

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>555442</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/23/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>CAPITAL POST ACUTE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>6821 24TH STREET</b> <b>SACRAMENTO, CA 95822</b>		
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F 000	INITIAL COMMENTS  The following reflects the findings of the California Department of Public Health during an abbreviated survey for the investigation of three (3) complaints #CA00957013, #CA00957461 and #CA00957698.  The inspection was limited to the specific complaints investigated and does not represent the findings of a full inspection of the facility.	F 000	<b>F609</b>  <b>How corrective action will be accomplished for those residents found to have been affected by the deficient practice.</b>  Based on the time of the event and the details discovered, no additional concerns were noted, and supportive documentation was provided. The affected residents were cared for, followed by immediate room changes.		
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4)  §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:  §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.  §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State	F 609	<b>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</b>  The facility audit concluded that no additional employees were affected.  <b>What measures will be put into place or what systemic changes will the facility make to ensure deficient practices do not reoccur?</b>  Policy Review and Training: The facility's Abuse Prevention and Reporting Policy was reviewed with a focus on the reporting timeline (within 2 hours for abuse involving serious bodily injury, and within 24 hours for all other allegations).  Staff Re-Education: All staff—including licensed nurses, CNAs, and department heads—were in-serviced on mandatory reporting obligations per F609 and the internal reporting protocol.  Chain of Reporting Tools: Abuse reporting binders were reviewed for accuracy.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Eric Lawrence*

TITLE

Administrator

(X6) DATE

May 8, 2025

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

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F 609	<p>Continued From page 1</p> <p>Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to report an allegation of abuse (the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish) to the State Survey Agency for one of nine sampled residents (Resident 4).</p> <p>This failure placed the residents at risk for continued exposure to potential abuse.</p> <p>Findings:</p> <p>Resident 4 was admitted to the facility on 5/6/24 with medical diagnoses which included acute and chronic respiratory failure with hypercapnia (the body's inability to efficiently remove carbon dioxide from the blood), anemia (a condition where the body does not have enough healthy red blood cells), and difficulty in walking. Resident 4 had a BIMS (Brief Interview for Mental Status-an assessment tool used by facilities to screen and identify memory, orientation, and judgement status of the resident) score of 15 out of 15 which indicated Resident 4 was cognitively intact.</p> <p>Resident 5 was admitted to the facility in March 2024 with medical diagnoses which included adult failure to thrive, anxiety disorder, and unspecified dementia. Resident 5 had a BIMS score of 15 out of 15 which indicated Resident 5 was cognitively intact.</p>	F 609	<p><b>How does the facility plan to monitor its performance to make sure solutions are sustained.</b></p> <p>The Administrator or designee will audit all incident reports and grievances weekly for 12 weeks to ensure any allegation of abuse, neglect, or mistreatment is properly reported within regulatory timelines.</p> <p>Results of audits will be reviewed quarterly during the QAPI meeting and corrective actions taken if patterns are noted.</p> <p><b>Completion Date:</b></p> <p>May 8, 2025</p>		

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F 609	<p>Continued From page 2</p> <p>During a review of Resident 4's medical record, the record indicated Resident 4 was discharged from the facility on 5/9/24 and was not living in the facility at the time of the investigation.</p> <p>During a review of Resident 5's medical record, the record indicated Resident 5 was discharged from the facility on 5/14/24 and was not living in the facility at the time of the investigation.</p> <p>During a review of Resident 4's progress note, dated 5/8/24, signed by Licensed Nurse 1 (LN 1), the progress note indicated, "[Resident 4] said [Resident 5] is threatening her, the family [sister] called the facility and said, I am going to call 911 if you didn't move her. Notified to manage team &amp; DON (Director of Nursing), same time [Resident 4] moved to room ...for her comfort and safety."</p> <p>During a concurrent interview and record review on 4/23/25 at 1:01 p.m. with the Administrator (Admin), Resident 4's progress note dated 5/8/24 was reviewed. The progress note indicated, "[Resident 4] said [Resident 5] is threatening her, the family [sister] called the facility and said, I am going to call 911 if you didn't move her. Notified to manage team &amp; DON, same time [Resident 4] moved to room ...for her comfort and safety." When Admin was asked if the incident was reported to the State Survey Agency, the Admin stated, "It should have been if the patient is expressing anything like that." The Admin later stated the facility did not "escalate past that (report the incident)."</p> <p>During an interview on 4/23/25 at 1:45 p.m. with the DON, the DON stated she had received a</p>	F 609			

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F 609	<p>Continued From page 3</p> <p>report over text from LN 1 that Resident 5 was yelling at Resident 4. The DON stated, "I don't remember all the details; it was a year ago." The DON confirmed she conferred with LN 1 at the time of the incident and Resident 4 was moved to another room. The DON further stated the incident was not reported to the State Survey Agency.</p> <p>During a subsequent interview on 4/23/25 at 3:31 p.m. with Admin and DON, a request was made to interview LN 1. The Admin stated LN 1 only works per diem and did not provide a phone number for LN 1. The DON attempted to reach LN 1, but later stated LN 1 was unavailable and did not provide a phone number for LN 1.</p> <p>During a review of LN 1's "Employee Attestation of Commitment to Standards and Ethics," dated and signed by LN 1 on 4/8/21, the "Employee Attestation of Commitment to Standards and Ethics" indicated LN 1, "Acknowledge my responsibility to report any reasonable suspicion of a crime committed against a resident of this facility to local law enforcement AND to the state survey agency within required time frames."</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, "Abuse Investigation and Reporting," dated July 2017, the P&amp;P indicated, "All reports of resident abuse ...shall be promptly reported to local, state, and federal agencies." Based on observation, interview and record review, the facility failed to report an allegation of abuse (the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish) to the State Survey Agency for one of nine</p>	F 609			

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F 609	<p>Continued From page 4 sampled residents (Resident 4).</p> <p>This failure placed the residents at risk for continued exposure to potential abuse.</p> <p>Findings:</p> <p>Resident 4 was admitted to the facility on 5/6/24 with medical diagnoses which included acute and chronic respiratory failure with hypercapnia (the body's inability to efficiently remove carbon dioxide from the blood), anemia (a condition where the body does not have enough healthy red blood cells), and difficulty in walking. Resident 4 had a BIMS (Brief Interview for Mental Status-an assessment tool used by facilities to screen and identify memory, orientation, and judgement status of the resident) score of 15 out of 15 which indicated Resident 4 was cognitively intact.</p> <p>Resident 5 was admitted to the facility in March 2024 with medical diagnoses which included adult failure to thrive, anxiety disorder, and unspecified dementia. Resident 5 had a BIMS score of 15 out of 15 which indicated Resident 5 was cognitively intact.</p> <p>During a review of Resident 4's medical record, the record indicated Resident 4 was discharged from the facility on 5/9/24 and was not living in the facility at the time of the investigation.</p> <p>During a review of Resident 5's medical record, the record indicated Resident 5 was discharged from the facility on 5/14/24 and was not living in the facility at the time of the investigation.</p>	F 609			

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F 609	<p>Continued From page 5</p> <p>During a review of Resident 4's progress note, dated 5/8/24, signed by Licensed Nurse 1 (LN 1), the progress note indicated, "[Resident 4] said [Resident 5] is threatening her, the family [sister] called the facility and said, I am going to call 911 if you didn't move her. Notified to manage team &amp; DON (Director of Nursing), same time [Resident 4] moved to room ...for her comfort and safety. "</p> <p>During a concurrent interview and record review on 4/23/25 at 1:01 p.m. with the Administrator (Admin), Resident 4's progress note dated 5/8/24 was reviewed. The progress note indicated, "[Resident 4] said [Resident 5] is threatening her, the family [sister] called the facility and said, I am going to call 911 if you didn't move her. Notified to manage team &amp; DON, same time [Resident 4] moved to room ...for her comfort and safety. " When Admin was asked if the incident was reported to the State Survey Agency, the Admin stated, "It should have been if the patient is expressing anything like that. " The Admin later stated the facility did not "escalate past that (report the incident). "</p> <p>During an interview on 4/23/25 at 1:45 p.m. with the DON, the DON stated she had received a report over text from LN 1 that Resident 5 was yelling at Resident 4. The DON stated, "I don't remember all the details; it was a year ago. " The DON confirmed she conferred with LN 1 at the time of the incident and Resident 4 was moved to another room. The DON further stated the incident was not reported to the State Survey Agency.</p> <p>During a subsequent interview on 4/23/25 at 3:31 p.m. with Admin and DON, a request was made</p>	F 609			

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F 609	Continued From page 6 to interview LN 1. The Admin stated LN 1 only works per diem and did not provide a phone number for LN 1. The DON attempted to reach LN 1, but later stated LN 1 was unavailable and did not provide a phone number for LN 1.  During a review of LN 1's "Employee Attestation of Commitment to Standards and Ethics, " dated and signed by LN 1 on 4/8/21, the "Employee Attestation of Commitment to Standards and Ethics " indicated LN 1, "Acknowledge my responsibility to report any reasonable suspicion of a crime committed against a resident of this facility to local law enforcement AND to the state survey agency within required time frames. "  During a review of the facility's policy and procedure (P&P) titled, "Abuse Investigation and Reporting, " dated July 2017, the P&P indicated, "All reports of resident abuse ...shall be promptly reported to local, state, and federal agencies. "	F 609			
F 880 SS=E	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)  §483.80 Infection Control The facility must 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.  §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:	F 880			

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F 880	<p>Continued From page 7</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p>	F 880	<p><b>F880</b></p> <p><b>How corrective action will be accomplished for those residents found to have been affected by the deficient practice.</b></p> <p>The Infection Preventionist (IP) immediately addressed the deficient practices, including in-services and monitoring to ensure that all isolation precautions were being followed.</p> <p><b>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</b></p> <p>The facility audit concluded that no additional employees were affected.</p> <p><b>What measures will be put into place or what systemic changes will the facility make to ensure deficient practices do not reoccur?</b></p> <p>Policy Review and Update: The facility's infection prevention and control policies were reviewed and updated to align with current CDC and CMS guidelines.</p> <p>Staff Education: All staff received mandatory re-education on:</p> <ul style="list-style-type: none"> <li>• Proper donning and doffing of PPE</li> <li>• Hand hygiene protocols</li> <li>• Room entry/exit infection control practices</li> <li>• Use of transmission-based precautions</li> </ul>		

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F 880	Continued From page 8  §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.  §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.  §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to maintain infection prevention and control practices to help prevent the development and transmission of communicable diseases and infections when staff did not wear a gown when providing high contact care to three residents (Residents 1, 2, and 3) on Enhanced Barrier Precautions [EBP-set of infection control measures that use gowns and gloves to reduce the spread of multidrug-resistant organisms (MDRO)] for a census of 116..  These failures could lead to increased risk of infection spreading among residents.  Findings  1. Resident 1 was re-admitted to the facility in March 2025 with multiple medical diagnoses which included anemia (a condition where the body does not have enough healthy red blood cells). Resident 1 had a BIMS (Brief Interview for	F 880	PPE Stations: All isolation rooms were checked to ensure proper PPE supply. Additional wall-mounted PPE stations were installed where needed.  Infection Prevention Rounds: The IP will conduct daily infection control rounds on all shifts for 4 weeks, and weekly thereafter for 3 months.  <b>How does the facility plan to monitor its performance to make sure solutions are sustained.</b>  The IP or designee will conduct random staff observations during all shifts, using a standardized infection control audit tool. A minimum of 10 observations per week will be logged for 12 weeks.  Findings will be reported to the QAPI Committee quarterly.  Any deficiencies identified during observations will be addressed immediately with on-the-spot correction and re-education.  A quarterly Infection Control Self-Assessment will be completed and reviewed during QAPI.  <b>Completion Date:</b>  May 8, 2025		

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F 880	<p>Continued From page 9</p> <p>Mental Status-an assessment tool used by facilities to screen and identify memory, orientation, and judgement status of the resident) score of 15 out of 15 which indicated Resident 1 was cognitively intact.</p> <p>During an observation on 4/22/25 at 1:21 p.m. outside of Resident 1's room, an orange "Enhanced Barrier Precautions (EBP)" sign was posted along with four magnets across the doorway in the following order: orange, orange, white, orange.</p> <p>During an observation on 4/22/25 at 1:28 p.m. inside of Resident 1's room, Certified Occupational Therapy Assistant 1(COTA 1) was seen entering the curtained area around Resident 1's bed wearing gloves, but no gown.</p> <p>During an interview on 4/22/25 at 2:05 p.m. with COTA 1, COTA 1stated he was not wearing a gown while assisting Resident 1 with transferring. COTA 1 stated he had been working with Resident 1 for the past few weeks once daily, five days a week. COTA 1 stated he wore gloves, but never a gown while assisting Resident 1 with therapy activities.</p> <p>During an interview on 4/23/25 at 9:30 a.m. with Resident 1, Resident 1 stated she worked with therapy staff on weekdays. Resident 1 stated therapy staff wore gloves, but they never wore a gown while exercising her right leg and assisting her with sitting and standing.</p> <p>During a review of Resident 1's MD (Medical Doctor) orders, dated 4/5/25, the MD orders indicated, "OT (Occupational Therapy)</p>	F 880		

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F 880	<p>Continued From page 10</p> <p>Frequency: Daily for 5x/wk (five times per week) for 4 weeks."</p> <p>During a review of Resident 1's MD orders, dated 4/5/25, the MD orders indicated, "Enhanced Barrier Precautions (EBP) required d/t (due to) MDRO Hx MRSA colonized ...providers and staff must wear gloves and gown for the following High-Contact Resident Care Activities: Dressing, bathing/showering, transferring, changing linens."</p> <p>2. Resident 2 was re-admitted to the facility in February 2025 with medical diagnoses which included acquired absence of left leg above knee, dementia, and acute pyelonephritis (a bacterial infection that causes inflammation of the kidneys). Resident 2 had a BIMS (Brief Interview for Mental Status-an assessment tool used by facilities to screen and identify memory, orientation, and judgement status of the resident) score of 3 out of 15 which indicated Resident 2 was severely cognitively impaired.</p> <p>During an observation on 4/22/25 at 4:42 p.m. outside of Resident 2's room, an orange "Enhanced Barrier Precautions (EBP)" sign was posted along with three magnets across the doorway in the following order: orange, orange, white. Certified Nursing Assistant 1 (CNA 1) was observed entering the curtained area around Resident 2's bed wearing gloves, but no gown. Subsequently, CNA 1 was observed exiting Resident 2's curtained area with a used brief in his hand wearing gloves, but no gown.</p> <p>During an interview on 4/22/25 at 4:51 p.m. with CNA 1, CNA 1 stated he was wearing gloves, but no gown while assisting Resident 2 with</p>	F 880			

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F 880	<p>Continued From page 11 transferring him to bed and a subsequent brief change. When CNA 1 was asked if he should have been wearing a gown, CNA 1 stated, "Yes, I should have."</p> <p>During a review of Resident 2's MD orders, dated 3/19/25, the MD orders indicated, "Enhanced Barrier Precautions (EBP) required d/t (due to) MDRO ( ...urine ...) Providers and staff must wear gloves and gown for the following High-Contact Resident Care Activities: Dressing, bathing/showering, transferring, changing linens, providing hygiene, changing briefs or assisting with toileting."</p> <p>3. Resident 3 was admitted to the facility in February 2025 with medical diagnoses which included cellulitis (a skin infection that causes swelling and redness) of left lower limb, cutaneous abscess (a pocket of pus that develops under the skin, typically due to a bacterial infection) of right lower limb, and methicillin resistant staphylococcus aureus (MRSA - a bacteria that does not respond to antibiotics) infection. Resident 3 had a BIMS (Brief Interview for Mental Status-an assessment tool used by facilities to screen and identify memory, orientation, and judgement status of the resident) score of 15 out of 15 which indicated Resident 3 was cognitively intact.</p> <p>During an observation on 4/22/25 at 3:28 p.m. outside of Resident 3's room, an orange "Enhanced Barrier Precautions (EBP)" sign was posted along with three magnets across the doorway in the following order: orange, white, orange. Restorative Nursing Assistant 1 (RNA 1) transferred Resident 3's legs bilaterally into bed</p>	F 880			

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F 880	<p>Continued From page 12 and placed a pillow under each leg. RNA 1 was wearing gloves, but no gown.</p> <p>During an interview on 4/22/25 at 3:34 p.m. with RNA 1, RNA 1 stated she was wearing gloves, but no gown when she transferred Resident 3's legs into bed and placed pillows under them. RNA 1 stated she worked with Resident 3 three days a week, but did not wear a gown while exercising Resident 3.</p> <p>During a review of Resident 3's MD orders, dated 3/27/25, the MD orders indicated, "RNA Program: ROM (range of motion) for BUE/BLE (bilateral upper and lower extremities) 3x/week (three times per week) Functional sit to stand from EOB (edge of bed)."</p> <p>During a review of Resident 3's MD orders, dated 2/17/25, the MD orders indicated, "Enhanced Barrier Precautions (EBP) required d/t (due to) MDRO MRSA LLE (left lower extremity) wound ...Providers and staff must wear gloves and gown for the following High-Contact Resident Care Activities: Dressing, bathing/showering, transferring, changing linens."</p> <p>During an interview on 4/23/25 at 9:00 a.m. with Infection Preventionist (IP), the IP stated staff should wear gloves and a gown when assisting residents on EBP with high-contact activities. When the IP was asked what PPE (personal protective equipment) staff should be wearing when assisting residents with transferring, lifting legs, adjusting pillows or brief changes, the IP stated, "A gown and gloves." The IP further stated the facility posted an orange EBP sign authored by the CDC (Centers for Disease</p>	F 880			

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F 880	<p>Continued From page 13</p> <p>Control and Prevention) with color coded magnets outside of the room of residents on EBP, so that staff could easily identify residents on EBP in case of emergencies.</p> <p>During an interview on 4/23/25 at 9:49 a.m. with Director of Nursing (DON), the DON acknowledged the use of the CDC EBP sign with color coded magnets to identify residents on EBP. The DON stated staff should be wearing gloves and a gown when assisting with high-contact activities such as changing a brief. When the DON was asked if staff should wear gloves and a gown when lifting legs and transferring a resident back to bed, the DON stated, "Yes, the CDC sign clearly says transferring."</p> <p>During a review of the facility's policy and procedure titled, "Enhanced Barrier Precautions," dated April 2025, indicated, "Enhanced barrier precautions (EBPs) are utilized to prevent the spread of multi-drug resistant organisms (MDROs) to residents ...EBPs employ targeted gown and glove use in addition to standard precautions during high contact resident care activities ...examples of high-contact resident care activities requiring the use of gown and gloves for EBPs include ...changing briefs or assisting with toileting ...transferring ...providing bed mobility ...prolonged, high-contact with items in the resident's room, with resident's equipment or with resident's clothing or skin." Based on observation, interview, and record review, the facility failed to maintain infection prevention and control practices to help prevent the development and transmission of communicable diseases and infections when</p>	F 880			

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F 880	<p>Continued From page 14</p> <p>staff did not wear a gown when providing high contact care to three residents (Residents 1, 2, and 3) on Enhanced Barrier Precautions [EBP-set of infection control measures that use gowns and gloves to reduce the spread of multidrug-resistant organisms (MDRO)] for a census of 116..</p> <p>These failures could lead to increased risk of infection spreading among residents.</p> <p>Findings</p> <p>1. Resident 1 was re-admitted to the facility in March 2025 with multiple medical diagnoses which included anemia (a condition where the body does not have enough healthy red blood cells). Resident 1 had a BIMS (Brief Interview for Mental Status-an assessment tool used by facilities to screen and identify memory, orientation, and judgement status of the resident) score of 15 out of 15 which indicated Resident 1 was cognitively intact.</p> <p>During an observation on 4/22/25 at 1:21 p.m. outside of Resident 1's room, an orange "Enhanced Barrier Precautions (EBP) " sign was posted along with four magnets across the doorway in the following order: orange, orange, white, orange.</p> <p>During an observation on 4/22/25 at 1:28 p.m. inside of Resident 1's room, Certified Occupational Therapy Assistant 1(COTA 1) was seen entering the curtained area around Resident 1's bed wearing gloves, but no gown.</p> <p>During an interview on 4/22/25 at 2:05 p.m. with</p>	F 880			

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F 880	<p>Continued From page 15</p> <p>COTA 1, COTA 1stated he was not wearing a gown while assisting Resident 1 with transferring. COTA 1 stated he had been working with Resident 1 for the past few weeks once daily, five days a week. COTA 1 stated he wore gloves, but never a gown while assisting Resident 1 with therapy activities.</p> <p>During an interview on 4/23/25 at 9:30 a.m. with Resident 1, Resident 1 stated she worked with therapy staff on weekdays. Resident 1 stated therapy staff wore gloves, but they never wore a gown while exercising her right leg and assisting her with sitting and standing.</p> <p>During a review of Resident 1's MD (Medical Doctor) orders, dated 4/5/25, the MD orders indicated, "OT (Occupational Therapy) Frequency: Daily for 5x/wk (five times per week) for 4 weeks. "</p> <p>During a review of Resident 1's MD orders, dated 4/5/25, the MD orders indicated, "Enhanced Barrier Precautions (EBP) required d/t (due to) MDRO Hx MRSA colonized ...providers and staff must wear gloves and gown for the following High-Contact Resident Care Activities: Dressing, bathing/showering, transferring, changing linens. "</p> <p>2. Resident 2 was re-admitted to the facility in February 2025 with medical diagnoses which included acquired absence of left leg above knee, dementia, and acute pyelonephritis (a bacterial infection that causes inflammation of the kidneys). Resident 2 had a BIMS (Brief Interview for Mental Status-an assessment tool used by facilities to screen and identify memory,</p>	F 880			

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F 880	<p>Continued From page 16 orientation, and judgement status of the resident) score of 3 out of 15 which indicated Resident 2 was severely cognitively impaired.</p> <p>During an observation on 4/22/25 at 4:42 p.m. outside of Resident 2's room, an orange "Enhanced Barrier Precautions (EBP) " sign was posted along with three magnets across the doorway in the following order: orange, orange, white. Certified Nursing Assistant 1 (CNA 1) was observed entering the curtained area around Resident 2's bed wearing gloves, but no gown. Subsequently, CNA 1 was observed exiting Resident 2's curtained area with a used brief in his hand wearing gloves, but no gown.</p> <p>During an interview on 4/22/25 at 4:51 p.m. with CNA 1, CNA 1 stated he was wearing gloves, but no gown while assisting Resident 2 with transferring him to bed and a subsequent brief change. When CNA 1 was asked if he should have been wearing a gown, CNA 1 stated, "Yes, I should have. "</p> <p>During a review of Resident 2's MD orders, dated 3/19/25, the MD orders indicated, "Enhanced Barrier Precautions (EBP) required d/t (due to) MDRO ( ...urine ...) Providers and staff must wear gloves and gown for the following High-Contact Resident Care Activities: Dressing, bathing/showering, transferring, changing linens, providing hygiene, changing briefs or assisting with toileting. "</p> <p>3. Resident 3 was admitted to the facility in February 2025 with medical diagnoses which included cellulitis (a skin infection that causes swelling and redness) of left lower limb,</p>	F 880			

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F 880	<p>Continued From page 17</p> <p>cutaneous abscess (a pocket of pus that develops under the skin, typically due to a bacterial infection) of right lower limb, and methicillin resistant staphylococcus aureus (MRSA - a bacteria that does not respond to antibiotics) infection. Resident 3 had a BIMS (Brief Interview for Mental Status-an assessment tool used by facilities to screen and identify memory, orientation, and judgement status of the resident) score of 15 out of 15 which indicated Resident 3 was cognitively intact.</p> <p>During an observation on 4/22/25 at 3:28 p.m. outside of Resident 3's room, an orange "Enhanced Barrier Precautions (EBP)" sign was posted along with three magnets across the doorway in the following order: orange, white, orange. Restorative Nursing Assistant 1 (RNA 1) transferred Resident 3's legs bilaterally into bed and placed a pillow under each leg. RNA 1 was wearing gloves, but no gown.</p> <p>During an interview on 4/22/25 at 3:34 p.m. with RNA 1, RNA 1 stated she was wearing gloves, but no gown when she transferred Resident 3's legs into bed and placed pillows under them. RNA 1 stated she worked with Resident 3 three days a week, but did not wear a gown while exercising Resident 3.</p> <p>During a review of Resident 3's MD orders, dated 3/27/25, the MD orders indicated, "RNA Program: ROM (range of motion) for BUE/BLE (bilateral upper and lower extremities) 3x/week (three times per week) Functional sit to stand from EOB (edge of bed)."</p> <p>During a review of Resident 3's MD orders, dated</p>	F 880			

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F 880	<p>Continued From page 18</p> <p>2/17/25, the MD orders indicated, "Enhanced Barrier Precautions (EBP) required d/t (due to) MDRO MRSA LLE (left lower extremity) wound ...Providers and staff must wear gloves and gown for the following High-Contact Resident Care Activities: Dressing, bathing/showering, transferring, changing linens. "</p> <p>During an interview on 4/23/25 at 9:00 a.m. with Infection Preventionist (IP), the IP stated staff should wear gloves and a gown when assisting residents on EBP with high-contact activities. When the IP was asked what PPE (personal protective equipment) staff should be wearing when assisting residents with transferring, lifting legs, adjusting pillows or brief changes, the IP stated, "A gown and gloves. " The IP further stated the facility posted an orange EBP sign authored by the CDC (Centers for Disease Control and Prevention) with color coded magnets outside of the room of residents on EBP, so that staff could easily identify residents on EBP in case of emergencies.</p> <p>During an interview on 4/23/25 at 9:49 a.m. with Director of Nursing (DON), the DON acknowledged the use of the CDC EBP sign with color coded magnets to identify residents on EBP. The DON stated staff should be wearing gloves and a gown when assisting with high-contact activities such as changing a brief. When the DON was asked if staff should wear gloves and a gown when lifting legs and transferring a resident back to bed, the DON stated, "Yes, the CDC sign clearly says transferring. "</p> <p>During a review of the facility's policy and</p>	F 880			

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F 880	Continued From page 19 procedure titled, "Enhanced Barrier Precautions, " dated April 2025, indicated, "Enhanced barrier precautions (EBPs) are utilized to prevent the spread of multi-drug resistant organisms (MDROs) to residents ...EBPs employ targeted gown and glove use in addition to standard precautions during high contact resident care activities ...examples of high-contact resident care activities requiring the use of gown and gloves for EBPs include ...changing briefs or assisting with toileting ...transferring ...providing bed mobility ...prolonged, high-contact with items in the resident's room, with resident's equipment or with resident's clothing or skin. "	F 880			