STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675579	A. Building B. Wing	08/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beacon Harbor Healthcare and Rehabilitation	6700 Heritage Parkway Rockwall, TX 75087

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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Keep residents' personal and medical records private and confidential. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50445 Based on observation, interview, and record review, the facility failed to ensure personal privacy during incontinent care for 4 (Residents#78,#71,#38, and #3) of 15 residents reviewed for privacy. The facility failed to ensure Residents#78,#71,#38, and #3 were not put at risk of being exposed to view from the outside of the facility and to other windows of the facility during incontinent care or getting dressed. This failure could place other residents at risk for embarrassment and loss of self-esteem and dignity. Findings included: Review of the Admission Record indicated Resident #78 was [AGE] years old female admitted on [DATE]. Review of the MDS assessment dated [DATE] indicated Resident #78 had diagnoses of cerebral vascular accident (stroke) and generalized muscle weakness and was dependent on staff for toileting, and hygiene. During an observation on 08/20/24 at 1:16 p.m., revealed Resident #78 was observed receiving incontinence care by LVN C. Resident #78's bed was located beside a window that had vertical blinds with slats. The blinds were missing multiple slats, leaving large areas where the resident could be visible to anyone outside the building, or anyone looking out the windows of the part of the building facing directly across from Resident #78's room. The window itself did not have a curtain. The privacy curtain had been pulled in the middle of the room to provide privacy between roommates and to block the view of anyone entering the room. The privacy curtain did not block the view of the window. Resident #78 was observed being turned on her left side with the complete back part of her body unclothed and facing the window. In an interview on 08/20/24 at 01:20 p.m., with LVN C, when asked about the gapping blinds in Resident #78's room, the incontinence care that he had just provided, and the lack of resident privacy, LVN C stated, Of course, privacy was going to be a concern and that it could have negatively affected the resident. He reported all staff were responsible for ensuring the privacy of residents during personal care. (continued on next page)

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F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an interview on 08/20/24 at 01:22 p.m., Resident #78 stated she had difficulty with her vision and had not been able to tell that the blinds did not cover the window. She reported that made her feel uncomfortable. In an interview on 08/20/24 at 01:25 p.m., CNA B reported that she had worked at the facility for 1 year. She reported that staff had knocked on residents' doors and utilized the privacy curtains in the rooms to protect residents' privacy. She stated that window blinds were broken throughout the facility. She stated that if someone had walked by the window while a resident had been changed, it was very concerning for privacy. She stated staff had tried to use the curtains. She reported she had reported the broken blinds to maintenance a month or two ago. She stated that some residents had received better blinds (the horizontal blinds), but that many of them had not. In an interview and observation on 08/20/24 at 01:13 p.m., Resident #3 stated that her blinds had been broken since her admission two years ago. She stated she had submitted a request to the DON that they be fixed but did not know the exact date. The lateral blinds were observed to have approximately 13 slats which were not enough to fully cover the window. The window did not have a curtain. Resident #3 stated anyone could see in the window. She reported the window showed into the dining room across the way. She was noted with a privacy curtain in her room but stated she did not use it. She stated she turned off the lights when she needed to change clothes. She was noted with a roommate. She stated, you don't like to have people looking in on you and you can't tell. In an interview and observation on 08/20/24 at 01:25 p.m., Resident #38 stated he had lived at the facility for 7 years. The lateral blinds in his room (approximately20 individual slats) did not cover the entire window at their widest. The window did not have a curtain. The window directly faced the parking lot. He reported he was legally blind and was not aware of that. He stated he always wore a hospital gown. He stated he was not aware of the privacy issue. He laughed and stated, I hope I gave them a good show! The privacy curtain that was in use was providing privacy between him and his roommate. In an interview on 08/20/24 at 05:20 p.m., MA A stated he had worked at the facility for 8 years. He reported that when providing personal care, the curtain should be drawn, and the blinds should be closed to protect residents' privacy. In an interview on 08/20/24 at 05:25 p.m, CNA D reported she had worked at the facility for 3 weeks. She stated that to protect the privacy of residents the blinds needed to be closed and a curtain could also be used to block the resident from any roommates and anyone coming in the room during personal care. She reported that providing privacy was a dignity issue. In an interview on 08/20/24 at 05:40 p.m., LVN E reported that the windows needed to be covered to provide residents with privacy for personal care. She reported that not providing privacy could result in resident embarrassment. In an interview on 08/20/24 at 05:50 p.m., CNA F stated she had worked at the facility for ten months. She reported that to protect the privacy of residents, staff closed the blinds, pulled the curtain, and shut the door prior to providing any personal care. (continued on next page)

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F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an interview on 08/21/24 at 12:00 p.m., DON reported he expected staff to have closed the blinds or used the privacy curtain hanging from the ceiling when they provided residents with personal or incontinence care. He reported that failure to do that could affect the residents' privacy and dignity but that it would depend on the situation, noting that some residents' windows faced a brick wall. He reported that all staff were responsible for maintaining the privacy of residents. He stated the facility was currently under construction and that there was a plan to replace the blinds in resident rooms. In an interview on 08/22/24 at 12:56 p.m., RN G reported that regarding privacy and providing personal care to residents, she expected that staff would provide privacy, making sure that the blinds were closed to ensure the privacy and dignity of residents. She reported that if this had not occurred, what the resident could experience would depend on what care had been provided to the resident. In an interview and observation on 08/22/24 at 01:02 p.m., Resident #71 stated, I've been asking for blinds since I got here in October (2023). I have been mostly asking DON. He said they are ordering them and going to put them all in at one time. They are those long vertical blinds. They don't work. You can't close them. I have just been getting dressed without them closed. My window faces the gazebo and courtyard. We close the door. We don't use the curtain because it blocks the air conditioner. Observation during the interview revealed there were no blinds on Resident #71's window. Resident #71 had hung personal decorative curtains which were tied back to the sides of the window away from the air conditioner. In an interview on 08/22/24 at 01:22 p.m., LVN H reported when providing residents with personal care, the staff, usually the first thing is, they have to close the curtain. Close the door. Close the blinds. To keep the resident's privacy. No one wants to show their privacy. To respect the resident. If this is not done, some residents would not notice, but some would be angry, feel embarrassed, or unsafe because we are not keeping their dignity. Review of facility policy titled, Policy/Procedure-Nursing Clinical, Section: Routine Procedures, Subject: Incontinence Care with revision date of 5/2007, reflected that #1 for providing incontinence care stated, Assemble equipment. Explain procedure. Provide privacy by closing door and securing privacy curtain.

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46486 Based on observation, interview, and record review the facility failed to provide a resident has a right to a safe, clean, comfortable and homelike environment for three of six resident halls (100, 200 hall and 300 hall) reviewed for physical environment. 1. The facility failed to ensure the intake vent at beginning of 100 hall was kept clean. 2. The facility failed to ensure resident rooms (102, 106 and 133) had a complete set of lateral blinds. 3. The facility failed to ensure resident room [ROOM NUMBER] was maintained with baseboards in place and the wall not exposed. 4. The facility failed to ensure hall 300 had safe handrails. These failures placed residents at risk for an unsanitary, unsafe, and uncomfortable environment. Findings included: 1. Observation of the 100 hall on 08/20/24 at 10:22 AM revealed the intake vent was covered in dust. 2. Observations of resident rooms 102, 106 and 133 08/20/24 at 11:00 AM revealed multiple missing vertical blinds. An interview on 08/20/24 at 11:05 AM with Resident #3 revealed her blinds were broken and the resident had requested they be fixed, because the blinds did not fully cover the window. She stated that anyone could see in the window if they were in the dining room. An interview on 08/20/24 at 11:22 AM with LVN C revealed when asked about the gapping blinds and privacy, stated, Of course, privacy is concerning, because the gaps between the blinds in the window allowed exposure to people looking into residents' rooms. 3. Observation of room [ROOM NUMBER] on 08/20/24 at 1:30 PM revealed a base board approximately 8 inches was completely detached, which exposed the wall and approximately 2 feet of base board pulled away from wall located under the wall air condition unit. An interview on 08/22/24 at 11:45 AM, CNA I stated she had not noticed any baseboards that peeled or were missing. CNA I stated if she had any maintenance issues, she would report them to the nurse to put in a maintenance request on the computer. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Interview on 8/22/24 at 3:24 PM LVN J stated no resident or CNA had informed her of missing or peeling baseboards. LVN J stated that if she had seen or if someone reported to her that there were missing baseboards or peeling baseboards, she would put in a maintenance request through TELS (computer maintenance work order system) on the computer. 4. Observation of hall 300 on 08/20/24 at 10:22 AM revealed broken plastic handrails outside room [ROOM NUMBER] and room [ROOM NUMBER] that exposed sharp edges. Interview on 08/22/24 at 1:40 PM with the Maintenance Director, he stated he was not informed of the issues with the intake vent or baseboards. He stated the facility had been going through complete renovations, which included all vents being replaced throughout the facility from metal vents to plastic vents and each resident room was being updated. If the staff had a maintenance request, they would put them in through TELS. The Maintenance Director stated that he checked TELS daily, the staff could see when work orders were being processed and once, they were completed. The Maintenance Director stated he was aware there were handrails that were broken but covered them with tape to prevent injury to residents and the blinds that were missing, he had them replaced . Observation of rooms 102, 106 and 133 on 08/22/24 at 3:22 PM revealed blinds were no longer missing any vertical blinds. An interview on 08/22/24 at 3:35 PM with the DON,revealed The facility is currently being remodeled, floors are done and once the painting of the halls are complete then each of the residents' rooms will be remodeled. The DON stated he was not aware there were any rooms with baseboards that were missing. The DON stated the facility changed out most vertical blinds to horizontal blinds, the rooms who still had vertical blinds, if they were to break, the facility would intermittingly replace the broken/missing blinds. The DON stated the staff put in all maintenance request through TELS. Review of facility's undated policy Physical Environment/Homelike Environment reflected It is the policy of this facility that the facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. Resident rooms must be designed and equipped for adequate nursing care, comfort and privacy of residents.

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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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46525 Based on observation, interview, and record review the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety in the facility's only kitchen, reviewed for food safety. 1. The facility failed to ensure food items in the refrigerators, freezer and dry storage room were labeled with the item description, the received by date, the opened date, the discard by and or expiration dates; stored in accordance with the professional standards for food service. 2. The facility failed to discard opened items stored in refrigerator, freezers and dry storage that were not properly labeled with the opened or prepped by date and or past the 'best buy', consume by or the manufacturer's expiration dates. 3. The facility failed to ensure multiple food items stored in a bin/container were each clearly identifiable. 4. The facility failed to ensure the handwashing sink #1's garbage receptacle was used for only paper towels. 5. The facility failed to ensure the eyewash station bowl was clean and fully functional. These failures could place residents at risk for food-borne illness and cross contamination. Findings included: Observation of the Kitchen on [DATE] at 09:24 AM revealed the following: - The long prep table next to the ice machine, where the juice machine also sat. Next to the juice machine were two square clear containers with lids, one labeled coffee, dated [DATE] the other labeled tea, dated [DATE] with 3 extra-large tea bags inside. There was no discard by or expiration date. -The kitchen floor was slippery even with non-skid shoes on, but it was dry to the appearance. -Handwashing sink #1's garbage receptacle has trash other than paper towels. There was a large sized cardboard carton that was sticking up from the garbage receptacle. -On the steam table, on top were four foam to-go containers with lids, which contained leftover breakfast (scrambled eggs, small pancakes, sausage links). The containers were unlabeled with an item description, no prep date, no discard by or expiration date. -On the steam table, there were two small bowls with lids, containing oatmeal. There were no item descriptions, no prep dates and no discard by or expiration dates. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-On the steam table, there was a small stack of bread slices wrapped in foil. There was no item description, no prep date and no discard by or expiration date. -The prep table across from the stove, on the bottom shelf was a tray with ten bowls with lids containing various cereals. The bowls were labeled: RC (rice cereal), CH (whole grain cereal o's) and CF (cornflakes). There were various prep dates ranging from ,d+[DATE] and ,d+[DATE] (out dated) ,d+[DATE] and , d+[DATE]. There was no discard by or expiration dates. -1 Extra-large bin with a lid labeled cornmeal dated [DATE], no discard by date. -,d+[DATE] lbs. 5 oz container with lid of mashed potatoes granules, previously opened, dated [DATE]. There was no open date, the manufacturer's expiration date was [DATE]. -1-Extra-large bin with a lid labeled sugar dated [DATE], no discard by date. -1-Extra-large bin with lid labeled thickener dated [DATE], no discard by date. -The eyewash station bowl had dust and debris inside and there was a substantial crack in the bowl nearest the side where the wall was. The crack was wide enough to see through it toward the floor (wide enough a dime or penny could fit through). Observations of the Walk-in refrigerator on [DATE] at 09:52 AM revealed the following: -Left side: 1 small square bin labeled dressing, dated [DATE]. There were 5 small individual containers of ranch dressing, 2 small individual containers of balsamic vinegar dressing and 2 yogurts (manufacturer expirations [DATE] & [DATE]). No labels for the yogurts were noted. -Right side: 1 extra-large zip top bag with shredded cheese dated [DATE], no discard by date. -1 medium metal pan labeled mix veggies dated [DATE], expiration date [DATE]. -2 plates with garden salads wrapped in plastic wrap dated [DATE], no discard by date. -1 medium zip top bag with chips, a sandwich, a pastry and bottled water, dated [DATE]. There was no patient name on the bag, no item description, no discard by date. -1 large zip top bag containing previously opened turkey deli meat, dated [DATE], no discard by date. -1 large zip top bag containing previously opened ham deli meat date [DATE], no discard by date. Observation of the Walk-in freezer on [DATE] at 10:19 AM revealed the following: -1 Extra-large zip top bag labeled chicken dated [DATE] and had a moderate amount of ice crystals in the bag. The meat was darkened and had a dried appearance in some areas. Observations of the Dry Storage Room on [DATE] at 10:27 AM revealed the following: (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Left back corner of room: -1 extra-large bin with lid, labeled flour, dated [DATE], expiration date [DATE]. It was left open to air. - 1 extra zip top bag of crispy rice cereal date [DATE], opened [DATE], no discard by date. -1 extra large bag of cornflakes cereal dated [DATE], opened [DATE] had plastic wrap draped over it (not securely wrapped); product left open to air. -,d+[DATE].7 oz bottle of previously opened caramel sauce, no received by date, opened [DATE], no discard by date. -1 plastic bag of 3 hamburger buns, previously opened, no received by date, no opened date, no discard by date. Observation of Dining room on [DATE] at 09:50 AM, revealed the following: -Near Kitchen entry door: -1 large drink dispenser containing dark colored liquid, no label of item description, no prep. date, not discard by date. In an interview on [DATE] at 09:39 AM with the DM, she stated leftovers were kept for 3 days in refrigerator unless it was something they generally kept longer. The DM stated the dry goods were kept ,d+[DATE] days once opened. She stated items like cereal were kept 3 months, when opened then they were kept 1 month but then once they transferred to the cereal containers, they only kept for 10 days. The DM stated she did a walkthrough of the kitchen after the surveyors left the kitchen on the first day and noted some of the things that had been brought to her attention. She stated when items in the big bins run low or are out, they wash the bin, dry it, then put new product inside and label it. The DM stated when written the labels should be legible not hard to read, smeared or not visible as noted during our walk through. She stated that not putting the end dates (expiration/discard dates) could cause something that is outdated to be served or not having the dates legible could cause the staff to not know when something had expired, these things could lead to food born-illness. She stated she would do an in-service with staff on the labeling of food items and the discard by dates. Review of the facility's Dietary Services Food Storage Policy, Date Revised [DATE], reflected Policy: It is the policy of this facility to prevent contamination of food products and therefore prevent foodborne illness. Procedures: 1. Director of food Service Responsibilities .E. Provide for the proper receipt and storage of all food supplies. 5. Food Storage. C. All non-food items must be properly labeled and stored away from labeled food products. G. Old stock is rotated and used first. 6. Proper Handling. K. Leftovers must be dated, labeled, covered, cooled and stored (within ,d+[DATE] hour) in a refrigerator, not at room temperature. P. Foods that have stood for several hours at room temperature cannot be considered safe and free from contamination and cannot be made so by refrigeration, especially during the summer season. They must be discarded. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the U.S. FDA Food Code 2022 reflected: Chapter 3 . section ,d+[DATE].11 Compliance and Food Law: . C. Packaged Food shall be labeled as specified in Law, including 21 CFR 101 Food Labeling [* .(b) A food which is subject to the requirements of section 403(k) of the act shall bear labeling, even though such food is not in package form. (c) A statement of artificial flavoring, artificial coloring, or chemical preservative shall be placed on the food or on its container or wrapper, or on any two or all three of these, as may be necessary to render such statement likely to be read by the ordinary person under customary conditions of purchase and use of such food. The specific artificial color used in a food shall be identified on the labeling when so required by regulation in part 74 of this chapter to assure safe conditions of use for the color additive.], 9 CFR 317 Labeling, [*(a) When, in an official establishment, any inspected and passed product is placed in any receptacle or covering constituting an immediate container, there shall be affixed to such container a label .Marking Devices, and Containers, and 9 CFR 381 Subpart N Labeling and Containers, and as specified under S ,d+[DATE].18. Section ,d+[DATE].12 Food Storage Containers, Identified with Common Name of Food: Except for containers holding FOOD that can be readily and unmistakably recognized such as dry pasta, working containers holding food or food ingredients that are removed from their original packages for use in the food establishment, such as cooking oils, flour, herbs, potato flakes, salt, spices, and sugar shall be identified with the common name of the food. Section ,d+[DATE].17 . Commercial processed food: Open and hold cold . B. 1. The day the original container is opened in the food establishment shall be counted as Day 1. 2. The day or date marked by the food establishment may not exceed a manufacturer's use-by date if the manufacturer determined the use-by date based on food safety. C. 2. Marking the date or day of preparation, with a procedure to discard the food on or before the last date or day by which the food must be consumed on the premises, sold, or discarded as specified under (A) of this section. 3. Marking the date or day the original container is opened in a food establishment, with a procedure to discard the food on or before the last date or day by which the food must be consumed on the premises, sold, or discarded as specified under (B) of this section. Definitions 3. Food Receiving and Storage - When food, food products or beverages are delivered to the nursing home, facility staff must inspect these items for safe transport and quality upon receipt and ensure their proper storage, keeping track of when to discard perishable foods and covering, labeling, and dating all PHF/TCS foods stored in the refrigerator or freezer as indicated. Chapter 6 . Section ,d+[DATE].20 Disposable Towels, Waste Receptacle. Waste receptacles at handwashing sinks are required for the collection of disposable towels so that the paper waste will be contained, will not contact food directly or indirectly, and will not become an attractant for insects or rodents www.fda.gov

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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	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27070 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 3 (CNA M, CNA P, and CNA Q) of 3 staff members for infection control procedures. CNA M, CNA P and CNA Q failed to perform hand hygiene after direct contact with Residents #3, #31, and #76 while serving meals on the hallways. This failure could place residents at risk for healthcare associated cross contamination and infections. Findings included : Record review of Resident #3's annual MDS assessment, dated 06/21/2024, revealed a [AGE] year-old female who was admitted to the facility on [DATE]. Resident #3 had diagnoses which included: Dementia (brain disease that effects memory), Parkinson's Disease (uncontrollable or unintended movements), and atrial fibrillation (irregular heartbeat). Resident #3 was cognitive and able to make decisions and required assistance of one staff for activities of daily living. Record review of Resident #31's annual MDS Assessment, dated 06/16/24, revealed an [AGE] year-old female who was admitted to the facility on [DATE]. Resident #31 had diagnoses which included: dementia (brain disease that effects memory), hypertension (increased blood pressure), and chronic venous peripheral insufficiency (blood pooling in the legs). Resident #31 was still cognitive and required one staff for assistance with activities of daily living. Record review of Resident #76's annual MDS Assessment, dated 01/22/24, revealed an [AGE] year-old female who was admitted to the facility on [DATE]. Resident #76 had diagnosis which included: Dementia (brain disease that effects memory), Hyperlipidemia (high cholesterol), hypertension (high blood pressure), and hypothyroidism (low thyroid level). Resident #76 was moderately impaired for cognition and required one staff for assistance with activities of daily living. Observation on 08/20/24 at 12:16 p.m., revealed CNA M, walked up with the lunch tray cart, and served a lunch tray to Resident #3. CNA M entered Resident #3's room touched, and moved the overbed table in the resident's room, opened the lid of Resident #3's meal tray, setting up the meal to tray for the resident to eat the lunch. CNA M did not have on gloves. CNA M was observed to not wash her hands or use hand sanitizer, available in the hallway prior to getting the next tray for another resident. Observation on 08/20/24 at 12:17 p.m., revealed CNA P entered Resident's #76's room with the lunch tray. CNA P set up the resident's lunch tray, adjusted the overbed table, unwrapped the utensils, and removed the tops off drinks. CNA P did not complete hand hygiene after leaving Resident #76's room. CNA P returned to the tray cart to get a tray for another resident. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675579	A. Building B. Wing	08/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beacon Harbor Healthcare and Rehabilitation	6700 Heritage Parkway Rockwall, TX 75087

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observation on 08/21/24 at 12:12 p.m., revealed CNA Q had rolled the meal cart up the hallway to Resident #31's room. CNA Q served a lunch tray in Resident #31's room. CNA Q set up the resident's lunch tray, adjusted the overbed table, unwrapped the utensils, and removed the tops off the drinks. CNA Q did not complete hand hygiene before serving or after leaving Resident #31's room. CNA Q returned to the tray cart to get a tray for another resident. An interview on 08/21/24 at 12:33 p.m., with CNA M revealed she was aware she had not performed hand hygiene after direct contact with residents, during the lunch meal service on 08/20/2024. CNA M stated the staff was supposed to use the hand sanitizer in between serving each tray or wash their hands with soap and water. CNA M stated there had been an in-service given on hand washing and infection control. CNA M stated the in-service was given recently on using hand sanitizer, wearing gloves, and washing hands including return demonstration. CNA M stated, she had just forgotten to sanitize her hands. The CNA stated if hands were not washed and sanitized, or hand gel was used it could spread germs. An interview with the DON on 08/22/24 at 9:00 a.m., revealed that all staff must complete hand hygiene after having contact with residents. The CNAs were trained to wash their hands with soap and water prior to tray service, then use hand sanitizer between each tray and wash hands upon completion. The DON stated if the CNAs do not use appropriate hygiene, they can spread germs to the residents and themselves. Record review of an undated in-service log revealed CNA M, CNA P, and CNA Q received handwashing and hand sanitizing training, to prevent the spread of infection. Further review of in-service logs revealed an in-service conducted on 07/15/2024 reflected: when passing trays in the hallways, sanitize after going in every room , that CNA M, CNAP, and CNA Q had received the in-service. Record review of the Facility's Policy titled Hand Hygiene August 2014 reflected: the facility considers hand hygiene the primary means to prevent the spread of infecitons.1. All personnel shall be trained on the importance of hand hygiene in preventing the transmission of healthcare-associated infections Wash hands with soap . water .a. when hands are visibly soiled . b. after contact with a resident with infectious . 4. use alcohol-based hand rub c . or alternative soap . and water b. before and after direct contact with residents . l. after contact with objects in the immediate vicinity of the resident; . o. before and after eating or handling food .