

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

PRINTED: 07/28/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145770	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/25/2015
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - MOUNT CARROLL			STREET ADDRESS, CITY, STATE, ZIP CODE 1006 NORTH LOWDEN P.O. BOX 111 MOUNT CARROLL, IL 61053		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS	F 000			
F 314 SS=G	<p>Annual licensure and certification survey.</p> <p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to identify an ill-fitting pair of shoes and failed to reduce pressure at the wound areas of both feet.</p> <p>These failures contributed to R4 developing Stage II ulcers which progressed to unstageable pressure ulcers to to the left lateral heel and right lateral foot.</p> <p>This applies to 1 of 9 residents (R4) reviewed for pressure ulcers in the sample of 13.</p> <p>The findings include:</p> <p>R4's May 1, 2015 Wound Flow Sheet shows a right lateral foot ulcer assessed as a Stage II, measuring 0.8 cm (centimeters) x 1.0 cm, 50 percent purple and 50 percent (0.5cm) eschar. The left lateral heel ulcer assessed as a Stage II,</p>	F 314			

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

TITLE

(X6) DATE

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 314	<p>Continued From page 1</p> <p>measuring 0.7cm x 1.2 cm with 100% eschar. R4's May 6, 2015 Wound Flow Sheet shows a right lateral foot ulcer assessed as unstageable, measuring 0.8cm x 1.0 cm with 100 percent eschar, and a left lateral heel ulcer assessed as unstageable, measuring 0.5 cm x 1.3 cm with 100 percent eschar.</p> <p>On June 23, 2015 at 11:30AM, R4 was in the multi-purpose area in a wheelchair, wearing shoes and her feet were resting on the wheelchair leg rests. On June 24, 2015 at 2:25 PM and on June 25, 2015 at 10:00 AM, R4 was in the multi-purpose area in a wheelchair wearing only socks with her feet positioned on the wheelchair leg rests.</p> <p>On June 24, 2015 at 8:45AM during wound dressing change, the right lateral foot ulcer measured 0.4 cm x 0.3 cm with a small amount of sero-sanguinous drainage and 100 percent slough. The left heel ulcer measured 1.0 cm x 0.8 cm with a moderate amount of serous fluid and 100% slough. E7 (Registered Nurse-RN) stated both foot ulcers were discovered at the same time, approximately May 1, 2015. E7 further stated that R4's new shoes (obtained about 2 months prior to May 1, 2015) "caused the pressure ulcers...but we initially discovered the ulcers as blisters bilaterally."</p> <p>On June 24, 2015 at 8:45AM, E8 (Licensed Practical Nurse-LPN) stated R4 should not wear the new shoes until the bilateral pressure ulcers are completely healed and R4 needs to have her heels cushioned at all times. E8 further stated skin assessments are to be performed daily during daily care and weekly during wound care assessment.</p>	F 314			

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F 314	<p>Continued From page 2</p> <p>On June 24, 2015 at 2:47PM, E9 (RN) stated a resident with bilateral pressure ulcers to the feet should be positioned in a wheelchair with feet seperated and cushioned by a pillow or other cushioning device.</p> <p>On June 25, 2015 at 10:10AM, E10 (LPN) stated that a resident with bilateral pressure ulcers on feet should have padding underneath their feet. E10 stated he "did not know" why R4, with bilateral pressure ulcers to her feet did not have any cushioning underneath her feet in the wheelchair. E10 further stated R4 does not like to have her shoes off and pillows placed under her heels because then she is unable to self-propel herself in her wheelchair. E10 stated R4's care plan reads: cushioning under feet and no shoes to be worn and is "not sure why staff are not following R4's Kardex instructions."</p> <p>On June 25, 2015 at 2:30PM, Z2 (R4's physician) was asked if he knew about the progression of R4's pressure ulcers and why they occurred, he stated (2 separate times within the conversation) "What do you expect ? She's 93 years old, in a nursing home, can't communicate and is in a wheelchair." "I think I've only seen her 3 times since February" when the previous physician left.</p> <p>R4's May 6, 2015 care plan shows "The resident has evolving blister right lateral foot...and evolving blister left lateral heel, related to compromised circulation and possible pressure points (from) new shoes." The care plan also states "Provide pressure relief to feet by using both foot w/c leg rests, and no shoes until wounds are healed. Staff to propel resident to all destinations. Elevate legs with pillow on w/c leg rest."</p>	F 314			

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F 314	Continued From page 3 The facility's May 2015 Wound and Pressure Ulcer Management Policy reads "Promotion of healing, pain management and prevention of complications is extremely important, as well as accurate assessment and documentation." The facility's September 2012 Pressure Ulcer policy reads "...the center will use prevention and assessment interventions to ensure that a resident entering the center without pressure ulcers does not develop a pressure ulcer unless the individual's clinical condition demonstrates that this was unavoidable." Physician progress notes dated June 12, 2015 and May 15, 2015 did not mention R4's bilateral pressure ulcers on her feet. Physician orders dated April 30, 2015 show "Apply skin prep to below left outer ankle. Cover with hydrogel and small foam and gauze wrap until resolved. Apply skin prep to middle outer aspect of right foot. Cover with hydrogel, small foam, and gauze wrap until resolved." E7's fax communication to physician on May 6, 2015 shows "May we change the treatment...of right lateral foot and left lateral heel to skin prep plus Ultec-Pro...and then d/c the hydrogel gauze and bordered foam. Both areas are now comprised of 100% eschar." Physician replied "yes." E7's fax communication to physician on May 13, 2015 shows "We would like to discontinue the current treatment (skin prep + hydrogel gauze/bordered foam) to her left lateral heel and right lateral foot and use a small hydrocolloid...and Santyl ointment. Both are 100 percent eschar." Physician replied "yes."	F 314			

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F 314	Continued From page 4	F 314			
F 315 SS=D	<p>R4's Minimum Data Set (MDS) of May 13, 2015 shows her to use a wheelchair for mobility and require extensive assistance for activities of daily living (ADLs). R4's Brief Interview of Mental Status (BIMS) of May 13, 2015 scored 9. (Moderate cognitive impairment).</p> <p>483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER</p> <p>Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure a resident had a gravity urinary drainage bag in place when in bed, and failed to ensure a resident with a history of urinary tract infections had a hydration plan in place.</p> <p>This applies to 1 of 1 residents (R2) reviewed for catheters in the sample of 15.</p> <p>The findings include:</p> <p>R2's Physician Order Sheet for June, 2015 shows diagnoses to include urinary retention and</p>	F 315			

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F 315	<p>Continued From page 5 urinary tract infection - UTI.</p> <p>The Minimum Data Set (MDS) of May 22, 2015 shows R2 requires moderate staff assistance with transfers, dressing, hygiene, and bathing. This MDS shows R2 has an indwelling catheter.</p> <p>On June 23, 2015 at 11:45 AM, E13 and E17 (Certified Nurse Assistants -CNAs) moved R2 from a laying position to seated position on the side of the bed. E13 and E17 transferred R2 with a mechanical stand lift from the bed to his wheelchair. R2 did not have a gravity urinary drainage bag attached to his indwelling catheter.</p> <p>On June 23, 2015 at 1:45 PM, R2 was sleeping flat in bed on his left side with pants on. R2 did not have a gravity urinary drainage bag attached to his indwelling catheter. E13 said R2 had a leg bag on and the leg bag is put on in the morning and changed to the gravity drainage bag at night when R2 goes to bed.</p> <p>R2's Re-Admission Nursing Assessment shows R2 was admitted to the hospital on April 12, 2015 for low back pain and urinary tract infection.</p> <p>On June 24, 2015 at 11:00 AM, E2 (Assistant Director of Nursing - ADON) said R2 was admitted to the hospital the previous night (June 23, 2015) with a urinary tract infection. E2 said R2 has a history of urinary tract infections and was previously admitted to the hospital with another one.</p> <p>R2's Dietitian Assessment dated May 8, 2015 shows "estimated fluid need - 2225 to 2600cc" per day, "increased fluid need related to history of UTI...Encourage adequate fluid intake related to</p>	F 315			

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F 315	<p>Continued From page 6</p> <p>UTI- importance of fluids to prevent concentrated urine/ to promote adequate hydration status..."</p> <p>The May 8, 2015 Dietitian Assessment shows "hospitalized in April with diagnosis of UTI treated with IV antibiotics, then oral antibiotic."</p> <p>R2's documented fluid intakes from June 1, 2015 to June 23, 2015 shows R2 has an average daily fluid intake of approximately 600 cc.</p> <p>R2 did not have a hydration care plan in place or interventions in place to ensure an adequate intake of daily fluids.</p> <p>R2's urinary catheter care plan through August 23, 2015 shows "wears leg bag during the day and at night". There is no intervention to change the leg drainage bag to a gravity drainage bag while in bed.</p> <p>On June 25, 2015 at 10:20 AM, E9 (Registered Nurse- RN) said staff should encourage fluid intake for R2 because "we want the catheter to run smoothly" and "yes it's very important for someone with a catheter to have good hydration".</p> <p>On June 25, 2015 at 10:30 AM, E15 (CNA) said R2 has not been drinking well recently. E16 (CNA) said R2 "is not good about drinking the last few days...and [R2] would drink a little but not a lot". E15 said they were monitoring output on R2 but not documenting fluid intakes.</p> <p>On June 25, 2015 at 11:00 AM, E12 (CNA) said a resident should have a gravity drainage bag when they are in bed, not a leg bag. .</p> <p>On June 25, 2015 at 11:15 AM, E10 (Licensed Practical Nurse- LPN) said R2 should have a</p>	F 315			

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F 315	<p>Continued From page 7</p> <p>gravity drainage bag on when he is in bed for proper urinary drainage and to prevent the backflow of urine. E10 if a resident wants to leave the leg bag on, the CNAs should offer and encourage the resident to have the gravity drainage bag on when in bed.</p> <p>On June 25, 2015 at 10:10 Am, E2 (Assistant Director of Nursing - ADON) said R2's urinary leg bag should be changed to a gravity drainage bag when he is in bed to make sure the bag stays below the level of the bladder. E2 said R2 should have a hydration plan in place to make sure he takes in an adequate amount of fluids with his history or UTIs.</p> <p>On June 25, 2015 at 11:55 AM, Z1 (Dietician) said "proper hydration is very important for a resident with a urinary catheter". Z1 said proper hydration keeps the urine clear and prevents concentrated urine, and a hydration plan should be in place for a resident with a urinary catheter because the catheter places the resident at a higher chance for bacterial growth in the urine.</p> <p>The September 2012 facility Hydration policy states "The center will assist each resident in maintaining acceptable parameters of hydration status..."</p> <p>The September 2012 facility Hydration of Residents policy states The registered dietician will assess all residents for estimated fluid requirements. A goal of 1,500 mls(milliliters per cubic centimeter) per day is recommended...to maintain hydration status.</p> <p>The facility did not have a policy to direct when a</p>	F 315			

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F 315	Continued From page 8	F 315			
F 323	urinary leg bag should be used and when a urinary gravity drainage bag should be used.	F 323			
SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES				
	<p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure staff transferred a resident in a safe manner using the mechanical sling lift.</p> <p>This applies to 1 of 13 residents (R7) reviewed for transfers in the sample of 15.</p> <p>The findings include:</p> <p>On June 23, 2015 at 1:05 PM, E4 (CNA - Certified Nursing Assistant) was transferring R7 from her wheelchair to her bed. E4 transferred R7 via the mechanical sling lift with no other staff in the room. E4 was controlling the lift from the support bar (boom). R7 was lifted from the wheelchair and transferred to the bed with no physical guidance of her body.</p> <p>On June 23, 2015 at 1:15 PM, E11 (LPN - Licensed Practical Nurse) stated typically a mechanical (sling) lift transfer requires two to</p>				

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F 323	<p>Continued From page 9 three person physical assist.</p> <p>On June 23, 2015 at 1:20 PM, E4 stated two staff members are utilized when doing a mechanical (sling) lift transfer. When asked why E4 completed the transfer alone she said, "I don't know why."</p> <p>On June 24, 2015 at 11:32 AM, E5 (RN - Registered Nurse) stated mechanical lifts require one to two person assist for use depending on the lift, the resident and the care plan. E5 stated all the new (Mechanical) Lifts require the use of two assist.</p> <p>On June 24, 2015 at 12:40 PM, E2 (ADON - Assistant Director of Nursing) stated a mechanical (sling) lift would require two staff assist unless the care plan states otherwise.</p> <p>On June 24, 2015 at 12:41 PM, E3 (Activity Director - CNA) said each residents care plan/resident kardex will identify which lift is to be used for that resident. E3 stated a sit to stand lift can be used with one or two staff assist depending on the resident's plan of care. E3 said the (Mechanical Sling) Lift requires two staff assist.</p> <p>On June 24, 2015 at 1:12 PM, E3 presented the CNA Kardex for R7. The kardex showed she is to be transferred with the (Mechanical) Sling Lift. E3 stated because there is no specific number of staff identified on the kardex, she reads it as being a two assist for transfer. E2 stated she agreed that using one person with a mechanical sling lift transfer is a safety risk to the resident.</p> <p>The Minimum Data Set (MDS) of June 10, 2015</p>	F 323			

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F 323	Continued From page 10	F 323			
F 325 SS=D	<p>showed R7 is totally dependent for transfers and is to have physical assist of two staff. R7's care plan dated June 4, 2015 showed she is to be transferred with the mechanical sling lift.</p> <p>483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE</p> <p>Based on a resident's comprehensive assessment, the facility must ensure that a resident -</p> <p>(1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and</p> <p>(2) Receives a therapeutic diet when there is a nutritional problem.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure a resident with weight loss received high calorie food items as recommended, and failed to identify a resident on a therapeutic diet with thickened liquids as at risk for weight loss.</p> <p>This applies to 1 of 8 residents (R5) reviewed for weight loss in the sample of 15.</p> <p>The findings include:</p> <p>R5's Physician Order Sheet for June, 2015 shows diagnoses to include dementia with behaviors, anxiety, and gastric reflux.</p>	F 325			

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F 325	<p>Continued From page 11</p> <p>R5's Minimum Data Set of September 26, 2014 shows R5 requires extensive staff assistance with transfers, dressing, hygiene, and bathing. This MDS shows R2 requires assistance with eating, and that sustained a weight loss of 5% or greater.</p> <p>R2's weight was 111.4 pounds on July 7, 2014 and 94.4 pounds on June 6, 2015 (17 pound loss in 11 months).</p> <p>R2's Physician orders shows "Pureed diet with nectar thickened liquids".</p> <p>On June 24, 2015 at 12:50 PM, E17 (Certified Nurse Assistant - CNA) was attempting to assist R5 with lunch. R5 had pureed meat, potatoes, vegetable, and dessert. R5 ate 100 percent of the vegetable but only a few bites of the meat and dessert. E17 offered R5 a shake but did not offer R5 a magic cup.</p> <p>R5's Dietician Nutritional Status note dated September 12, 2014 shows "current weight at 107 pounds, is down 6 pounds (more than 5 %) in 30 days from her usual range. Meal intake variable with resident at times very confused related to dementia".</p> <p>R5's Dietitian Progress Nutritional Status note dated May 8, 2015 shows "current weight at 92 pounds (May), which is down 6.1% in 30 days; down 8% in 90 days...appears frail and thin... is offered magic cup and bid [twice a day] and fortified shakes..."</p> <p>R5's Dietary Profile of March 19, 2015 shows R5 receives nutritional supplements of fortified drinks and food.</p>	F 325			

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NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - MOUNT CARROLL			STREET ADDRESS, CITY, STATE, ZIP CODE 1006 NORTH LOWDEN P.O. BOX 111 MOUNT CARROLL, IL 61053		
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F 325	<p>Continued From page 12</p> <p>R5's dietary card shows nectar thickened liquids, but does not show the dietitian recommended high calorie foods to be offered at meals.</p> <p>R5 did not have a weight loss or nutritional care plan in place with interventions for a therapeutic diet, thickened liquids, or interventions to promote weight gain and prevent further weight loss.</p> <p>On June 25, 2015 at 10:15 AM, E6 (Dietary Manager) said she is responsible for completing dietary care plans for nutrition and weight loss. E6 said health shakes and magic cups are not considered medical supplements and do not require a physician order. E6 said they are usually recommended by the dietitian and put onto the resident's dietary card so staff know to offer them at meals. E6 said fortified foods are only offered during meal times if the resident is not eating their meal. E6 said the facility does not provide any scheduled snacks to residents outside of meal times. E6 said if R5 does not eat the majority of her meal she should be offered a magic cup and health shake every meal. E6 said the CNAs do not reapproach the resident outside of meal time to offer the fortified foods.</p> <p>On June 25, 2015 at 11:55AM, Z1 (Dietitian) said the facility does not use dietary supplements that require a physician order. Z1 said the facility provides fortified foods like health shakes and magic cups which are provided by the dietary department to replace calories at meal time if the resident chooses not to eat and for residents with weight loss. Z1 said it could be beneficial to offer residents fortified foods in between meals. Z1 said it would be beneficial for residents with a cognitive impairment who cannot ask for a snack to have scheduled snacks during the day.</p>	F 325			

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F 325	Continued From page 13 On June 25, 2015 at 10:10 AM, E2 (Assistant Director of Nursing - ADON) said R5 should have a care plan in place and interventions in place for her risk of weight loss secondary to her therapeutic diet, impaired cognition, and weight loss. E2 said the dietician recommendations should be incorporated into R5's care plan. On June 25, 2015 at 10:20 AM, E13 (CNA) said R5's appetite varies and if she is not eating well she will offer R5 a health shake (E13 did not say R5 is offered a magic cup). E13 said R5 does not receive a snack in between meal times unless she asks for it. The February 2013 facility policy Medical Nutritional Supplements states "When a resident has a decreased meal intake, staff will determine why the resident is not eating their meals and address problems to improve their intake. Every effort will be made to provide caloric/nutrient-dense food at meals and between meals to meet nutritional needs versus using a medical nutritional supplement." The February 2013 policy titled Fortified Foods shows Fortified foods are menu items and snacks that are enhanced through the addition of naturally concentrated ingredients while maintaining the identify of the item. The Dietary Supervisor will adjust the meal plan when needed to meet the food choices of the resident and will update the plan of care accordingly.	F 325			
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS	F 441			

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F 441	Continued From page 14 The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) 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. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.	F 441			

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F 441	<p>Continued From page 15</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure staff changed their gloves and washed their hands after the provision of cares to prevent cross contamination.</p> <p>This applies to 1 of 13 residents (R7) reviewed for infection control in the sample of 15.</p> <p>The findings include:</p> <p>On June 23, 2015 at 1:05 PM, E4 (CNA - Certified Nursing Assistant) provided incontinence care to R7. E4 had donned gloves when entering the room and completed a mechanical lift transfer on R7. While still wearing the gloves initially donned when entering the room, E4 removed R7's urine soaked incontinent brief. She then obtained pre-moistened cleansing cloths to provide cares; provided personal hygiene cares; and placed a clean incontinent brief on R7. She returned the cleansing cloths to the drawer of R7's bedside table; touched R7's body, linens, pillows, glasses, call light, wheelchair and the mechanical lift. (wearing the same gloves) E4 then readjusted her walkie talkie and uniform, after the provision of incontinence care while still wearing the same soiled gloves. E4 removed her gloves and placed them in the trash and then re-placed the trash can liner. Without washing her hands, E4 opened R7's blinds, turned off her bedside table lamp, picked up the garbage bag and grabbed the mechanical lift and left the room.</p> <p>On June 23, 2015 at 1:20 PM, E4 was asked about expected hand-washing and glove use during cares. E4 stated she washes her hands and changes gloves between residents. E4</p>	F 441			

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F 441	<p>Continued From page 16</p> <p>acknowledged she should have changed her gloves after providing incontinence care and before touching clean items in R7's room. E4 also stated she should have washed her hands before leaving R7's room.</p> <p>The facilitie's Personal Protective Equipment Policy dated June, 2012 showed "Gloves should be worn any time there is reasonable anticipated occupational exposure. Disposable gloves should be replaced as soon as practical when contaminated."</p> <p>The facilitie's Hand Hygiene and Hand-washing policy date June 2012 showed hands that are not "visibly" soiled should be routinely cleansed "after having direct contact with a resident's skin, after having contact with body fluids, wounds or broken skin, after touching equipment or furniture near the resident, after removing gloves."</p>	F 441		