facility failed to provide a safe, clean, comfortable, and homelike environment for 1 of 1 facility reviewed for a clean and homelike environment.</p> <p>The facility failed to ensure hall 100 and hall 200 floors were swept and maintained.</p> <p>These failures could place residents at risk of living in an uncomfortable and unsafe environment, decreased feelings of self-worth, and a diminished quality of life.</p> <p>Findings included:</p> <p>Observation on 03/21/2025 at 10:09 AM on hall 100 revealed a dried sticky substance throughout the 100 hall and the floor was not swept. Hall 100 appeared with little styrofoam pieces from a cup on the floor.</p> <p>Observation on 03/21/2025 at 10:15 AM on hall 200 revealed throughout the hall the floor was not swept. Hall 200 appeared with little pieces of paper on the floor.</p> <p>During an interview with the Housekeeping Supervisor on 03/21/2025 at 5:04 PM, the Housekeeping Supervisor stated that it was expected that all hall floors were kept swept and not sticky. The Housekeeping Supervisor stated there was always housekeeping staff on the halls making sure the floors were cleaned. The Housekeeper Supervisor stated with the floors needing to be swept and sticky, a possible fall could have occurred.</p> <p>During an interview with the DON on 03/21/2025 at 6:29 PM, the DON stated it was expected for all the hall floors to be clean. The DON stated it was housekeeping's responsibility to make sure the floors stayed cleaned. The DON stated it was expected to make sure the floors stayed cleaned to prevent falls.</p> <p>During an interview with the ADM on 03/21/2025 at 7:15 PM, the ADM stated housekeeping was responsible for the floors in the facility. The ADM stated it was expected to make sure the floors were cleaned all the time to prevent falls.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few | Review of the facility policy Quality Of Life-Homelike Environment dated 2001 and revised May 2017 reflected Residents are provided with a safe, clean, comfortable homelike environment and encouraged to use their personal belongings to the extent possible. | | |

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| <p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44671</p> <p>Based on observation, interviews and record review the facility failed to develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights, that included measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that were identified in the comprehensive assessment for two(Resident #2 Resident #3) of 5 residents reviewed for care plans.</p> <p>The facility failed to revise Resident #2's care plan to reflect Resident #2 no longer required monitoring when smoking cigarettes.</p> <p>The facility failed to revise Resident #3's care plan to reflect Resident #3 no longer had to return cigarettes to the nursing station.</p> <p>This failure could affect residents by placing them at risk of not receiving appropriate interventions to meet their current needs.</p> <p>Findings Included:</p> <p>Review of Resident #2's face sheet dated 03/21/2025 reflected a [AGE] year-old male who was admitted to the facility on [DATE] with diagnoses including acute kidney failure (sudden and significant decline in kidney function that leads to an accumulation of waste products in the body), anemia (a condition in which the blood doesn't have enough healthy red blood cells and hemoglobin, a protein found in red blood cells, to carry oxygen all through the body), essential primary hypertension (a condition characterized by persistently high blood pressure without an identifiable underlying cause), and nicotine dependence cigarettes (a chronic condition characterized by the compulsive use of nicotine-containing products , despite its adverse health effects).</p> <p>Review of Resident #2's quarterly MDS, dated [DATE], reflected a BIMS score of 11, indicated he had moderate cognitive impairment.</p> <p>Review of Resident #2 's care plan dated 03/21/2025, reflected an intervention initiated on 02/10/2024 to monitor Resident #2 when smoking to ensure safety.</p> <p>Review of Resident #2's smoking safety evaluation dated 02/28/2025, reflected that Resident # 2 was an independent smoker that did not require assistance with smoking.</p> <p>Review of Resident #3's face sheet dated 03/21/2025 reflected a [AGE] year-old female who was admitted to the facility on [DATE] with diagnoses which included hypomagnesemia (low levels of magnesium in the blood), generalized anxiety disorder (severe ongoing anxiety that interferes with daily activities), insomnia (a common sleep disorder that can make it hard to fall asleep or stay asleep), and personal history of nicotine dependence.</p> <p>Review of Resident #3's quarterly MDS, dated [DATE], reflected a BIMS score of 15, indicating she was cognitively intact.</p> <p>(continued on next page)</p> | | |

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| <p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Review of Resident #3 's care plan dated 03/21/2025, reflected Resident #3 was non-compliant with returning cigarettes to the nurse's station with date initiated 6/3/2022 and revised on 10/24/2022.</p> <p>Review of Resident #3's smoking safety evaluation dated 02/28/2025, reflected that Resident # 3 was an independent smoker that did not require returning cigarettes to the nurse's station.</p> <p>During an interview with Resident #3 on 03/21/2025 at 1:42 PM, Resident #3 stated that he was safe going out to the smoking area to smoke and he did not require supervision when he went out to smoke.</p> <p>During an interview with Resident #2 on 03/21/2025 at 2:45 PM, Resident #2 stated she did not need supervision when she smoked cigarettes and she was safe going out to the smoking area to smoke.</p> <p>During an interview with the MDS Coordinator on 03/21/2025 at 5:48 PM, the MDS Coordinator stated she was responsible for updating care plans. The MDS Coordinator stated it was expected the care plans should have been updated when the smoking assessments were completed on 02/28/2025. The MDS Coordinator stated when the care plan was not updated the resident's needs were not met.</p> <p>During an interview with the DON on 03/21/2025 at 6:29 PM, the DON stated the MDS Coordinator was responsible for updating the care plan when the smoking assessment was completed. The DON stated when care plans were not updated after the smoking assessment the resident needs would not have been met.</p> <p>During an interview with the ADM on 03/21/2025 at 7:15 PM, the ADM stated that the MDS Coordinator was responsible for updating the care plans. The ADM stated it was expected for the MDS Coordinator to update the care plan once the smoking assessment was completed. The ADM stated if the care plan was not updated, the resident's needs would not be met.</p> <p>Review of the facility policy Care Plans, Comprehensive Person-Centered dated 2001 and revised December 2016 reflected A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident.</p> | | |

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| <p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44671</p> <p>Based on observation, interviews, and record review the facility failed to provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident for one (Resident #1) of 5 residents reviewed for medications and pharmacy services</p> <p>The facility failed to ensure Resident #1's physician ordered medication Neurontin was administered on 03/05/2025 at 2:00 PM.</p> <p>The facility failed to monitor Resident # 1 for pain every shift according to physician orders.</p> <p>This failure could place residents at risk of not receiving necessary medical care and hospitalization .</p> <p>This failure could place residents at risk of not receiving the intended therapeutic benefit of the medication or care to maintain their highest practicable physical, mental, and psychosocial well-being.</p> <p>Findings include:</p> <p>Review of Resident #1's face sheet dated 03/21/2025 reflected a [AGE] year-old male who was admitted to the facility on [DATE] with diagnoses including multiple sclerosis (immune system eats away at the protective covering of nerves), Lyme disease (illness caused by borrelia bacteria), essential primary hypertension (condition characterized by persistently high blood pressure without an identifiable underlying cause), and anxiety (intense, excessive, and persistent worry and fear about everyday situations).</p> <p>Review of Resident #1's quarterly MDS, dated [DATE], reflected a BIMS score of 15, indicating he was cognitively intact.</p> <p>Review of Resident #1's care plan, dated 03/21/2025, reflected Resident #1 was care planned for chronic pain from multiple sclerosis, neuropathy, and general discomfort.</p> <p>Review of Resident #1's physician order, dated 01/21/2025, reflected an order dated 01/25/2024 for Neurontin Oral Tablet 600 MG (Gabapentin) Give 1 tablet by mouth three times a day for neuropathy.</p> <p>Review of Resident #1's MAR dated 03/05/2025, reflected no sign off for 2:00 PM for medication Neurontin.</p> <p>During an interview with Resident #1 on 03/21/2025 at 12:13 PM, Resident #1 stated he could not recall if he had taken the medication Neurontin on 03/05/2025 at 2:00 PM. Resident #1 stated his pain levels were checked on every shift, but he could not recall if the pain level was checked or not on the night of 03/04/2025.</p> <p>(continued on next page)</p> |

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| <p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>During an interview with the NP on 03/21/25 at 1:26 PM, the NP stated the order for the medication Neurontin should be followed per the doctor's order. The NP stated it was expected for the orders to be followed to assist with pain management for Resident #1. The NP stated there would not be an adverse effect with the 1 dose of Neurontin missed. The NP stated the order for pain level checks every shift should be followed per the doctor's order. The NP stated it was expected for the orders to be followed to check Resident # 1's pain levels. The NP stated when pain levels was not monitored the medication would not be managed accordingly without the level of pain known.</p> <p>During an interview with the DON on 03/21/2025 at 6:29 PM, the DON stated it was expected Med Tech B to sign off on the medication Neurontin once it was given on 03/05/2025. The DON stated if the medication was not signed off on it was not given. The DON stated it would not be communicated if the medication was not signed off on to know if it had or had not been received. The DON stated it was expected for the pain assessments to be followed per doctor's orders. The DON stated when pain level was not assessed each shift it would not be determined if medications would need to be increased or decreased.</p> <p>During an interview with the ADM on 03/21/2025 at 7:15 PM the ADM said it was expected for Med Tech B to have signed off on the medication Neurontin. The ADM stated if the Neurontin was not signed off on 03/05/2025 it was not given. The ADM stated not receiving medications can have any effect. The ADM said it was expected for LVN A to have completed the night pain level check on 03/04/2025 per doctor's order. The ADM stated when pain the levels was not not monitored the levels of pain could be worse if not known.</p> <p>During an interview with LVN A on 03/21/2025 at 7:46 PM, LVN A stated she would have been responsible for checking Resident #1's pain level on the night on 03/04/2025. LVN A stated during the week of 03/04/2025 the facility had experienced internet issues. LVN A can't recall the actual night or time that the internet had issues. LVN A stated when there were internet issues, she was not able to document that she had completed the level of pain. LVN A stated it was expected for the pain level for Resident #1 to be signed off on by her that it had been completed. LVN A stated the night pain level not being signed off on would indicate that it was not completed. LVN A stated when the pain level was not signed off on , it was not communicated that the pain level was completed or not for Resident #1.</p> <p>During an interview with Med Tech B on 03/21/2025 at 7:54 PM, Med Tech B stated she was responsible for passing the Neurontin to Resident # 1 at 2:00 PM. Med Tech B stated that Resident #1 will take his Neurontin and if anything, she must have forgotten to sign off on it. Med Tech B stated it was expected for her to sign off on the medication to communicate that Resident # 1 had received the medication. Med Tech B stated if Resident #1 did not receive the Neurontin it may cause an increase in pain. LVN A stated she would have been responsible for checking Resident #1's pain level on the night on 03/04/2025.</p> <p>Review of the facility policy Administering Medications dated 2001 and revised April 2019 reflected Medications are administered in a safe and timely manner, and as prescribed. Medications are administered in accordance with prescriber orders, including any time frame. The individual administering the medication initials the resident's MAR on the appropriate line after giving each medication and before administering the next ones.</p> | | |

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| <p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>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.</p> <p>44671</p> <p>Based on observation and interview, the facility failed to ensure that all drugs and biologicals were stored in locked compartments and inaccessible to unauthorized staff and residents for 1 of 1 facility reviewed for medication storage.</p> <p>The facility failed to secure one over-the-counter Tylenol 500 MG tablet that was observed on 03/21/2025 at 10:15 AM in the shower room on the 500 hall.</p> <p>This failure could place residents at risk of not receiving the intended therapeutic benefit of the medication or care to maintain their highest practicable physical, mental, and psychosocial well-being.</p> <p>Findings include:</p> <p>Observation of the shower room on 03/21/2025 at 10:00 AM on hall 500 revealed one over-the counter Tylenol 500 MG was lying on a folding chair that was up against the wall.</p> <p>During an interview with the NP on 03/21/2025 at 1:26 PM, the NP stated Over- the -counter Tylenol is used for pain and has no adverse effect if taken.</p> <p>During an interview with the DON on 03/21/2025 at 6:29 PM, the DON stated that an over-the-counter Tylenol just laying around was not normal for the facility. The DON stated it was possible it may have fallen out of a staff member's pocket, but it would be hard to prove whose it was. The DON said Tylenol over the counter is used for pain and would have no adverse effect if taken.</p> <p>During an interview with the ADM on 03/21/2025 at 7:15 PM the ADM stated it no medications were administered in the shower room to any residents. The ADM stated the Tylenol over-the-counter pill possibly was a staff member's for their personal use and no staff had admitted to having a Tylenol. The ADM stated that Tylenol would not have an adverse effect and was used for pain.</p> <p>During an interview with Med Tech B on 03/21/2025 at 7:54 PM, Med Tech B stated that no medications were passed in the shower room to residents. Med Tech B stated it could possibly be a staff member that may had dropped the Tylenol. Med Tech B stated that the Tylenol over-the counter was used for pain and there would not be any adverse side effects if taken.</p> <p>Review of the facility policy Administering Medications dated 2001 and revised April 2019 reflected During administration of medications, the medication cart is kept closed and locked when out of sight of the medication nurse or aide. It may be kept in the doorway of the resident's room, with open drawers facing inward and all other sides closed. No medications are kept on top of the cart. The cart must be clearly visible to the personnel administering medications, and all outward sides must be inaccessible to residents or others passing by.</p> | | |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide and implement an infection prevention and control program.</p> <p>44671</p> <p>Based on observation, interview, and record review the facility failed to establish and 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 1 of 1 facility reviewed for infection control practices.</p> <p>The facility failed to ensure the ice scoopers on hall 100 and hall 600 were not exposed and not covered.</p> <p>This failure placed residents at risk of cross contamination.</p> <p>Findings included:</p> <p>Observation on 03/21/2025 at 10:09 AM on hall 100 revealed an ice scooper was lying on a rolling cart exposed and not covered.</p> <p>Observation on 03/21/2025 at 10:20 AM on hall 600 revealed an ice scooper was lying on a rolling cart exposed and not covered.</p> <p>During an interview with CNA C on 03/21/2025 at 4:42 PM, CNA C stated all CNAs were responsible for making sure the ice scoopers were in the plastic covers. CNA C stated it was expected for the ice scoopers to be covered. CNA C stated if the ice scoopers are exposed, cross contamination could occur that may cause a resident to become ill.</p> <p>During an interview with the DON on 03/21/2025 at 6:29 PM, the DON stated it was expected for all CNAs to make sure the ice scoopers were covered after each use. The DON stated cross contamination could occur that may cause illness if the ice scoopers were not covered.</p> <p>During an interview with the ADM on 03/21/2025 at 7:15 PM, the ADM stated it was expected for all the CNAs to make sure the ice scoopers were covered after they were used. The ADM stated cross contamination could occur that may cause illness with residents.</p> <p>Review of the facility policy Infection Control Guidelines For All Nursing Procedures dated 2001 and revised August 2012 reflected Standard Precautions will be used in the care of all residents in all situations regardless of suspected or confirmed presence of infectious diseases. Standard Precautions apply to blood, body fluids, secretions, and excretions regardless of whether or not they contain visible blood, non-intact skin, and/or mucous membranes.</p> | | |