

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

PRINTED: 09/03/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195591	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 01/13/2021
NAME OF PROVIDER OR SUPPLIER WEST JEFFERSON HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1020 MANHATTAN BLVD HARVEY, LA 70058		
(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 An Evidence Review was conducted for all previous deficiencies cited on 11/06/2020. All deficiencies from this survey have been corrected.	F 000			
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 000	<p>INITIAL COMMENTS</p> <p>A COVID-19 Focused Infection Control Survey was conducted on 01/25/2021. The facility was found to be in compliance with 42 CFR 483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CD) recommended Practices to prepare for COVID-19. Total Residents: 97</p>	F 000			

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TITLE

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Electronically Signed

01/29/2021

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F 000	INITIAL COMMENTS Recertification Survey, Complaint #LA00058644, and Complaint #LA00058609. Tag # F606 cited as a result of Complaint #LA00058644. No deficiencies cited as a result of Complaint #LA00058609.	F 000		
F 584 SS=E	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);	F 584		

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F 584	<p>Continued From page 1</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on record review, observation, and interview, the facility:</p> <ol style="list-style-type: none"> Failed to maintain 2 residents' (Resident #38 and Resident #85) tube feeding pumps in a sanitary manner, and, Failed to keep a handrail outside Room A and Room B free from a dried reddish brown substance. <p>Findings:</p> <p>Review of the facility's COVID-19 policy revealed, in part, objects and environmental surfaces that are touched frequently and in close proximity to the resident should be cleaned at least twice daily and when visibly soiled.</p> <p>Resident #38 Observation on 08/08/2021 at 11:16am revealed Resident #38's tube feeding pump had a tan liquid feeding infusing via a pump attached to a pole. Further observation revealed a dried tan substance was observed on Resident #38's feeding tube, on the feeding pump, and extended down the feeding pump pole and onto the base of the feeding pump pole.</p> <p>Observation on 08/09/2021 at 2:28pm revealed</p>	F 584			

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F 584	<p>Continued From page 2</p> <p>Resident #38's tube feeding pump had a tan liquid feeding infusing via a pump attached to a pole. Further observation revealed a dried tan substance was observed on Resident #38's feeding tube, on the feeding pump, and extended down the feeding pump pole and onto the base of the feeding pump pole.</p> <p>Observation on 08/11/2021 at 09:18am revealed Resident #38's tube feeding pump had a tan liquid feeding infusing via a pump attached to a pole. Further observation revealed a dried tan substance was observed on Resident #38's feeding tube, on the feeding pump, and extended down the feeding pump pole and onto the base of the feeding pump pole.</p> <p>In an interview on 08/11/2021 at 9:51am, S2Administrator confirmed Resident #38's tube feeding pump was unsanitary and had the potential to attract pests.</p> <p>Resident #85 Observation on 08/09/2021 at 10:48am revealed Resident #85 had a tan liquid feeding infusing via a pump attached to a pole. Further observation revealed the feeding pump pole had areas of rust and clumps of a dried tan substance on it.</p> <p>Observation on 08/09/2021 at 2:51pm revealed Resident #85 had a tan liquid feeding infusing via a pump attached to a pole. Further observation revealed the feeding pump pole had areas of rust and clumps of a dried tan substance on it.</p> <p>Observation 08/10/2021 at 10:26am revealed Resident #85 had a tan liquid feeding infusing via a pump attached to a pole. Further observation revealed the feeding pump pole had areas of rust</p>	F 584			

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F 584	<p>Continued From page 3 and clumps of a dried tan substance on it.</p> <p>In an interview on 08/11/2021 at 10:51am, S4Assistant Director of Nursing (ADON) confirmed Resident #85's tube feeding pump and pole was unsanitary and needed to be cleaned. S4ADON stated it is nursing's responsibility to assure resident equipment is kept clean and sanitary. She further indicated the dried tan substance was tube feeding which can attract pest and pose a problem for bedbound residents who are unable to defend themselves against pest like Resident #38.</p> <p>Handrail Observation on 08/09/2021 at 2:30pm revealed 5 spots of a dried reddish brown substance located on the handrail in the hall between Room A and Room B.</p> <p>Observation on 08/10/2021 at 9:25am revealed 5 spots of a dried reddish brown substance located on the handrail in the hall between Room A and Room B.</p> <p>Review of Resident #36's Minimum Data Set with an Assessment Reference Date of 06/17/2021 revealed a Brief Mental Status score of 14, which indicated Resident #36 was cognitively intact.</p> <p>In an interview on 08/10/2021 at 11:57am, Resident #36 stated the 5 reddish brown substance stains on the handrail outside of Room A and Room B bothered her. Resident #36 stated the dried reddish brown substances were blood, because she saw a resident put their bloody hand on the handrail on 07/31/2021. Resident #36 stated she had told housekeeping to clean the dried blood on 3 separate occasions, but</p>	F 584			

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F 584	Continued From page 4 housekeeping had not cleaned the handrail. Observation on 08/11/2021 at 09:16am revealed 5 spots of a dried reddish brown substance located on the handrail in the hall between Room A and Room B. In an interview on 08/11/2021 at 09:35am, S1Corporate Nurse stated housekeeping should wipe down high touch areas, such as handrails, at least daily. S1Corporate Nurse also stated nursing should keep patient equipment clean if it is in use. In an interview on 08/11/2021 at 09:51am S2Administrator confirmed the 5 dried reddish brown substance spots on the handrail between Room A and Room B was unsanitary. S2Administator stated it would bother her if she had to pass and look at a bloody handrail every day.	F 584			
F 606 SS=D	Not Employ/Engage Staff w/ Adverse Actions CFR(s): 483.12(a)(3)(4) §483.12(a) The facility must- §483.12(a)(3) Not employ or otherwise engage individuals who- (i) Have been found guilty of abuse, neglect, exploitation, misappropriation of property, or mistreatment by a court of law; (ii) Have had a finding entered into the State nurse aide registry concerning abuse, neglect, exploitation, mistreatment of residents or misappropriation of their property; or (iii) Have a disciplinary action in effect against his or her professional license by a state licensure body as a result of a finding of abuse, neglect,	F 606			

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F 606	<p>Continued From page 5</p> <p>exploitation, mistreatment of residents or misappropriation of resident property.</p> <p>§483.12(a)(4) Report to the State nurse aide registry or licensing authorities any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, interviews, and record reviews, the facility failed to ensure a criminal history and sex offender registry check was completed for 1 (S11CNA) of 5 personnel records reviewed.</p> <p>Findings:</p> <p>Review of S11Certified Nursing Assistant (CNA) revealed a hire date of 07/27/2021.</p> <p>Review of S11CNA's personnel record revealed no documented evidence of a criminal history or sex offender registry check.</p> <p>Observation on 08/11/2021 at 4:30pm revealed S11CNA pushing a resident in a wheelchair down the hallway.</p> <p>In an interview on 08/11/2021 at 4:30pm, S11CNA stated she was screened for Covid-19 prior to each shift.</p> <p>Review of the facility's CNA Schedule revealed, in part, S11CNA was on the July 2021 and August of 2021 CNA schedule.</p> <p>In an interview on 08/11/2021 at 5:10pm, S1CorporateNurse stated she could not provide evidence of a criminal background check for</p>	F 606			

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F 606	Continued From page 6 S11CNA. S1CorporateNurse stated S11CNA should not have been allowed to work without a criminal background check.	F 606			
F 656 SS=E	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv) In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document	F 656			

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F 656	<p>Continued From page 7</p> <p>whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, record review and interviews the facility:</p> <p>Failed to ensure Physician's Orders were followed for obtaining labs (Resident #64); and Failed to ensure a resident's code status was accurate in the medial records (Resident #85). This deficient practice was identified for 2 of 2 sampled residents whose care plan was reviewed for implementation.</p> <p>Findings:</p> <p>Resident #64</p> <p>Review of August 2021 Physician Orders revealed, in part, Resident #64 was prescribed Synthroid (a medication used to restore thyroid levels) and Lasix (a mediation used to treat fluid build-up and high blood pressure).</p> <p>Review of Resident #64's Standing Orders signed by the physician on 08/20/2020 revealed, in part, residents taking Synthroid were ordered to have a TSH (Thyroid Stimulating Hormone) and a Free T4 (Thyroxin) lab every six months and residents taking Lasix would have a BMP (Basic Metabolic Panel) lab obtained every 90 days.</p> <p>Review of Resident #64's Laboratory results from January 2021 through August 2021 revealed, in part, a BMP was last obtained on 04/05/2021 and</p>	F 656			

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F 656	<p>Continued From page 8</p> <p>no lab results for a TSH and a Free T4. There was no documented evidence and the facility did not present any documented evidence that the above mentioned labs was obtained as ordered.</p> <p>In an interview on 08/11/2021 at 1:16pm S3DON (Director of Nursing) stated Resident #64 was on Synthroid and Lasix. S3DON stated there were standing orders for lab work and when a resident was taking Synthroid, a TSH and a Free T4 should be drawn every 6 months and when taking Lasix, a BMP should be drawn every 90 days. S3DON stated the labs for Resident #64 were not done and should have been done since the resident was taking Synthroid and Lasix.</p> <p>Resident #85 Review of Resident #85's Care Plan revealed, in part an Advance Directive with Resident wanting Full Code. Resident/responsible party end of life wishes were in place and their directions will be carried out ongoing. Further review of Care Plan revealed, in part, intervention in place to honor resident's wishes and notify the Physician of wishes regarding life sustaining procedures.</p> <p>Review of Resident #85's Physician Orders revealed, in part the resident returned from a hospital stay on 07/16/2021 with orders for a change in code status to a DNR (Do Not Resuscitate). Review of the August 2021 Physician Orders revealed, in part, DNR as code status.</p> <p>Review of Resident #85's LaPOST (Louisiana Physician Orders for Scope of Treatment) revealed, in part, code status of full code.</p> <p>In an interview on 08/11/2021 at 9:51am,</p>	F 656			

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F 656	<p>Continued From page 9</p> <p>S5WoundCareNurse stated she was not sure of Resident #85's code status, she proceeded to look at her TAR (Treatment Administration Record) and stated she did not see the code status on the TAR but she could find out.</p> <p>In an interview on 08/11/2021 at 10:15am, S13LPN stated Resident #84's Code status was DNR. S13LPN reviewed Resident #85's chart and stated the LaPOST had the resident's code status as CPR (Cardiopulmonary Resuscitation), a green paper with "Go, Full Code", and physician order for a DNR. S13LPN further stated she was not sure what Resident #85's code status was and code status not updated.</p> <p>In an interview on 08/11/2021 at 11:21am S5Wound Care Nurse stated she was going to check on the resident's code status by looking for LaPOST and a green paper that reads "Go, Full Code" or red paper that reads "Stop, DNR". An interview and observation was conducted with S5Wound Care Nurse on 08/11/2021 at 11:21am. S5Wound Care Nurse stated Resident #85 was a full code and she would perform CPR. S5Wound Care Nurse reviewed Resident #85's record which revealed, in part, a green paper with Go, Full Code and the LaPOST revealed CPR was to be done.</p> <p>In an interview on 08/11/2021 at 1:55pm S4ADON (Assistant Director of Nursing) stated a resident's code status can be located in the chart under the physician orders and on the LaPOST. S4ADON further stated resident records had a red sheet which read Stop DNR, and green sheet that read Go, Full Code. S4ADON stated Resident #85's code status was DNR according to the Physician Orders and the code status</p>	F 656			

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F 656	Continued From page 10 should have been updated on the LaPOST and the red sheet that read Stop, DNR. S4ADON stated Social Service Department updates the code status upon admit, returns from the hospital and changes requested. S4ADON stated the nurses should have checked the physician orders and the code status should have been updated and all documents should match.	F 656			
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 record review, observation and interview, the facility failed to provide nail care for a diabetic resident residing in the facility (Resident #38). This deficient practice was identified for 1 of 1 sampled diabetic residents (Resident #38) reviewed for Activities of Daily Living (ADLs). Findings: Review of Resident #38's Minimum Data Set (MDS) with an Assessment Reference Date of 06/18/2021 revealed, in part, Resident #38 had diagnoses of diabetes mellitus, non-Alzheimer's dementia, stroke, and hemiplegia. Further review of Resident #38's MDS revealed Resident #38 required total assistance for personal hygiene activities of daily living. Review of Resident #38's care plan revealed, in part, Resident #38 was care planned to require total assistance with activities of daily living with	F 677			

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

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F 677	<p>Continued From page 11 interventions to include diabetic nail care every Saturday.</p> <p>Observation on 08/08/2021 at 11:24am revealed Resident #38's left hand was contracted with untrimmed fingernails that extended past the fingertips which were pressing into the skin on the palm of Resident #38's hand.</p> <p>Observation on 08/09/2021 at 2:45pm revealed Resident #38's left hand was contracted with untrimmed fingernails that extended past the fingertips which were pressing into the skin on the palm of Resident #38's hand. Resident #38's fingernails on right hand were untrimmed with an unknown brown substance observed under the fingernails.</p> <p>Observation on 08/10/2021 at 9:43am revealed Resident #38's left hand was contracted with untrimmed fingernails that extended past the fingertips which were pressing into the skin on the palm of Resident #38's hand. Resident #38's fingernails on right hand were untrimmed with an unknown brown substance observed under the fingernails.</p> <p>Review Resident #38's June, July and August 2021 TAR revealed no documentation of diabetic nail care provided to Resident #38.</p> <p>In an interview on 08/10/2021 at 2:50pm, S5Treatment Nurse stated nail care for diabetic residents was to be performed by the treatment nurse, and documented on the resident's Treatment Administration Record (TAR) once completed. S5TreatmentNurse confirmed Resident #38 was a diabetic, but Resident #38's nail care was not documented on Resident #38's</p>	F 677			

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F 677	Continued From page 12 TAR. In an interview on 08/10/2021 at 3:00pm, S5Treatment Nurse confirmed Resident #38's nails needed to be cleaned and trimmed. S5Treatment Nurse stated Resident #38's nail care treatment was never added to the TAR after a recent readmission.	F 677			
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: §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; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify	F 880			

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F 880	<p>Continued From page 13</p> <p>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> <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 record review, observation and</p>	F 880			

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F 880	<p>Continued From page 14</p> <p>interview, the facility:</p> <ol style="list-style-type: none"> Failed to assure 4 staff members (S6Certified Nurse Assistant, S7Certified Nurse Assistant, S5Treatment Nurse, and S8Housekeeper) wore isolation personal protective equipment (PPE) when they entered an isolation room (Room C, Room D, Room E, Room F); Failed to assure staff (S8Housekeeper) properly sanitized hands after cleaning a toilet and before touching objects and surfaces in Room F; and, Failed to assure staff (S8Housekeeper) removed PPE prior to exiting Room F. <p>Findings:</p> <p>Review of the facility's Coronavirus Disease (COVID-19)- Infection Prevention and Control Measures policy revealed, in part, staff must wear gloves, isolation gown, eye protection and N95 or high level respirator to enter a room of a resident placed on COVID-19 isolation.</p> <p>Review of the facility's Quarantine Rooms, dated 08/10/2021, revealed, in part, Room C, Room D, Room E, and Room F were isolation rooms.</p> <p>Review of the facility's Personal Protective Equipment - Using Gowns policy revealed, in part, gowns must be discarded in the room.</p> <p>Observation on 08/08/2021 at 10:47am revealed S6Certified Nurse (CNA) entered Room C without donning isolation PPE. Further observation revealed "Contact Precaution" signage posted outside Room C.</p> <p>In an interview on 08/08/2021 at 10:48am, S6CNA stated the sign outside Room C indicated Room C was an isolation room. S6CNA stated</p>	F 880			

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F 880	<p>Continued From page 15</p> <p>she did not wear isolation PPE to enter Room C.</p> <p>Observation on 08/10/2021 at 9:29am, S7CNA entered Room D without donning isolation PPE. Further observation at this time revealed "Contact Precaution" signage posted outside Room D.</p> <p>In an interview on 08/10/2021 at 9:30am, S7CNA stated she did not wear isolation PPE to enter into Room D.</p> <p>Observation on 08/10/2021 at 9:35am revealed S5Treatment Nurse entered Room E without donning isolation PPE.</p> <p>In an interview on 08/10/2021 at 9:36am, S5TreatmentNurse Room E was an isolation room due to a resident's return from the hospital. S5TreatmentNurse stated she should have donned isolation PPE before entering Room E.</p> <p>In an interview on 08/10/2021 at 9:47am, S1Corporate Nurse stated staff should wear PPE when entering a room of a resident who is quarantined.</p> <p>Observation on 08/10/2021 at 11:44am revealed S8Housekeeper entered Room F without putting on isolation PPE. S8Housekeeper grabbed a garbage can from Room F and exited Room F. S8Housekeeper reentered Room F without donning PPE and proceeded to clean the toilet in Room F. S8Housekeeper exited Room F without completing hand hygiene. S8Housekeeper then reentered Room F and touched the resident in Room F's personal items, water pitcher, bedside table, and dresser with the same gloved hands he used to clean the toilet with.</p> <p>without donning PPE and touched personal</p>	F 880			

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F 880	<p>Continued From page 16</p> <p>items, a water pitcher, a bedside table and a dresser in Room F. S8Housekeeper then exited Room F without performing hand hygiene.</p> <p>In an interview on 08/10/2021 at 11:47am, S8Housekeeper stated he should have worn isolation PPE to enter Room F. S8Housekeeper stated he should have washed his hands after cleaning the toilet.</p> <p>Observation on 08/10/2021 at 12:00pm revealed S8Housekeeper exited Room F wearing a blue isolation gown and proceeded to walk down the hallway and stop in front of a biohazard room.</p> <p>In an interview on 08/10/2021 at 12:01pm, S8Housekeeper stated he came out of Room F with an isolation gown on because Room F did not have a biohazard bag to dispose the isolation gown in.</p> <p>In an interview on 08/11/2021 at 9:51am, S2Administrator confirmed S6CNA, S7CNA, S5Treatment Nurse and S8Housekeeper should have put on isolation PPE before they entered isolation Room C, Room D, Room E, and Room F. S2Administrator also stated S8Housekeeper should have used proper hand hygiene after cleaning the toilet and before touching objects and surfaces in Room F, and S8Housekeeper should have discarded the isolation gown before exiting Room F.</p>	F 880			