

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/04/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145244	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/07/2019
NAME OF PROVIDER OR SUPPLIER MOSAIC OF LAKESHORE, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 7200 NORTH SHERIDAN ROAD CHICAGO, IL 60626		
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F 000	INITIAL COMMENTS Annual Certification Survey Complaint Investigation 1985986/IL114865 - F689 1986869/IL115839 - No deficiency 1986883/IL115850 - No deficiency 1987387/IL116413 - No deficiency 1987593/IL116640 - No deficiency 1987700/IL116754 - No deficiency	F 000			
F 677 SS=E	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to follow their plan of care in assisting residents with personal hygiene and showers for 7 of 7 residents (R16, R17, R114, R119, R182, R209, R214) reviewed for activities of daily living from the sample of 39. Findings include: On 11/4/19 at 10:40 AM R16 was observed sleeping in bed. Hair on the side of R16's head appeared matted and unwashed. R16's mouth was crusted with mucus and face was unshaven. V20 (Licensed Practical Nurse/LPN) stated, "He's on hospice and someone comes in once a week to bathe him." Surveyor inquired if R16 had to wait till hospice came to bathe the resident. V20 stated, "No, I will check." On 11/5/19 at 11:10 am,	F 677	F677 Submission of this Plan of Correction by The Mosaic of Lakeshore is not a legal admission that a deficiency exists or that this Statement of Deficiencies was correctly cited. In addition, preparation and submission of this POC does not constitute an admission or agreement of any kind by the facility of the truth of any facts set forth in this allegation by the survey agency. 1. R119 is no longer a resident of the facility. R16, R17, R114, R182, R209, R214 were provided ADL Care according to their care	11/27/19	

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

TITLE

(X6) DATE

Electronically Signed

11/30/2019

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 677	<p>Continued From page 1</p> <p>R16 was observed in bed with the same unwashed hair and face. R16's latest MDS (Minimum Data Set) dated 10/29/19 shows R16 requiring extensive assistance in person hygiene, requiring one person physical assistance in performing personal hygiene.</p> <p>On 11/4/19 at 10:50 AM, R17 was observed in bed. R17 had a strong, sharp mouth odor as he spoke. Surveyor asked if he had a toothbrush or mouthwash provided to him by the facility. R17 stated, "I had one when I came here but I don't know where it is." Surveyor asked if anyone helped him clean up or prompted him to brush his teeth. R17 stated, "They don't do anything for me. I can do it myself." R17's current care plan states, "Provide assistance/supervision needed with oral care every shift."</p> <p>On 11/4/19 at 11:00 AM, R182 was observed in bed with matted disheveled hair and was unshaven. There was a strong odor of feces that emanated from his body. Per R182's MDS dated 10/8/19, R182 is totally dependent in bathing requiring 2 person assist. V20 (LPN) was asked about the showers and stated, "I know there's a shower schedule but I can't find it."</p> <p>On 11/5/19 at 9:15 AM, R209 was in his bed fully clothed with bed sheets partially over his lower part of his body. R209's hair appeared greasy and matted and R209 emanated a foul body odor. R209's MDS dated 10/18/19 shows the resident requiring extensive assistance with personal hygiene with one person physical assistance.</p> <p>On 11/5/19 at 9:30 AM, R216 was observed in bed in a hospital gown. He appeared disheveled with matted hair, dried mucus surrounding his</p>	F 677	<p>plan and preference with shower, bathing, dressing, grooming, oral care and hair care.</p> <p>2. All residents requiring assistance with ADL Care may be affected by this deficient practice therefore, the policy and procedure will be followed to ensure residents are receiving ADL Care.</p> <p>3. To ensure that proper practices continue:</p> <ul style="list-style-type: none"> All direct care staff were in serviced on; ADL Care Policy and Procedures A QA/QI tool was initiated to monitor compliance with ADL care for the next 4 weeks at least 3xtimes a week <p>4. The results of the monitoring completed under this POC are submitted to the QAPI Committee for review and follow up.</p>		

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F 677	<p>Continued From page 2</p> <p>mouth, and foul body odor. R216 MDS dated 10/23/19 shows resident requiring extensive assistance with personal hygiene and 1 person assist.</p> <p>On 11/5/19 at 1:30 PM, the shower room on the resident floor was observed dry and unused. Facility policy dated 2/1/18 titled "ADL Care of Resident" states, Activities of daily living (ADLs) are provided to all residents as a standard of living as well as an aid to overall health care outcomes. Each resident is provided ADL care daily and on an as needed basis. Bathing will be offered to residents twice weekly on each resident's scheduled day and shift. Oral care will be provided daily and as needed to ensure patient safety and integrity. Hair care will be offered daily upon rising and as needed at the discretion of staff. Hair cleansing will be offered at bathing times or per request from resident. Staff will utilize facility shampoo/equipment and or resident's person equipment to cleanse hair of oil, dirt, and debris. Shaving will be offered at bathing times or per request from resident unless contraindicated by medical condition and/or medical needs.</p> <p>R119 is an 87 year old resident with diagnoses per facility face sheet that include, but not limited to, Chronic Obstructive Pulmonary Disease with Acute Exacerbation, Paraplegia, Pressure Ulcer of Sacral Region - Unspecified Stage, Congestive Heart Failure, and Generalized Muscle Weakness. R119 has a BIMS (Brief Interview for Mental Status) score of "13" per MDS (Minimum Data Set) Section C dated 9/16/19, indicating intact cognition.</p> <p>On 11/04/19 at 12:34 PM during facility observations, observed R119 wearing a hospital</p>	F 677			

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F 677	<p>Continued From page 3</p> <p>gown and positioned in bed. R119 stated she has resided in the facility for about a year. R119 stated she needs staff assistance with personal grooming, adding "I get a bed bath from my aide, but I would like a shower once in a while - do they even have showers here?" Asked R119 if staff have offered to assist her with a shower; R119 replied "No, I just get bed baths."</p> <p>On 11/05/19 at 11:06 AM, surveyor asked R119 if she had received a shower. R119 stated "They washed me up in bed."</p> <p>On 11/06/19 at 1:37 PM, observed V10 (Certified Nursing Assistant/CNA) completing R119's bed bath. Surveyor asked why R119 wasn't showered. V10 replied "I just always give R119 a bed bath; she has a wound."</p> <p>During interview on 11/06/19 at 1:43 PM, surveyor asked V11 (LPN) if R119 was restricted from receiving a shower due to her sacral wound. V11 stated, "No, not at all; showering is actually beneficial to keeping wounds clean and promoting their healing. The CNAs should be offering to shower her."</p> <p>Review of R119's current careplan states "STATUS: Active (current) Problem: Resident has ADL Self Care deficit related to Complexities of medical diagnoses... Interventions: Provide showers as per facility schedule. STATUS: Active (Current)."</p> <p>R214 is a 48 year old resident with diagnoses per facility face sheet that include (but not limited to) Multiple Sclerosis, Muscle Weakness, Generalized and Pressure Ulcer of Other Site, Unspecified. R214 has a BIMS (Brief Interview</p>	F 677			

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F 677	Continued From page 4 for Mental Status) score of "11" per MDS (Minimum Data Set) Section C dated 10/21/19, indicating moderate cognition impairment. On 11/04/19 at 11:36 AM during facility observations, observed R214 wearing a hospital gown and positioned in bed. R214 stated she has resided in the facility for about a year. R214 stated she needs staff assistance with personal grooming, adding "I get a bed bath, but I would like a shower. I don't know why I can't have a shower." Surveyor asked R214 if staff have offered to assist her with a shower; R214 replied "No." During interview on 11/06/19 at 1:43 PM, surveyor asked V11 (LPN) if R214 was restricted from receiving a shower due to her sacral wound. V11 stated "No, not at all, showering is actually beneficial to keeping wounds clean and promoting their healing. The CNAs should be offering to shower her." Review of R214's current careplan states "STATUS: Active (current) Problem: Resident has ADL Self Care deficit related to contractures and Multiple Sclerosis... Interventions: Provide showers as per facility schedule. STATUS: Active (Current)."	F 677			
F 686 SS=D	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent	F 686			11/29/19

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F 686	<p>Continued From page 5</p> <p>pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, interviews and record review, the facility failed to ensure that a low air loss mattress was not layered with multiple linens, failed to maintain proper functioning of low air loss mattress, and failed to prevent cross contamination during wound care treatment which affected two (R101, R201) out of four residents reviewed for pressure ulcers.</p> <p>Findings include:</p> <p>R101 was admitted to the facility on 3/6/17. R101's Face Sheet documents diagnosis, in part, of Pressure Ulcer of Sacral Region, Stage 4.</p> <p>On 11/4/19 at 12:39 pm, R101 was observed laying on R101's back on a low air loss mattress which was layered with a white flat sheet, green cloth incontinence pad and a white sheet quadruple folded. R101 stated that nursing staff does not turn her every two hours, only when R101 requests for her adult brief to be changed. R101 is cognitively intact.</p> <p>On 11/5/19 at 11:05 am, R101 was observed laying on R101's back on a low air loss mattress which remained layered with a white flat sheet, green cloth incontinence pad and a white sheet quadruple folded. V4 (Wound Care Nurse) was</p>	F 686	<p>F686</p> <p>Submission of this Plan of Correction by The Mosaic of Lakeshore is not a legal admission that a deficiency exists or that this Statement of Deficiencies was correctly cited. In addition, preparation and submission of this POC does not constitute an admission or agreement of any kind by the facility of the truth of any facts set forth in this allegation by the survey agency.</p> <ol style="list-style-type: none"> 1. R101 and R201 both have one flat sheet on their air mattress per manufacture guildlines. When receiving wound care, the policy and procedure is being followed for skin management: clean dressing changes for R101 and R201. 2. All residents who receive wound care and require an air mattress may be affected by this deficient practice 3. To ensure that proper practices continue; <ul style="list-style-type: none"> • All direct care staff were in serviced on; • Manufacture Guidelines for low air 		

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F 686	<p>Continued From page 6</p> <p>observed setting up the tray for wound care treatment. V4 then delivered R101's wound care treatment tray into R101's room and placed on bedside table without sanitizing it. On half of R101's bedside table were food items including a hard boiled egg and drinks.</p> <p>On 11/5/19 at 11:16 am, V7 (Restorative Aide) turned R101 to her right side. V4 washed her hands for thirty seconds and donned gloves. R101 questioned which dressing was being used for the wound treatment; V4 showed R101 the dry gauzes. After R101 requested a foam dressing instead of a dry gauzes, V4 stated, "Feel it," while she allowed R101's fingers to touch the clean dry gauzes to be used for R101's wound treatment. V4 then placed the dry gauzes that R101 touched back on the treatment tray.</p> <p>On 11/5/19 at 11:22 am, V4 removed R101's old left ischial wound dressing and discarded it in a plastic bag. V4 did not change her gloves or cleanse her hands. With the same gloves, V4 moistened the dry gauze with saline and cleansed R101's left ischial wound with saline moistened gauze and cotton tip applicator. V4 removed her dirty gloves, washed her hands and donned new gloves. V4 applied the silver antibacterial wound gel to the wound bed and applied the barrier cream around the wound. V4 then applied the dry gauze and tape to cover the dressing.</p> <p>R201 was admitted to the facility on 5/24/16. R201's Face Sheet documents diagnosis, in part, of Malignant Neoplasm of Lung.</p> <p>On 11/4/19 at 11:38 am, R201 was observed laying on R201's back on a low air loss mattress</p>	F 686	<p>loss mattress and Skin Management policy</p> <ul style="list-style-type: none"> A QA/QI tool was initiated to monitor compliance with physician and resident representative notification for the next 2 weeks at least 3times a week <p>4. The results of the monitoring completed under this POC are submitted to the QAPI Committee for review and follow up.</p>		

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F 686	<p>Continued From page 7</p> <p>which was layered with a white flat sheet, green cloth incontinence pad and a white sheet quadruple folded. R201's low air loss mattress was alarming, "Low pressure." R201 stated that the low air loss mattress has been intermittently alarming since the air mattress was applied to his bed. R201 also stated that nursing staff does not turn him until R201 requests to be turned.</p> <p>On 11/5/19 at 9:32 am, R201 was observed laying on R201's back on a low air loss mattress which was layered with a white flat sheet, green cloth incontinence pad and a white sheet quadruple folded. R201's low air loss mattress was continuing to alarm, "Low pressure." V6 (Certified Nursing Assistant) repositioned R201 on his right side while V4 washed her hands for thirty seconds and donned gloves.</p> <p>On 11/5/19 at 9:37 am, V4 removed R201's old dressing sacral wound dressing and discarded it into a plastic bag. V4 did not change her gloves or cleanse her hands. With the same gloves, V4 then cleansed R201's sacral wound with saline moistened gauze. V4 stated that R201's sacral wound is "Stage 4. You can see the bone." V4 then removed her gloves, washed her hands for thirty seconds and donned new gloves. On 11/5/19 at 9:40 am, V4 applied the honey gel to R201's sacral wound and took the dry gauze off the treatment tray and stated that the gauze needed to be moist to cover the honey gel. With her same gloved hands, V4 walked into the resident's bathroom, moistened the dry gauze with tap water from the bathroom sink and returned to R201 where V4 placed the tap water moistened gauze in R201's sacral wound. V4 then applied dry gauze, absorbent pad and tape to cover R201's sacral wound.</p>	F 686			

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F 686	<p>Continued From page 8</p> <p>R201's November 2019 Physician Order Statement documents, in part, "(Honey gel) dressing daily to sacrum."</p> <p>On 11/5/19 at 11:42 am, V4 (Wound Care Nurse) stated that to prevent and treat pressure ulcers, the facility staff must reposition residents off the effected pressure points every two hours and use a low air loss mattress. V4 confirmed that nursing staff should not be using multiple layers of linen on top of a low air loss mattress. V4 stated that multiple layers on top of the low air loss mattress "defeats the purpose of the air mattress." V4 stated that if any alarm is sounding on the low air loss mattress machine, she would contact the maintenance department if she could not trouble shoot the alarm herself. V4 confirmed that cleansing of hands should be done after removing a resident's old dressing and before cleansing the wound.</p> <p>On 11/5/19 at 3:21 pm, V4 confirmed that R201's low air loss mattress was not functioning properly. V4 stated that V28 (Equipment Manager) was fixing R201's low air loss mattress.</p> <p>On 11/5/19 at 2:53 pm, V9 (Medical Director) stated that a low air loss mattress should have one sheet on top of it. V9 stated that if multiple layers are used, the low air loss mattress can't redistribute the air and is not effective. V9 stated that the multiple linen layers will then create pressure to a pressure ulcer.</p> <p>R101's and R201's most current Care Plan documents, in part, "Interventions: Provide specialty mattress air loss mattress."</p>	F 686			

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F 686	<p>Continued From page 9</p> <p>R201's Physician Order Statement, dated November 2019, documents, in part, "Skin Prevention Protocol: Mattress Pressure Relieving - check placement and proper functioning related to ulcer."</p> <p>On 11/7/19 at 9:08 am, V18 (Wound Care Nurse Practitioner) stated that the purpose of a low air loss mattress is to reduce pressure on a pressure ulcer. V18 stated that multiple linens layered on top of a low air loss mattress reduces it's effectiveness. V18 stated that standards of care for wound care infection control include the aseptic technique utilizing the sequential process of: sanitizing hands, removing soiled dressing, sanitizing hands, cleaning wound, sanitizing hands, applying dressing and sanitizing hands. V18 stated that the use of tap water to moisten a dry dressing during a wound care treatment is "unacceptable" in aseptic technique.</p> <p>Manufacturer guidelines for the facility low air loss mattress documents, in part, "Low Pressure Indicator. This indicator light (red) flickers when the pressure is below the pre-defined level."</p> <p>Facility policy, titled "Skin Management - Wound Care" and dated August, 2016, documents, in part, "Set up clean field on the over-bed table with needed supplies for wound cleansing and dressing application: a. If the table is soiled, wipe clean. B. Place a disposable cloth or linen saver on the over-bed table... 9. Loosen the tape and remove the existing dressing... 10. Remove gloves, pulling inside out over the dressing. Discard into appropriate receptacle. 11. Wash hands and put on clean gloves. 12. Cleanse the wound as ordered, taking care not to contaminate other skin surfaces or other surfaces of the</p>	F 686			

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F 686	Continued From page 10 wound."	F 686			
F 880 SS=E	<p>Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>§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.</p> <p>§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:</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 §483.70(e) 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</p>	F 880			11/26/19

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F 880	<p>Continued From page 11</p> <p>to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (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 (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§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 ensure infection control measures were maintained for four residents (R57, R109, R201, R214) in a sample of 39 reviewed for Infection Control.</p> <p>Findings include:</p>	F 880	<p>F880 Submission of this Plan of Correction by The Mosaic of Lakeshore is not a legal admission that a deficiency exists or that this Statement of Deficiencies was correctly cited. In addition, preparation and submission of this POC does not constitute an admission or agreement of</p>		

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F 880	<p>Continued From page 12</p> <p>R109 is a 76 year old resident with diagnoses per facility face sheet that include (but not limited to) Osteomyelitis, Unspecified Site, Muscle Weakness, Urinary Retention, Presence of Urogenital Implants, Enterocolitis due to Clostridium Difficile, and Bacteriuria.</p> <p>On 11/04/19 at 11:59 AM, observed R109 positioned in a low bed with a urinary drainage collection bag attached to the bed's mattress frame. The collection bag was not concealed in a dignity bag. Both the collection bag and the attached urinary catheter tubing were resting on the floor.</p> <p>On 11/04/19 at 12:05 PM, V15 (Certified Nursing Assistant/CNA) observed R109's urinary drainage collection bag and catheter tubing touching the floor. V15 stated "That is wrong; the bag should not be touching floor because of contamination."</p> <p>On 11/04/19 at 12:15 PM, V16 (Licensed Practical Nurse/LPN) stated, "The collection bag and tubing on the floor is not appropriate; it is an infection risk."</p> <p>R214 is a 48 year old resident with diagnoses per facility face sheet that include (but not limited to) Multiple Sclerosis, Pressure Ulcer of Other Site, Unspecified, Methicillin Resistant Staph Aureus (MRSA) Infection causing Diseases Classified Elsewhere, Sepsis and Extended Spectrum Beta Lactamase (ESBL) Resistance.</p> <p>On 11/04/19 at 11:36 AM, during facility tour, observed in R214's bathroom two unlabeled, uncontained urinals suspended from a wall safety grab bar located by the toilet. Next to the urinals (on the same grab bar) was an unlabeled,</p>	F 880	<p>any kind by the facility of the truth of any facts set forth in this allegation by the survey agency</p> <p>1. R57, R109, R201, R214 will receive proper infection control prevention when care is being given basins are not in use, and foley bags are covered with dignity bags and properly placed according to facility policy.</p> <p>2. All residents may be affected by this deficient practice; therefore, all staff will be in serviced and monitoring on invention control prevention, policies and guidelines.</p> <p>3. To ensure that proper practices continue;</p> <ul style="list-style-type: none"> All staff were in serviced on Infection Control Prevention and Catheter Care A QA/QI tool was initiated to monitor compliance of MDS completion for the next 4 weeks at least 3x a week <p>4. The results of the monitoring completed under this POC are submitted to the QAPI Committee for review and follow up.</p>		

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F 880	<p>Continued From page 13</p> <p>uncontained urinary drainage collection bag with the attached catheter tubing wound several times around the grab bar with the end of the tubing touching a urinal. Observed three unlabeled and uncontained wash basins stacked together and lying on the bathroom floor under the sink. Observed a toilet seat (broken off from the toilet) resting against the wall under the sink.</p> <p>On 11/04/19 at 11:52 AM, V15 (CNA) observed the urinals, drainage bag, wash basins and toilet seat in 214's bathroom. Surveyor asked V15 if the equipment was properly stored; V15 stated, "No."</p> <p>On 11/04/19 at 12:15 PM, surveyor informed V16 (LPN) of observations and asked if the equipment was properly stored; V16 stated, "No, it all needs to be labeled for each resident and kept in separate plastic bags to not contaminate."</p> <p>On 11/4/19 at 11:08 am, V7 and V8 (Certified Nursing Assistants/CNAs) were observed performing incontinence care for R57. V7 double gloved in preparation of cleansing R57's incontinent bowel movement. V8 loosened R57's adult brief and a large amount of diarrhea was noted on R57's labia. V7 cleansed diarrhea from R57's labia with her double gloves. V7 then proceeded to touch R57's side rails, room curtain and clean linens with her soiled double gloves. V7 assisted V8 in turning R57 to her left side, exposing R57's buttocks with a large amount of diarrhea noted. V7 then removed the double glove and continued with incontinence cleansing of R57's buttocks. With the soiled gloves, V7 continued to turn R57, touch clean linens and touch room surfaces while straightening up the room.</p>	F 880			

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F 880	<p>Continued From page 14</p> <p>On 11/5/19 at 12:03 pm, during interview V7 confirmed that she touched room surfaces with soiled gloved hands. V7 stated that she should have performed hand hygiene and changed gloves after cleaning a resident's bowel movement.</p> <p>On 11/4/19 at 12:33 pm, R201's urine collection bag was observed touching the bathroom floor. On 11/4/19 at 12:36 pm, V5 (Restorative Aide) was observed rinsing out the urine collection bag in R201's bathroom sink. V5 was running tap water through the entry tubing, flushing tap water through urine bag and discarded rinsed fluids into R201's bathroom sink. V5 then placed the urine collection bag in a plastic bag for storage until used again. V5 stated that he would connect this urine collection bag back to R201's urinary catheter when R201 was placed back in bed.</p> <p>On 11/5/19 at 1:12 pm, V2 (Director of Nursing) stated that if any part of a resident's urine collection bag touches the floor, it is contaminated, should be discarded and a new urine collection bag should be used. V2 stated staff should never rinse out a urine collection bag in the sink due to infection control purposes.</p> <p>Review of facility policy "Catheter Care, Urinary" (revised 10/17/19) documents, "Purpose: The purpose of this procedure is to prevent catheter-associated urinary tract infections. ...Infection Control: 2 b. Be sure the catheter tubing and drainage bag are kept off the floor."</p>	F 880			