

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675858	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/25/2025
NAME OF PROVIDER OR SUPPLIER Heritage Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 5437 Eisenhower Rd San Antonio, TX 78218	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46131</p> <p>Based on the interview and record review, the facility failed to coordinate assessments with the pre-admission screening and resident review (PASARR) program for residents with newly evident or possible severe mental disorder for 1 of 4 Residents (Resident #63) whose records were reviewed.</p> <p>The facility failed to refer Resident #63 for a Level I screen after being diagnosed with a mental disorder.</p> <p>This deficient practice could affect residents with a mental diagnosis and can result in residents not receiving services as identified by PASARR.</p> <p>The findings were:</p> <p>Record review of the face sheet for Resident #63, dated 4/23/25, revealed a [AGE] year-old male admitted to the facility on [DATE] with diagnoses that included: bipolar disorder (a mental illness that brings severe high and low moods and changes in sleep, energy, thinking, and behavior), schizoaffective disorder (chronic mental health condition characterized primarily by symptoms such as hallucinations, delusions and paranoia), and hypertension (a condition where the force of the blood pushing on the blood vessel walls is too high).</p> <p>Record review of the quarterly MDS assessment for Resident #63, dated 2/6/2025, revealed a BIMS score 15, indicating intact cognition.</p> <p>Record review of the quarterly MDS assessment for resident #63, dated 2/6/25, revealed section 1, Active diagnoses: Psychiatric Mood Disorder, Bipolar, and schizoaffective disorder were selected.</p> <p>Record review of Resident #63's physician's monthly orders dated April 23, 2025, revealed risperidone 0.5 mg tablet, administer one tablet by mouth two times a day for hallucinations/paranoia.</p> <p>Interview with Resident #63 on 4/23/25 at 11:15 AM revealed he had had a diagnoses of bipolar and schizoaffective disorder since he was a young man, and could not recall the diagnosis date, but recalled taking medication to help with his delusions and paranoia.</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 04/24/25 at 11:54 AM the MDS coordinator revealed she was responsible for referring and screening all residents for level I PASARR screening if they had a mental illness to the local health authority. She stated she was unaware Resident #63 had a mental illness, as she had not had time to review all residents' active diagnoses. She further stated that not referring residents with a mental illness for a Level 1 evaluation could result in residents not benefiting from resources.</p> <p>An interview with the DON on 4/25/25 at 9:34 AM revealed that the MDS coordinator should have referred Resident #63 to the local health authority for evaluation. The DON stated that she expected the MDS coordinator to follow facility policy regarding PASARR 1 screenings to ensure that all residents with mental health conditions receive all possible assistance.</p> <p>Review of facility policy, Comprehensive Assessments, dated March 2023, revealed Pre-admission screening and resident review of PASARR screen is required of all individuals with mental illness.</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46131</p> <p>Based on interview, and record review, the facility failed to review and revise Resident Care Plans after each assessment for 3 of 6 Residents (Resident #23, # 43, and #51) whose records were reviewed for care plan revision/timing, in that:</p> <p>The care plans of Residents #23, #43, and #51 were not updated to reflect thickened liquids.</p> <p>This deficient practices could affect any resident and contribute to Residents not receiving the care and services they need.</p> <p>The findings included:</p> <p>1. Record review of Resident #23's face sheet, dated 4/24/2025, revealed the resident was an [AGE] year-old male admitted to the facility on [DATE] with the diagnoses of gout (a form of inflammatory arthritis characterized by recurrent attacks of pain), dysphagia (difficulty swallowing) and paraplegia (is a form of paralysis that primarily affects the lower half of the body).</p> <p>Record review of Resident #23's quarterly MDS, dated [DATE], revealed a BIMS score of 15, which indicated intact cognition.</p> <p>Record review of Resident #23's quarterly MDS, dated [DATE], revealed that section K, the thickened liquids option, was selected.</p> <p>Record review of April 2025, monthly physician orders for Resident #23 revealed an order for moderately thick / honey-like consistency liquids.</p> <p>2. Record review of Resident #43's face sheet, dated 4/23/25, revealed an [AGE] year-old female, admitted to the facility on [DATE] with the diagnoses of schizophrenia (mental health condition tending to have a profound impact upon personal, interpersonal, and occupational functioning, of which typical features are the occurrence of hallucinations and delusions), dysphagia (difficulty swallowing) and type II diabetes (happens when the body cannot use insulin correctly and sugar builds up in the blood)</p> <p>Record review of Resident #43's quarterly MDS, dated [DATE], revealed the BIMS score was left blank, which indicated the Resident was unable to complete the interview.</p> <p>Record review of Resident #43's quarterly MDS, dated [DATE], revealed that section K, the thickened liquids option, was selected.</p> <p>Record review of April 2025 monthly physician orders for Resident #43 revealed an order for moderately thick / nectar-consistent liquids.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3. Record review of Resident #51's face sheet, dated 4/23/25, revealed an [AGE] year-old female, admitted to the facility on [DATE] with the diagnoses of type II diabetes (happens when the body cannot use insulin correctly and sugar builds up in the blood), dysphagia (difficulty swallowing) and anxiety disorder (symptoms of intense anxiety or panic).</p> <p>Record review of Resident #51's quarterly MDS, dated [DATE], revealed a BIMS score of 11, which indicated moderate cognitive impairment.</p> <p>Record review of Resident #51's quarterly MDS, dated [DATE], revealed that section K, the thickened liquids option, was selected.</p> <p>Record review of April 2025 monthly physician orders for Resident #51 revealed an order for moderately thick / honey-like consistency liquids.</p> <p>Interview on 4/24/2025 at 1:40 PM: The MDS nurse stated that she had not updated the care plans for Residents #23, #43, and #51 concerning thickened liquids due to her inability to review the residents' physician orders. She emphasized that failing to update these care plans might prevent nurses from being aware of the liquid diet orders, which could potentially result in a Resident aspirating if they were provided with regular thin liquids.</p> <p>Interview on 4/25/2024 at 10:00 a.m. the DON stated the MDS nurse should have updated Resident #23's, #43's, and #51's care plan to reflect the thickened liquids order.</p> <p>Record review of the facility policy, titled Care Plans, dated February 2017, revealed .The care plan should be updated and reviewed at least quarterly thereafter, then annually, and with significant changes in conditions as defined in the RAI manual.</p>		

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49556</p> <p>Based on observation, interview, and record review, the facility failed to prepare puree food by methods that conserve nutritive value flavor and ensure food was prepared in a form designed to meet individual needs for 1 of 1 meal (lunch) reviewed, in that:</p> <ol style="list-style-type: none"> 1. The Spinach, Macaroni and Cheese and Bread were not pureed to a pudding or mashed potato consistency as required for food served to residents who received a pureed diet. 2. The facility failed to follow the Puree Bread recipe for 4/24/2025 lunch. <p>This deficient practice could place residents who received pureed diets at-risk for poor intake, difficulty chewing, and/or choking.</p> <p>The findings included:</p> <p>During an observation and interview on 04/25/2025 at 11:15 a.m. Dietary [NAME] C prepared the Pureed Bread by adding chicken broth to the bread by pouring out a pitcher with no measuring device and stirred until Dietary [NAME] C felt it looked like the correct consistency . The thickener was poured out of a container with no measuring device. She turned the spoon sideways, and pureed bread slid off the spoon and said it was ready. Dietary [NAME] C prepared the Pureed Spinach . Dietary [NAME] C added chicken broth to the cooked spinach by pouring out of the pitcher with no measuring device and blended as she added thickener; pouring from the container with no measuring device. She turned the spoon sideways to show the consistency and said it was ready. The recipes for the pureed bread and spinach was not present while Dietary [NAME] C was prepared the menus items.</p> <p>Observation and interview on 04/25/2025 at 12:10pm the test tray the Pureed Macaroni and Cheese and the Pureed Bread stuck to the spoon when turned sideways and upside down the food items stuck to the roof of mouth and was difficult to move around in mouth. The texture was thick and sticky. At 12:30p.m. the Dietary Manger stirred the Pureed Macaroni and Cheese and the Pureed Bread on the tray and tasted it. She stated it was a little thick. She stated the residents maybe s would have a difficult time swallowing and getting the food off the roof of their mouths. The Administrator stirred the Pureed Macaroni and Cheese and the Pureed Bread on the tray and tasted it. He stated the consistency was a little thick.</p> <p>Record review of the Wheat Bread Conversion Recipe from [name] Corporate for 10 servings indicted the stock should be measured out to 1 1/4 cup and the Food thickener measurement was 2 Tablespoons and 1 1/2 teaspoon.</p> <p>Record review of the facility policy Diets Offered by the Facility not dated, revealed All residents will receive diets ordered by their attending physicians. The following diets are available at [name]: . Puree .</p> <p>Policy/Protocol for Pureeing food was not provided at the time of exit.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>41651</p> <p>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 for 1 of 1 kitchen reviewed, in that:</p> <ol style="list-style-type: none"> 1. There were crumbs and paper food wrapping in the fryer. 2. There were sand-like particles on top of the dish washing machine. 3. Three packages of corn beef and a box of potatoes were undated in the refrigerator. 4. A box of corn dogs was unsealed and undated in the refrigerator. 5. A box of hamburger patties were unsealed in the freezer. <p>These deficient practices could place residents who consume meals and snacks from the kitchen at risk for food borne illness.</p> <p>The findings were:</p> <ol style="list-style-type: none"> 1. Observation on 04/25/2025 at 11:16 a.m. revealed crumbs and paper food wrapping in the kitchen fryer. <p>During an interview with the Dietary Manager on 04/25/2025 at 11:27 a.m., the Dietary Manager confirmed the presence of crumbs and paper food wrapping in the fryer and confirmed the wrapper could potentially contaminate fried food items.</p> <ol style="list-style-type: none"> 2. Observation on 04/25/2025 at 11:17 a.m. revealed sand-like particles on top of the dish washing machine, concentrated at the opening. <p>During an interview with the Dietary Manager on 04/25/2025 at 11:27 a.m., the Dietary Manager confirmed the presence of sand-like particles on top of the dish washing machine and confirmed the particles could potentially contaminate clean dishes.</p> <ol style="list-style-type: none"> 3. Observation on 04/25/2025 at 11:24 a.m. revealed three packages of corn beef and a box of raw potatoes in the refrigerator were undated. <p>During an interview with the Dietary Manager on 04/25/2025 at 11:27 a.m., the Dietary Manager confirmed packages of corn beef and a box of raw potatoes in the refrigerator were undated, stated they had recently been placed in the refrigerator.</p> <ol style="list-style-type: none"> 4. Observation on 04/25/2025 at 11:25 p.m. revealed corn dogs in an unsealed plastic bag, inside an unsealed box were in the refrigerator. <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview with the Dietary Manager on 04/25/2025 at 11:27 a.m., the Dietary Manager confirmed corn dogs in an unsealed plastic bag, inside an unsealed box were in the refrigerator, and confirmed the unsealed food was subject to contamination.</p> <p>5. Observation on 04/25/2025 at 11:25 a.m. revealed hamburger patties in an unsealed plastic bag, inside an unsealed box were in the freezer.</p> <p>During an interview with the Dietary Manager on 04/25/2025 at 11:27 a.m., the Dietary Manager confirmed hamburger patties in an unsealed plastic bag, inside an unsealed box were in the freezer and confirmed the unsealed food was subject to contamination and/or freezer burn.</p> <p>Record review of the facility policy, Kitchen Sanitation, approved October 1, 2018, revealed, The facility recognizes that food-borne illness has the potential to harm elderly and frail residents. All Nutrition and Foodservice employees will maintain clean, sanitary kitchen facilities .</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34788</p> <p>Based on observation, interviews, and record reviews, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable disease and infection for 1 of 5 residents (Resident #85) reviewed for infection control, in that:</p> <p>1. While providing incontinent care for Resident #85, CNA A did not change her gloves or wash her hands after touching the bed remote before starting to provide care. CNA B did not change her gloves or wash her hands after touching the privacy curtain before starting to provide care.</p> <p>These deficient practices could place residents at-risk for infection due to improper care practices.</p> <p>These findings included:</p> <p>1. Record review of Resident #85's face sheet, dated 04/24/2025, revealed an admitted [DATE], and a readmitted [DATE], with diagnoses which included: Schizophrenia (mental disorder characterized by abnormal thought processes and an unstable mood), Post-traumatic stress disorder (mental health condition that's caused by an extremely stressful or terrifying event), Type 2 diabetes mellitus (high level of sugar in the blood), Gastrostomy status (artificial external opening into the stomach for nutritional support), Hypertension (High blood pressure), Parkinson's disease (A chronic and progressive movement disorder that initially causes tremor in one hand, stiffness or slowing of movement.).</p> <p>Record review of Resident #85's MDS Quarterly assessment, dated 03/21/2025, revealed the resident had unclear speech and had severe cognitive impairment. Resident #85 required total care with his activities of daily living, and was always incontinent of bowel and bladder.</p> <p>Record review of Resident #85's care plan revealed a care plan initiated 12/31/2024 with a problem of At risk for infection or recurrent/chronic infection r/t compromised medical condition., a goal of I will be free for S/S infections and any complications related to infection through the review date and, an intervention of Enhanced barrier precaution practices as clinically indicated.</p> <p>Observation on 04/25/25 at 10:57 a.m., revealed while providing incontinent care for Resident #85, CNA A touched the bed remote with her gloved hands. CNA B touched the privacy curtain with gloved hands. Neither CNA A or CNA B changed their gloves or wash their hands, then, started to provide care for Resident #85. Resident #85 was on enhanced barrier precaution due to his Gastrostomy status.</p> <p>During an interview on 10/30/2024 at 11:05 a.m., CNA A and CNA B stated the privacy curtain and bed remote were considered dirty and they should have changed gloves and sanitize their hands. They revealed they did not realize they had to change their gloves and sanitize their hands before starting to provide the care. They confirmed receiving training on infection control within the year</p> <p>(continued on next page)</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>During an interview on 04/25/2025 at 11:38 a.m., the DON stated the staff should have changed their gloves and sanitize their hands prior to start providing care for the resident. She stated it could cause a risk of cross contamination and infection for the resident. She revealed they provided training on infection control at least once a year and as needed. She revealed they checked the skills of the staff annually and as needed with the assistance of her ADONS.</p> <p>Record review of the facility's CNA A competency check titled, Hand hygiene, dated, respectively, 03/26/25 revealed Handwashing should be done at the following times: [.] after contact with blood, body fluids and contaminated items. CNA A had passed competency.</p> <p>Record review of the facility's CNA B competency check titled, Hand hygiene, dated 04/07/25 , revealed Handwashing should be done at the following times: [.] after contact with blood, body fluids and contaminated items. Both CNA B had passed competency.</p> <p>Review of facility policy, titled Handwashing/Hand Hygiene, dated January 2023, revealed Use an alcohol-based hand rub [.] before and after direct contact with residents [.] before moving from a contaminated/soiled to clean care or procedures</p>		