

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676380	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/24/2026
NAME OF PROVIDER OR SUPPLIER Big Spring Center for Skilled Care		STREET ADDRESS, CITY, STATE, ZIP CODE 3701 Wasson Rd Big Spring, TX 79720	

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 0813</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have a policy regarding use and storage of foods brought to residents by family and other visitors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to maintain and ensure safe and sanitary storage of residents' food items for 4 of 21 residents rooms reviewed for food safety (room [ROOM NUMBER]-1, 309-1, 311-1, and 316-1). 1. The facility did not have a system in place to assist residents in cleaning and maintaining their personal refrigerators to ensure safe food handling and prevent consumption of spoiled and/or expired foods.2. The facility did not have a system in place to ensure the refrigerators were monitored for internal Time Temperature Controlled for Safety cold foods were at 41 F or below.These failures could place residents at risk for food borne illnesses.Findings include:room [ROOM NUMBER]-1 During an observation on 4/22/26 at 10:34 AM, Resident room [ROOM NUMBER]-1 contained a personal refrigerator. The refrigerator contained food items such as five bottles of grape and strawberry jelly, one jar of peanut butter, two jars of swirled peanut butter and jelly, six cans of soda, one bottle of mayonnaise, one tub of sour cream, a jar of pickles, and ten bottles of water. The thermometer inside the refrigerator indicated an internal temperature of 42 F. A temperature log was not located on or around the refrigerator.During an observation on 4/23/26 at 10:50 AM, Resident room [ROOM NUMBER]-1 contained a personal refrigerator. The refrigerator still contained food items such as five bottles of grape and strawberry jelly, one jar of peanut butter, two jars of swirled peanut butter and jelly, six cans of soda, one bottle of mayonnaise, one tub of sour cream, a jar of pickles, and ten bottles of water. The thermometer inside the refrigerator indicated an internal temperature of 42 F. A temperature log was not located on or around the refrigerator.room [ROOM NUMBER]-1During an observation on 4/22/26 at 11:03 AM, Resident room [ROOM NUMBER]-1 contained a personal refrigerator. The refrigerator contained four cans of soda and two containers of unknown food contents. The thermometer inside the refrigerator indicated an internal temperature of 46 F. A temperature log was not located on or around the refrigerator.During an observation on 4/23/26 at 11:40 AM, Resident room [ROOM NUMBER]-1 contained a personal refrigerator. The refrigerator still contained four cans of soda and two containers of unknown food contents. The thermometer inside the refrigerator indicated an internal temperature of 46 F. A temperature log was not located on or around the refrigerator.room [ROOM NUMBER]-1During an observation on 4/22/26 at 11:25 AM, Resident room [ROOM NUMBER]-1 contained a personal refrigerator. The refrigerator contained food items such as two packs of hot link sausages (one package opened and one unopened), a bottle of mustard with an open date written with permanent marker of 04/03/22 , and a bottle of water. A temperature log was not located on or around the refrigerator.During an observation on 4/23/26 at 12:06 PM, Resident room [ROOM NUMBER]-1 contained a personal refrigerator. The refrigerator still contained food items such as two packs of hot link sausages (one package opened and one unopened), with an open date written with permanent marker of 04/03/22, and a bottle of water. A temperature log was not located on or around the refrigerator.room [ROOM NUMBER]-1During an observation on 4/22/26 at 11:33 AM, Resident room [ROOM NUMBER]-1 contained a personal refrigerator. The refrigerator contained food items such as two snack packs of unknown white colored food contents, a container of yogurt, a tub of cream cheese spread, a tub of butter, a bag of chocolate bars, a pack of American cheese singles, a bottle of (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 0813</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>mayonnaise, a bottle of grape jelly, a pack of shredded cheese, eleven cans of soda with two cans that were damaged and misshaped. A temperature log was not located on or around the refrigerator. During an observation on 4/23/26 at 11:48 AM, Resident room [ROOM NUMBER]-1 contained a personal refrigerator. The refrigerator still contained food items such as two snack packs of unknown white colored food contents, a container of yogurt, a tub of cream cheese spread, a tub of butter, a bag of chocolate bars a pack of American cheese singles, a bottle of mayonnaise, a bottle of grape jelly, a pack of shredded cheese, eleven cans of soda with two cans that were damaged and misshaped. A temperature log was not located on or around the refrigerator. During an interview on 4/24/2026 at 11:54 AM, the ADM stated residents were responsible for maintaining personal refrigerators. The ADM stated this included cleaning the refrigerator, storing food properly, and discarding spoiled food items. The ADM stated if residents were unable to do that, they were supposed to contact family to remove the refrigerator. The ADM stated he thought staff were able to assist residents with the refrigerators and the food in them if they needed help. He stated he did not know what to do if the resident had no family, but he believed there would be a care plan meeting to discuss it. He stated he did not know who supplied the thermometers for the personal refrigerators. He stated he was not aware of a task assigned to staff to check personal refrigerators for safe temperatures and log them on to a temperature log. He stated they must schedule a care plan meeting if residents could not maintain their own refrigerator. The ADM stated there was no system in place to ensure resident's personal refrigerators were consistently maintained. He stated he did not know if the refrigerators were being maintained since staff did not check them. The ADM stated if a resident or resident's family were unable to maintain the personal refrigerator in the resident's room, it was possible expired or spoiled food could be left in the refrigerator and there was a risk of residents consuming the food. He stated it was possible temperatures were not being maintained at or below 41 F since they were not being checked. The ADM stated it was possible that food not being held at or below 41 F could become spoiled. He stated a potential negative outcome was that spoiled food could cause digestion issues and residents could get sick from eating personal food. During an interview on 4/24/2026 at 12:10 PM, the DON stated the policy on personal refrigerators was that residents and their families were to maintain them, clean them, and regularly check them for spoiled food and throw it away. She stated staff had the right to check for expired food and discard it after notifying the residents and getting their permission. She stated personal refrigerators must have an internal thermometer. The DON stated fresh food, and vegetables must be thrown away if they look spoiled. She stated staff could help clean and check for spoiled items if residents were not capable of doing it themselves. She stated the DM checked personal refrigerators to make sure there was nothing spoiled and checked internal temperatures daily during morning rounds. She stated she believed there were temperature logs for the personal refrigerators. She stated she did not know if personal food was required to be dated. She stated staff could check and dispose of expired or rotten food for residents that could not do it themselves and had no help from family. She stated staff would be required to check refrigerators for residents that were not cognitive and had no visitors. She stated there was no daily checklist or task assigned for staff to check refrigerators. She stated a condiment dated from April 2022 would be expired and needed to be thrown away. She stated a potential negative outcome of eating spoiled or expired food could cause residents to have gastrointestinal disturbances. She stated a potential negative outcome of refrigerated food not being stored at or below 41 F would cause the food to become spoiled and residents could get sick from eating spoiled food. During an interview on 4/24/2026 at 12:28 PM, the DM stated she put thermometers in all personal refrigerators and checked temperatures daily during morning rounds. She stated she did not have temperature logs where she would document the temperatures of the refrigerators. She stated she checked for spoiled items and spoke with residents if there was expired or spoiled food that needed to be thrown away. She stated she did not date the food; however, she checked the dates on the food manufacture date to determine if it was expired. She stated she considered mustard dated (continued on next page)</p>		

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<p>F 0813</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>from April 2022 to be expired and unsafe to eat and she would throw it away. She stated she was not responsible for cleaning refrigerators, but she would report to housekeeping if they needed to be cleaned. She stated she would label the refrigerator to be out of order if it was not tempting at or below 40 F and the freezer needed to be 0 F or below. She stated a possible negative outcome of food not being stored at or below 40 F could cause food spoilage leading to food borne illness. She stated a possible negative outcome of consuming expired food could cause residents to get sick. Record review of the facility's policy titled Personal Refrigerators Policy, Environmental Services Policy and Procedure 2026, revealed: Residents of the facility may place a personal or dormitory size refrigerator in their room if space permits and under Life Safety Code regulations, that the resident room has an adequate electrical system, such as proper outlets, to allow the connection of a refrigerator without overloading the electrical system. The care and maintenance of any refrigerator is the responsibility of the resident and/or responsible party. It is also the responsibility of the resident and/or resident representative to properly store non-facility supplied foods that require refrigeration in their personal refrigerator. If food is expired or appears spoiled or moldy, the facility reserves the right to discard it. Housekeeping can assist the residents and/or family member by inspecting the refrigerators at least weekly and assist with removal of outdated food items and cleanliness. Care and Maintenance The resident and/or resident representative should clean and maintain the refrigerators according to the manufacturer's user manual. If needed you can ask facility housekeeping or maintenance staff for assistance. Temperature Control The refrigerator compartment should be maintained at temperature of 35-41 degrees The freezer compartment should be maintained at zero degrees or less, or food frozen to a solid state Temperatures can be monitored by the use of a thermometer designed for a refrigerator/freezer that can be purchased from a department store. Cold Food Storage Food should be stored in the refrigerator/freezer as determined by the food item. Commonly Used Dates- Sell by date - indicates that a product should not be sold after that date if the buyer is to have it at its best quality- Best by or Use by date -the maker's estimate of how long a product will keep at its best quality. They are quality dates only, not safety dates. If stored properly, a food product should be safe, wholesome and of good quality after its Use by or Best by date.- Expired date - the food items should not be consumed and should be discarded if not eaten by the expiration date</p>		

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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>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** Based on interviews and record reviews, the facility failed to coordinate assessments resident Pre-admission Screening and Resident Review (PASARR) to avoid duplicate test and effort for 1 of 24 residents (Resident #13) reviewed for PASARR screening, in that: Resident #13 did not have an accurate and updated PASARR Level 1 (PL1) assessment reflecting a diagnosis of mental illness. This failure could place residents at risk of not receiving care and services to meet their needs. The findings included: Record review of Resident #13's undated face sheet revealed a [AGE] year-old male, originally admitted to the facility on [DATE]. Resident #13 had a medical history of Parkinson's disease (a progressive, incurable neurodegenerative disorder), psychotic disorder with hallucinations due to known physiological condition (a mental health state where hallucinations or delusions are directly caused by a physical illness, brain disease, or injury) diagnosed on [DATE], and anxiety (the body's natural response to stress, designed to keep you safe). Record review of Resident #13's quarterly MDS dated [DATE] Section C- Cognitive patterns revealed a BIM's score of 12 which indicated Resident #13 had moderate cognitive impairment. Section I-Active Diagnoses of the MDS revealed Resident #13 had psychotic disorder, depression and anxiety. Record review of Resident #13's care plan with an initiated date of 1/07/2025 revealed Resident #13 had a focus of [Resident #13] requires an anti-psychotic medication. Resident #13 had a goal of [Resident #13] will remain free of drug related complications, including movement disorder, discomfort, hypotension. Interventions for the anti-psychotic goal revealed administer medications as ordered. consult with pharmacy. educated [Resident #13]/family/caregivers about risks, benefits and the side effects. Record review of Resident #13's PASARR Level One (PL1) form dated 4/19/2022 revealed under Section C0100 Mental Illness an answer of No, which indicated Resident #13 did not have a mental illness. There were no additional PL1 screenings provided by the facility for Resident #13. During an interview on 4/23/026 at 3:34pm with the MDS Coordinator, she stated she was responsible for ensuring the PL1's were accurate and updated as needed. She stated Resident #13 did not have another PL1 available. She stated she was not aware Resident #13 had a psychotic disorder diagnosis but that she would consider it a mental illness. She stated that the diagnosis of psychotic disorder was initiated in 2024. She stated she was responsible for ensuring resident had an updated PL1 if there were new diagnosis of mental illness. She stated Resident #13 did not have primary diagnosis of dementia. She stated a potential negative outcome of Residents not having an accurate PL1 could be Residents missing out on services they may qualify for such as equipment, programs or training. She stated the process for a new PL1 would require a form to be filled out and sent to the local state authority for a new PL1 assessment. During an interview on 4/24/2026 at 10:04AM with the ADM, he stated the MDS coordinator was responsible for ensuring the PL1's are accurate and updated. He stated new diagnosis of mental illness are discussed during IDT (interdisciplinary team) meeting that are done weekly. He stated Resident #13's diagnosis must have been missed back on 12/30/2024, but he was unsure as to why it had been missed because he was not the acting ADM at that time. He stated a potential negative outcome of Residents not having an accurate PL1 could prevent Residents from not receiving services they qualify for. Record review of facility policy titled PASRR Level 1 last revised 3/6/2019, revealed; It is the policy of [The Facility] to obtain a PL1 screening form from the RE (referring entity) prior to admission to the NF (nursing facility) .PASRR Program has 3 goals:.3. To ensure individuals receive the required services for their MI (mental illness), ID (intellectual disability) or DD (developmental disability).</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure residents who were incontinent of bladder or had a urinary catheter received appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible for 1 of 3 Residents (Resident #34) reviewed for incontinent care. CNA A failed to properly clean peri-area (pubis and vaginal area) and buttocks while providing incontinent care to Resident #34. This failure had the potential to affect residents by placing them at an increased risk of exposure to communicable diseases and infections. Findings include: Record review of the admission record for Resident #34, dated 01/30/26, revealed a [AGE] year-old female who was admitted on [DATE] with the following diagnoses: Alzheimer's Disease (cognitive loss) and muscle weakness. Record review of the quarterly MDS assessment for Resident #34, dated 11/22/25, revealed Resident #34 required supervision or touching assistance for toileting hygiene - the helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. The MDS further revealed Resident #34 was frequently incontinent. Record review of the current care plan for Resident #34, dated 03/25/25, revealed there was a focus area: Resident has occasional bladder incontinence with interventions to provide incontinence care at least every 2 hours. During an observation on 04/23/26 at 10:20 a.m., CNA A provided incontinent care for Resident #34. Resident #34 was lying on her left side facing CNA A. CNA A reached over Resident #34 and cleaned from vaginal area to anus (front to back). No observation of cleaning the buttocks area. LVN removed dirty brief and CNA A placed new brief under resident. CNA A turned resident to back and pulled front of brief between legs and fastened both sides of brief. No observation of CNA A cleaning peri area (pubis area and vaginal area) of Resident #34. During an interview on 04/23/26 at 03:26 p.m., CNA A stated there was no reason why she did not clean Resident #34 buttocks area or her front side. She stated she had been trained in how to do incontinent care. She stated she should have cleaned the front side of Resident #34. She stated the potential negative outcome could be causing urinary tract infection. During an interview on 03/24/26 at 09:58 a.m., DON stated she was responsible for training and monitoring CNAs for proper incontinent care. She stated all staff had been trained. She stated CNA A should have cleaned the residents' front side and then the back side. She stated CNAs do competency skills annually. She stated the potential negative outcome of not properly cleaning a resident could cause skin breakdown, uncomfortable for the resident and increase in resident behaviors. During an interview on 03/24/26 at 10:11 a.m., ADM stated the DON was responsible for training and monitoring CNAs for proper incontinent care. He stated his expectations were for CNAs to properly perform incontinent care. He stated the CNAs do competency skills on hire and annually. He stated the potential negative outcome of improper incontinent care could be skin breakdown. Record review CNA Proficiency Audit dated 02/12/26 for CNA A revealed satisfactory skills for perineal care: male and female. Record review of the facility policy titled, Perineal Care, with dated 05/11/2022 reflected the following: Purpose: This procedure aims to maintain the resident dignity and self-worth and reduce embarrassment by providing cleanliness and comfort to the resident, preventing infections and skin irritation, and observing the resident's skin condition. Start . 13) Reposition the resident on their back with legs flexed and separated as able . 16) Wipe across the pubis area 17) Gently perform perineal care wiping from clean urethral area to dirty, rectal area, to avoid contaminating the urethral area - CLEAN to DIRTY! Female resident: Working from front to back, wipe one side of the labia majora, the outside folds of perineal skin that protect the urinary meatus and the vaginal opening. Continue perineal care to the inner thigh. Then wipe the other side. Back 20) Reposition the resident to their side 21) Gently perform care to the buttocks and anal area, working from front to back without contaminating the perineal area .</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** 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 3 residents (Resident #34) reviewed for infection control. CNA A did not perform hand hygiene or gloves changes when providing incontinent care to Resident #34. This failure could place residents at risk for cross contamination and infection. Findings included: Record review of the admission record for Resident #34, dated 01/30/26, revealed a [AGE] year-old female who was admitted on [DATE] with the following diagnoses: Alzheimer's Disease (cognitive loss) and muscle weakness. Record review of the quarterly MDS assessment for Resident #34, dated 12/12/25, revealed Resident #34 required supervision or touching assistance for toileting hygiene - the helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. The MDS further revealed Resident #34 was frequently incontinent. Record review of the current care plan for Resident #34, dated 12/09/25, revealed there was a focus area: Resident has occasional bladder incontinence with interventions to provide incontinence care at least every 2 hours. During an observation on 04/23/26 at 10:20 a.m., CNA A provided incontinent care for Resident #34. Resident #34 was lying on her left side facing CNA A. CNA A reached over Resident #34 and cleaned from vaginal area to anus (front to back). Observed bowel on disposable wipes during cleaning. No observation of glove change. LVN removed dirty brief and CNA A placed new brief under resident. CNA A turned resident to back and pulled front of brief between legs and fastened both sides of brief. CNA A repositioned resident in bed and covered her with blanket. CNA A removed gloves and gown, and washed hands. During an interview on 04/23/26 at 03:26 p.m., CNA A stated there was no reason why she did not change her gloves. She stated she got nervous and did not change her gloves because she did not have any extras. She stated she had been trained in how to do incontinent care. She stated she should have changed her gloves when going from dirty to clean. She stated the potential negative outcome could be cross contamination. During an interview on 03/24/26 at 09:58 a.m., DON stated gloves should be changed when going from dirty to clean. She stated she was responsible for training and monitoring CNAs for proper incontinent care. She stated all staff had been trained. She stated gloves should have been changed after cleaning resident and removing dirty brief. She stated CNAs do competency skills annually. She stated the potential negative outcome of not changing gloves could be spread of germs, cross contamination. During an interview on 03/24/26 at 10:11 a.m., ADM stated gloves should be changed anytime they were dirty or contaminated. He stated there was no reason gloves would not be changed and hand hygiene done during incontinent care. He stated gloves should have been changed when CNA A went from dirty to clean. He stated the DON was responsible for training and monitoring incontinent care. He stated the CNAs do competency skills on hire and annually. He stated the potential negative outcome could be cross contamination. Record review CNA Proficiency Audit dated 02/12/26 for CNA A revealed satisfactory skills for perineal care: male and female, proper handwashing, and prevents cross contamination. Record review of the facility policy titled, Perineal Care, with dated 05/11/2022 reflected the following: Purpose: This procedure aims to maintain the resident dignity and self-worth and reduce embarrassment by providing cleanliness and comfort to the resident, preventing infections and skin irritation, and observing the resident's skin condition.24) doff gloves and PPE25) Perform hand hygiene. Record review of the facility policy titled, Hand Hygiene, with undated reflected the following: You may use alcohol-based cleaner or soap/water for the following: .Upon and after coming in contact with a resident's intact skin, (e.g. when taking a pulse or blood pressure, and lifting a resident) .You must use soap/water for the following: (alcohol base cleaner is not recommended)When hands are visibly soiled .</p>		