STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675519	A. Building B. Wing	04/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Larkspur	201 South John Redditt Drive Lufkin, TX 75904

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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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43994 Based on observation, interview, and record review, the facility failed to ensure a resident who is unable to carry out activities of daily living receives the necessary services to maintain personal hygiene for 2 of 6 residents reviewed for ADLs (Residents #23 and Resident #24) 1.The facility failed to clean/groom Resident #23's fingernails. Resident #23 had long fingernails that were about an inch in length with a yellow-brown substance underneath them on 4/21/2025 and 4/22/2025. 2.The facility failed to clean/groom Resident #24's fingernails that had a black substance underneath them on 4/21/2025 to 4/23/2025. These failures could place residents who required assistance from staff for ADLs at risk of not receiving care and services to meet their needs which could result in poor care. Findings included: 1. Record review of an Admission Record for Resident #23 dated 4/22/2025 indicated she admitted to the facility on [DATE] and was [AGE] years old with diagnoses of parkinsonism (nervous system disorder that causes tremors and loss of motor function), hypertensive heart disease with heart failure (heart problems caused from high blood pressure), and major depressive disorder (persistent sadness or loss of interest). Record review of a Quarterly MDS Assessment for Resident #23 dated 4/3/2025 indicated she did not have any impairment in thinking with a BIMS score of 15. She required supervision or touching assistance with personal hygiene. Record review of a care plan for Resident #23 dated 3/11/2025 indicated she had an ADL self-care performance deficit related to muscle wasting and atrophy. Interventions included bathing/showering: check nail length and trim and clean on bath day and as necessary. During an observation and interview on 4/21/2025 at 9:47 AM, Resident #23 was in her room in bed awake. She said she had been at the facility since February 2025. Her fingernails were long, about an inch in length and had a yellow-brown substance underneath them. She said they needed to be cleaned. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an observation on 4/21/2025 at 2:31 PM, Resident #23 was in bed resting. Her fingernails were still long and had a yellow-brown substance underneath them. During an observation and interview on 4/22/2025 at 11:10 AM, Resident #23 was in bed awake. She said she received a bed bath earlier that day on 4/22/2025 but the nurse aide did not trim her nails. She was picking at her nails. She said she would like to have them trimmed. During an observation and interview on 4/22/2025 at 11:42 AM, CNA A said she gave Resident #23 a bed bath earlier on 4/22/2025. She said Resident #23 was not diabetic. She said the nurse aides were responsible for cleaning and trimming nails of residents if they were not diabetic. She said she did not notice Resident #23's nails that day. She said the nurse aides were to clean and trim the resident's nails every shower/bath day. She said she would be upset if she had to depend on staff to trim or clean her nails. 2. Record review of an Admission Record for Resident #24 dated 4/22/2 indicated she admitted to the facility on [DATE] and was [AGE] years old with diagnoses of cerebral infarction (stroke), hemiplegia affecting left dominant side (paralyzed on left side), major depressive disorder (persistent sadness or loss of interest) and PTSD (a condition caused by an extremely stressful or terrifying event). Record review of a Quarterly MDS Assessment for Resident #24 dated 2/26/2025 indicated she had moderate impairment in thinking with a BIMS score of 9. She was dependent on staff with personal hygiene. Record review of a care plan for Resident #24 dated 3/11/2025 indicated she had an ADL self-care performance deficit related to hemiplegia affecting left dominant side. Interventions included for bathing/showering-she was totally dependent on staff for bathing/showers. There was not a care plan to indicate that she resisted nail care. During an observation and interview on 4/21/2025 at 2:19 PM, Resident #24 was in her bed awake. Her fingernails were dirty with a black a substance underneath them. She said the staff did clean her nails, but she did not like them to clean them. She said she cleaned them herself and did not want the staff to clean them. During an observation and interview on 4/22/2025 at 3:03 PM, Resident #24 was in bed awake eating food with her fingers that consisted of a banana that was cut up into pieces, an avocado cut into slices, two pieces of cheese, and 5 Vienna sausage links. Her nails had a black substance underneath them. She said she received a bed bath earlier that day on 4/22/2025 and the staff did not clean her nails. She said she did not remember who gave her a bath. During an observation on 4/23/2025 at 8:44 AM, Resident #24 was in bed awake eating breakfast with her hands instead of using utensils that were on her tray. She said she liked to eat with her hands instead of using her utensils. Her nails had a black substance underneath them. She said she used her hands all the time when she ate, and her nails stayed dirty. She said she would not care if the staff cleaned her nails. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 4/23/2025 at 8:50 AM, the ADON said she had been employed at the facility for 2 years. She said nail care was to be performed by the nurse or nurse aides. She said the nurse would take care of the diabetic residents with cutting and cleaning their nails. She said nail care should be done on shower days. She said Resident #23 was not diabetic, but Resident #24 was. She said if she were dependent on staff to clean and care for her nails and they did not, it would make her feel dirty. During an interview on 4/23/2025 at 8:58 AM, RN B said she had been employed at the facility since September 2024 She said the nurses were responsible for nail care if the residents were diabetic and the nurse aides were responsible for nail care for the other residents. She said Resident #24 would often refuse nail care but was not sure the last time Resident #24 refused care. She said they usually checked nails weekly to see if they needed to be trimmed and cleaned them daily. She said if her nails were not clean, it would make her feel dirty. During an interview on 4/23/2025 at 9:03 AM, the DON said nail care was the responsibility of the nurse and nurse aides. She said if a resident was diabetic, then the nurse would be responsible for nail care. She said nail care should be done when needed with cutting and cleaning. She said she was not aware of any residents in the facility with dirty or long nails. She said they would take care of Resident #23 and Resident #24's nails. She said if her nails were dirty or long, it would make her feel gross. During an interview on 4/23/2025 at 2:02 PM, the Administrator said nail care was to be done every Sunday by the nurse aides and they should be cleaned and trimmed, unless they were diabetic then the nurse would be responsible. He said if he were dependent on staff to clean his nails, he would tell someone because he would not like it. Record review of a facility policy titled Care of Fingernails/Toenails revised October 2010 indicated, .The purposes of this procedure are to clean the nail bed, to keep nails trimmed, and to prevent infections. General guidelines: 1. Nail care included daily cleaning and regular trimming .

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40124 Based on observations, interviews, and record review, the facility failed to ensure the residents' environment remained as free of accident hazards as possible for 1 of 6 residents (Resident #32) reviewed for accidents/hazards. The facility failed to remove worn and damaged mechanical lift slings from service from 04/21/2025 through 04/23/2025. This failure could place residents at risk of a loss of quality of life due to injuries. Findings included: 1. Record review of a facility face sheet dated 4/21/2025 for Resident #32 indicated that she was a 65 -year-old female admitted to the facility on [DATE] with diagnoses including morbid obesity due to excessive calorie intake and essential hypertension (uncontrolled blood pressure). Record review of a Quarterly MDS assessment dated [DATE] for Resident #32 indicated that she had a BIMS score of 15, which indicated she was cognitively intact. She was dependent for all transfers and most ADLs. Record review of a comprehensive care plan dated 3/11/2025 for Resident #32 indicated she had an ADL Self-Care Performance Deficit and required a mechanical lift for all transfers with staff assistance x 2 for transfers. During an observation and interview on 04/21/2025 at 9:30 AM, Resident #32 said the staff use the lift sling sitting on the table in her room to get her up. The straps on the Medline lift pad were faded light in color and the care tag was illegible. During an observation and interview on 04/22/2025 at 11:52 AM the Laundry Supervisor, said she had worked at the facility for two years and had not received any training regarding specific laundry requirements for the lift slings. She said she was aware if the slings have holes or are coming unsewn they should not be used. She said she had never removed a sling from service since she has worked at the facility. A Med-Line lift sling was in the dryer ready to be removed. The care tag was illegible, crinkled and the straps were faded in color light pink, light blue and light teal green. The straps were not vivid blue, bright green and bright red as other slings in the dryer. The Laundry Supervisor said she does not bleach the slings and she does place them in the dryer to dry on medium heat with other colored items. She said if a sling that was unsafe was used for residents, it could tear causing the resident to fall and get hurt. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an observation and interview on 4/23/25 at 10:00 AM the Laundry Aide said that he had worked at the facility since January 2025 and had received training to remove mechanical lift slings if the slings had rips and holes. The Laundry Aide said he washed the slings alone, in the bleach cycle and dried them in the dryer. A sling was laid in a wheelchair next to a mechanical lift on hallway 100, ready for use. The sling was dated with a marker 4/15/2022 and the care tag was crinkled, illegible and the straps were faded in color, light pink, light blue and light teal green. The Laundry Aide said it had no rips or holes, so it looked good for use to him. During an interview on 04/23/25 at 10:43 AM the Regional Nurse Consultant said staff had just performed a sweep to remove old slings and had ordered new slings. She said they will remove the faded slings and replace them. The Regional Consultant said staff would be in serviced on when to remove slings from service including old, bleached or faded slings. She said that using a sling that was no longer safe for use as indicated by manufacturers recommendations could result in a fall with injuries. During an interview on 4/23/2025 at 1:30 PM, the DON said the lift slings should be checked about every 6 months and checked every time they were washed. She said she was not aware of the manufacturer's guidelines for the lift slings that the slings should not be in use if they had been bleached and were faded. She said they planned to conduct an audit and the facility had ordered new slings for the facility. She said there could be risk for injury if the faded and unraveling slings were being used. During an interview on 4/23/2025 at 1:45 PM, the Administrator said staff knew to report any torn or ripped mechanical lift slings and to throw them away. He said it was the responsibility of the DON or ADON to make sure they were not using worn or damaged lift slings. He said he was not aware that the laundry aide was bleaching the slings. He said the faded slings could not be in use and there would be a potential risk for falls or injuries. Record review of a facility policy titled Lifting Machine, using a Mechanical, revised 07/20/2017 indicated: . Sling Care: 2. Wash and Sanitize according to manufacturer's instructions. 3. Discard any worn, frayed, or ripped slings . Record review of the manufacturer instruction for Medline full body slings undated indicated, .Full body slings are made of durable materials and are ideal for patient transferring and toileting activities. Always inspect slings prior to each use. Signs of color fading, bleached areas, indicate improper laundering which is unsafe and could result in injury. Any slings with signs of wear or improper laundering should be immediately removed from use . (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of the manufacturer instructions for Proactive full body slings accessed https://proactivemedical.com/products/lifts-slings/patient-slings/full-body-sling/ accessed 03/18/2025 indicated, .Proactive medical products . Guideline for Identifying Deteriorated Slings Accelerated Deterioration from Bleach, High Temperature Wash or Drying Slings, especially loop straps that have been damaged from being laundered in unsuitable conditions (bleach, high heat wash or dry) may appear to be in good condition but the actual tensile strength of the material may be compromised and pose a safety risk and should not be used for lifting a patient or resident. This Guide is intended to help staff and caregivers better identify slings that have been exposed to above laundry conditions and subsequent loss of tensile strength. We encourage any sling identified with the following characteristics to be removed from service immediately as a preventive measure. Proactive Medical slings have been designed and tested for laundry wash conditions of 170F degrees and air dry or dry at low temperature. The slings should never be bleached. Commercial washer and dryers are not recommended. Care instructions on the sling label should always be followed. Laundry equipment should be properly maintained and repaired when necessary. Completely Faded / Missing / Illegible Tag while the main body of the sling fabric is still intact and in relatively good condition. Colors are not faded or show very little fading .

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43994 Based on interview, and record review, the facility failed to provide pharmaceutical services, including procedures that assures the accurate acquiring, receiving, dispensing, and administering of medications for 1 of 2 medication rooms (Bluebonnet) reviewed for pharmacy services. The facility failed to dispose of expired medications from the medication room for Bluebonnet on 4/22/2025 which included: *Resident #35 had a foil package of albuterol 0.083% (nebulized medication that helps with breathing) that expired February 2025. *Resident #24 had a box of albuterol 0.083% that expired February 2025. *Resident #191 had 1 box of ipratropium/albuterol 0.5 mg/3 mg (nebulized medication that helps with breathing) that expired October 2024 and 3 boxes of ipratropium/albuterol 0.5 mg/3 mg that expired February 2025. These failures could place residents at risk for adverse effects and reduced therapeutic effects of medication. 1. Record review of an Admission Record for Resident #35 dated 4/22/2025 indicated she admitted to the facility on [DATE] and was [AGE] years old with diagnoses of cerebral infarction (stroke), hemiplegia (paralyzed on one side of the body), COPD (a group of lung diseases that affect breathing) and aphasia (difficulty speaking). Record review of active physician orders for Resident #35 dated 4/22/25 did not indicate an order for albuterol 0.083% 3 ml. Record review of a Quarterly MDS Assessment for Resident #35 dated 2/5/2025 indicated a BIMS score of 0 as she was rarely/never understood. She had shortness of breath or trouble breathing when lying flat and used oxygen while a resident during the 14 day look back period. Record review of a care plan for Resident #35 dated 1/23/2025 indicated she had oxygen therapy related to ineffective gas exchange. Interventions indicated to monitor for signs and symptoms of respiratory distress and report to MD prn. 2. Record review of an Admission Record for Resident #24 dated 4/22/2025 indicated she admitted to the facility on [DATE] and was [AGE] years old with diagnoses of cerebral infarction (stroke), hemiplegia affecting left dominant side (paralyzed on left side), and other pneumonia (lung infection). Record review of active physician orders for Resident #24 dated 4/22/25 did not indicate an order for albuterol 0.083%. (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of a care plan for Resident #24 dated 3/11/2025 indicated she had an ADL self-care performance deficit related to hemiplegia affecting left dominant side. Record review of a Quarterly MDS Assessment for Resident #24 dated 2/26/2025 indicated she had moderate impairment in thinking with a BIMS score of 9. She had shortness of breath or trouble breathing with exertion and when lying flat. She used oxygen therapy during the 14 day look back period. 3. Record review of an Admission Record for Resident #191 dated 4/22/2025 indicated she admitted to the facility on [DATE] and discharged on [DATE]. She was [AGE] years old with diagnoses of sepsis (infection in the blood), UTI (infection in the urinary tract) and age-related osteoporosis (brittle bones). Record review of active physician orders for Resident #191 dated 4/22/2025 indicated an order for ipratropium/albuterol 3 ml inhale orally every 8 hours as needed for shortness of breath with a start date of 12/20/2023. Record review of a Quarterly MDS Assessment for Resident #191 dated 11/1/2024 indicated she did not have any impairment in thinking with a BIMS score of 14. During the 14 day look back period she did not require oxygen therapy. Observation on 4/22/2025 at 8:38 am, in the Bluebonnet medication room for halls 500, 600, 700, and 800 with LVN C revealed: 1. Resident # 35 had a foil package of albuterol 0.083% 3 ml inhale orally via nebulizer every 4 hours as needed for wheezing that expired February 2025. 2. Resident #24 had a box of albuterol that expired February 2025. 3. Resident #191 had four boxes of ipratropium/albuterol. Three boxes expired February 2025 and the other box expired October 2024. During an interview on 4/22/2025 at 8:51 AM, LVN C said she had been employed at the facility for 2 years. She said the nurses, medication aides, DON, ADON and unit managers were responsible for checking the medication rooms for expired medications. She said the medication boxes of nebulizer treatments were placed in the bottom cabinet for overflow. She said the medications should have been discarded when the residents discharged . She said the medication rooms should be checked daily. She said residents could have adverse reactions if they were given medications that were expired. During an interview on 4/23/2025 at 8:50 AM, ADON said the nurses were responsible for checking the medication room daily and the nurse managers were to check them weekly. She said they checked for expired and discontinued medications. She said she was made aware of the nebulizer medications being found in the medication room on yesterday 4/22/2025. She said there could be a risk of the medications not being effective if given past the expiration date. (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 4/23/2025 at 9:03 AM, the DON said the medication rooms were the responsibility of all nursing staff and they should be checked weekly by the nurse managers and daily by medication aides and nurses. She said they should check for expired, damaged, or discontinued medications. She said she was not aware of any expired medications in the medication room and said it was overlooked. She said if residents were given medications that were outdated, they would not get the therapeutic effect intended. During an interview on 4/23/2025 at 2:02 PM, the Administrator said the medication aides and unit managers should be checking daily to make sure medications were stored appropriately. He said medications that were outdated should be destroyed. Record review of a facility policy titled Storage of Medications revised April 2007 indicated, .The facility shall store all drugs and biologicals in a safe, secure, and orderly manner. 4. The facility shall not use discontinued, outdated, or deteriorated drugs or biologicals. All such drugs shall be returned to the dispensing pharmacy or destroyed .

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43994 46436 Based on observations, interviews, and record reviews the facility failed to ensure drugs and biologicals were stored in locked compartments under proper temperature controls for 1 of 18 rooms (room [ROOM NUMBER]) reviewed for pharmacy services. The facility failed to ensure a syringe of normal saline 0.9% (a solution used to maintain hydration) and 1 syringe of heparin 500 units per 5 ml (blood thinner) was were not on a bedside table in an unoccupied room (room [ROOM NUMBER]) on 4/21/2025. These failures could place residents at risk for adverse effects and reduced therapeutic effects of medication. Findings include: During an observation on 4/21/25 at 9:21 AM, an unoccupied room (room [ROOM NUMBER]) had 1 syringe of Normal Saline 0.9% and 1 syringe of heparin 500 units per 5 ml lying on a side table. During an interview on 4/21/25 at 9:33 am, LVN E said that the resident in room [ROOM NUMBER] was discharged to the hospital last week. She said she had only worked on 300 hall for a short time and was not sure why or how the medication was left in the room. She said that the normal saline and heparin syringes came as a house stock and should never be left at the bedside. She said all medications should be stored and secured appropriately either in the medication room or medication cart. She said that improper storage of medication could affect resident health. During an interview on 4/23/2025 at 8:50 AM, ADON said medications should be stored in the medication room and in medication carts and never left at the bedside. She said there could a risk of other residents going in the room and taking the medication if they were left. During an interview on 4/23/2025 at 9:03 AM, the DON saidmedications should never be left in the resident's room unless they are being administered. She said she was made aware of the medications of heparin and normal saline being left in a room of a resident who had discharged to the hospital. She said another resident could go in the room and get the medications if they were left unattended. During an interview on 4/23/2025 at 2:02 PM, the Administrator said the medication aides and unit managers should be checking daily to make sure medications were stored appropriately and should not be left in any resident rooms. He said residents could get the medications if they were left in rooms. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of a facility policy titled Storage of Medications revised April 2007 indicated, .The facility shall store all drugs and biologicals in a safe, secure, and orderly manner. 4. The facility shall not use discontinued, outdated, or deteriorated drugs or biologicals. All such drugs shall be returned to the dispensing pharmacy or destroyed .

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46436 Based on observations, interviews, 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 6 residents (Resident #20) and 1 of 5 staff (CNA D) reviewed for infection control. CNA D failed to wear appropriate PPE for contact isolation precautions when providing care to Resident #20 on 4/21/2025. This failure could place residents at risk of exposure to infectious diseases due to improper infection control practices. Findings included: Record review of Resident # 20's facility face sheet revealed Resident #20 was a [AGE] year-old female and admitted on [DATE] with diagnosis of memory deficit following cerebrovascular disease. Record review of Resident #20's Quarterly MDS assessment dated [DATE] revealed a BIMS of 13 indicating intact cognition and required supervision with activities of daily living. Record review of Resident #20's comprehensive care plan dated 3/27/2025 revealed Resident #20 had a urinary tract infection and monitor for signs and symptoms. Record review of Resident #20's consolidated physician's order dated 4/15/2025 revealed an order for contact isolation. During an observation on 04/21/25 at 12:40 pm CNA D was in Resident 20's room setting up her meal tray. CNA D did not have on PPE and Resident #20 required contact isolation per the signs on the outside of the room. CNA D was observed handling Resident #20's over bed table and bed remote control without any gloves or gown in place and CNA D left the room without performing hand hygiene. During an interview on 4/21/25 at 12:46 pm CNA D said she knew Resident # 20 was on contact isolation and was in a hurry to pass trays and forgot to put on her PPE. She said she had been trained on contact isolation precautions and by not following isolation precautions she could spread infections. During an interview on 4/23/25 at 9:59 am the ADON said she was the infection prevention nurse and was responsible for the infection control program and training all staff. She said if a resident was in contact isolation staff should be applying PPE before entering the room. She said if CNA D entered Resident #20's room and handled any belongings she should have had on her PPE. She said staff were trained on hire and frequently throughout the year on infection control and isolation precautions. She said if staff were not following the isolation precautions, infections could spread. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675519	A. Building B. Wing	04/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Larkspur	201 South John Redditt Drive Lufkin, TX 75904

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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	During an interview on 4/23/25 at 10:12 am the DON said the ADON was responsible for the infection control program, but she was responsible for the oversight of all nursing staff. She said that staff were trained on isolation precautions and expected staff to follow the isolation precautions. She said if precautions for infections were not followed infections could spread. During an interview on 4/23/25 at 1:50 pm the Administrator said the DON was responsible for oversight of the infection control program and every staff member was trained on infection control on hire and throughout the year. He said he expected staff to follow the facility infection control program to prevent spread of infections. Record review of skills checklist dated 2/27/25 indicated CNA D had been trained on isolation, proper PPE use and handwashing. Record review of a facility policy titled Contact Precautions dated August 2012 indicated, .contact precautions are designed to reduce the risk of transmission of important microorganisms by direct or indirect contact. Direct-contact transmission also can occur between two Patients (e.g., by hand contact), with one serving as the source of infectious microorganisms and the other as a susceptible host. Indirect-contact transmission involves contact of a susceptible host with a contaminated intermediate object, usually inanimate, in the Patient's environment. In addition to wearing gloves as outlined under Standard Precautions, wear gloves (clean, non sterile gloves are adequate) when entering the room. In addition to wearing a gown as outlined under Standard Precautions, wear a gown (a clean, non sterile gown is adequate) when entering the room if you anticipate that your clothing will have substantial contact with the Patient, environmental surfaces, or items in the Patient's room .