

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155665	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 02/17/2012
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NAME OF PROVIDER OR SUPPLIER JENNINGS HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 701 HENRY ST NORTH VERNON, IN 47265
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F0000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: February 13, 14, 15, 16 and 17 2012</p> <p>Facility number: 010996 Provider number: 155665 AIM number: 200232210</p> <p>Survey team: Cheryl Fielden, RN-TC Diana Sidell, RN Jill Ross, RN Janie Faulkner, RN (2/15, 2/16, 2/17, 2012)</p> <p>Census bed type: SNF/NF: 102 Total: 102</p> <p>Census payor type: Medicare: 10 Medicaid: 86 Other: 6 Total: 102</p> <p>Sample: 21</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p>	F0000	Preparation and or execution of this plan of correction in general, or this correction action in particular, does not constitute an admission or agreement by Jennings Healthcare Center of the facts alleged or conclusion set forth in this statement of deficiencies. The plan of correction and specific corrective actions are prepared and/or executed in compliance with the state and federal law.	

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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	Quality review 2/24/12 by Suzanne Williams, RN				

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F0156 SS=C	<p>483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES</p> <p>The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing.</p> <p>The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5)(i)(A) and (B) of this section.</p> <p>The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.</p> <p>The facility must furnish a written description of legal rights which includes:</p>						

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	<p>A description of the manner of protecting personal funds, under paragraph (c) of this section;</p> <p>A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels.</p> <p>A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.</p> <p>The facility must comply with the requirements specified in subpart I of part 489 of this chapter related to maintaining written policies and procedures regarding advance directives. These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the</p>			

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	<p>individual's option, formulate an advance directive. This includes a written description of the facility's policies to implement advance directives and applicable State law.</p> <p>The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.</p> <p>The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.</p> <p>Based on observation and interview, the facility failed to post the names, addresses and telephone numbers of the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, the Medicaid fraud control unit, a statement as to a resident being able to file a complaint with the State survey and licensure agency, and resident rights. This deficient practice had the potential to adversely affect all 102 residents residing in the facility.</p> <p>Findings included:</p> <p>During an observation at 11:45 A.M., on 2/13/2012, with the Administrator, the posting for the Indiana State Department of Health hot line was not visible upon entering the front door. A posting noted</p>	F0156	<p>F156-C Notice of Rights, Rules, Services, Charges.</p> <ol style="list-style-type: none"> 1. There were no residents identified. 2. Residents were informed of posting and location of Ombudsman name and phone number, State Department of Health, and a list of Resident rights. 3. Residents will be reminded of posting and changes regarding Resident Rights, State Ombudsman and State Department of Health during monthly resident council meetings on a regular routine basis (ongoing). 4. The Administrator will update information as needed as it relates to changes regarding Ombudsman, Resident Rights, 	03/18/2012

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	<p>on the A hall in two small frames included the facility telephone number handwritten in, as how to contact the Administrator of the facility. At this time, the Administrator indicated the ombudsman's number was not posted, but was in the Resident Information Admission Packet only.</p> <p>During the environmental tour on 2/15/2012 between 10:30 A.M. and 11:45 A.M., with the Maintenance Director and Assistant Maintenance Director, an observation was made of a lack of posting of information regarding how to contact the Indiana State Department of Health and the ombudsman's office and list of resident rights.</p> <p>Observation conducted on 2/17/2012 at 11:30 A.M., indicated a continued lack of posting of contact information for the Indiana State Department of Health and the ombudsman's office. There was a lack of information posted related to resident rights.</p> <p>3.1-4(j)(3)</p>		<p>and the State Department of Health. Updates will be included in monthly RM/QI.</p> <p>5. 3/18/2012</p>		

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F0425 SS=D	<p>483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH</p> <p>The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>Based on record review, observation and interview, the facility failed to ensure the pharmacy provided routine medications in a timely fashion. This affected 2 of 18 residents reviewed for availability of medications in a sample of 21. (Residents #88 and #47)</p> <p>Findings include:</p> <p>(1) During the observation of the medication pass on 2/14/2012 at 9:50 a.m., it was noted on the MAR (medication administration record) that there were three medications ordered for</p>	F0425	F- 425 S/S= D Pharmaceutical Services Criteria # 11. MD notified. R/P notified for resident #88.2. Unavailable meds were ordered STAT from the pharmacy and were received the same day as identified as unavailable.3. Resident #88 was assessed and found to have no negative outcomes as a result of unavailable medications.4. Resident #47, MD notified, R/P notified.5. Unavailable medication was ordered STAT from pharmacy and was received the same day as identified as unavailable.6. Resident #47 was assessed for increased signs and symptoms of depression. No	03/18/2012			

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	<p>Resident #88 that were not available. They were Vitamin D2, Liquicel Protein, and Sodium chloride.</p> <p>An interview with LPN #3 at this time indicated she had just gotten off the phone with the pharmacy regarding these medications not being available. She was told they would be "statted" to them" (sent to them right away; delivered within 4 hours). The MAR showed all three medications as not given (each time was initialed and circled) since the resident was admitted on 2/7/2012.</p> <p>On 2/16/2012 at 9:00 a.m., a review of the nurse's notes dated 2/14/12 at 9:45 a.m., indicated "Pharmacy contacted for Sodium Chloride tabs (tablets) et (and) Liquicel Protein Supp. (supplement). Sending per STAT delivery as requested @ (at) this x (time). [name of nurse practitioner] notified of omitted doses. [No] n.o.s. (no orders sent)." Nurse's notes dated 2/14/12 at 10:00 a.m., indicated "Pharmacy contacted regarding need for D2 50,000 u (units) to be administered weekly. Pharmacy states o (not) on profile. Refaxed original admission orders c (with) med (medication) flagged (circled) per pharm (pharmacy) request. Med to be dispensed." A fax dated 2/7/12, to pharmacy indicated</p>		<p>signs and symptoms were noted. Criteria # 21. 100% audit was completed by the unit managers of all MARS (medication administration records) to identify any medications unavailable.2. MD notified. Meds ordered. Residents assessed to identify any negative outcomes. No issues identified. Criteria # 31. A check system was implemented on 2/17/2012 by the Director of Clinical Services to compare MD ordered by facility to the medications received from the pharmacy. Systems QI monitored daily by Unit Manager with pharmacy notification of any discrepancies.2. Licensed staff re-educated by Director of Clinical Services on 3/2/2012 on medication availability and potential for negative outcomes to residents when medications are unavailable.3. When medications are ordered by electronic scan to the pharmacy a summary of the medications ordered is printed out and placed in a binder located in the C Hall Main Nurses Station. When medications are received from the pharmacy, the medications are checked in by a nurse and put away. The pharmacy delivery receipt listing each medication is compared to the medication order sheets in the binder located in the main Nurses station. The medication/documents are compared, noted and highlighted.</p>				

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	<p>"New Admit to room [number]. Face sheet & (and) orders to follow. Send Meds STAT (at once). Faxed & called to pharmacy. Spoke with (name of pharmacy staff)." The 'Physician's Medication Order' was attached to this with all three medications listed.</p> <p>A fax from the pharmacy with a date of 2/14/12 at 10:24 a.m., indicated "Non-covered Medication: Sodium Chloride 1 GM tablet. Action: Over the counter product. Requires Facility Approval. Please indicate directions to pharmacy and fax to [number of pharmacy]. Another fax from the pharmacy dated 2/14/12 at 10:25 a.m., indicated "Non-Covered Medication: PROMOD LIQUID PROTEIN. ACTION: Over the Counter product. Requires Facility Approval. Please indicate directions to pharmacy and fax to [number of pharmacy]. Another fax from pharmacy dated 2/14/12 at 11:25 a.m., indicated "Non-covered Medication: EGOCALCIFEROL ORAL SOLUTION. ACTION: Over the Counter product. Requires Facility Approval. Please indicate directions to pharmacy and fax to [number of pharmacy]."</p> <p>(2) During record review for resident #47 on 2/15/12 at 12:00 p.m., a physicians</p>		<p>This process is QI monitored daily 5 times a week by the Unit Manager to ensure medications ordered are delivered timely and available for administration to the resident. Any discrepancies are addressed at that time. Criteria # 41. The DOCS will QI monitor the binder containing medication orders and pharmacy deliveries 3 times per week times 1 month, then 2 times per week times 1 month then weekly times 1 month.. 2. Findings will be brought to the RM/QI for review and development of action to ensure the pharmacy provides routine medications in a timely fashion. Criteria # 53/18/2012</p>				

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	<p>order dated 2/9/12, which read: "1) DC (discontinue) Lexapro 10 mg (milligrams), 2) Sertraline HCL (hydrochloride) 25 mg (1) po (by mouth) QD (every day) depression" was noted in the record. A signature of the nurse receiving the order, as well as a check mark, indicated the order was noted on the physician order sheet, the med/tx (medication/treatment sheet) and the family was notified.</p> <p>A Pharmaceutical interchange order dated for 2/8/12, indicated "DC'd order Lexapro 10 mg tablet, give 1 tablet orally once a day for depression." A new order for "Sertraline HCL 25 mg tablet, give 1 tablet orally once daily for depression" was noted.</p> <p>It was noted on the MAR that "Sertraline 25 mg (1) po QD depression" was to be given to the resident. Review of the MAR for February 9, 10, 11, 12, 13 and 14, 2012, indicated these dates had not been initialed (to show medication was given) or circled (to show medication was not given). Review of the MAR for Lexapro 10 mg indicated it was discontinued on 2/8/12. No notations were on the back of the respective MAR</p>			

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	<p>to indicate why the medication had not been given.</p> <p>An "RX order status" received from pharmacy on 2/17/2012, indicated for resident #47, "Sertraline HCL 25 mg tablet was suspended until 2/19/2012." During an interview with the DON and Administrator on 2/17/2012 at 09:50 a.m., they indicated there was no communication with the pharmacy regarding the order being placed on hold. When the facility contacted the pharmacy on 2/17/2012, they explained that it was expected that the facility was to use the Lexapro until the supply was exhausted and then begin the Sertraline. There were no side effects noted in the record to indicate the resident suffered from the missed medication.</p> <p>A delivery receipt dated 2/17/2012, indicated for resident #47, Sertraline HCL 25 mg tablet, quantity of 30, was delivered.</p> <p>An interview with the Administrator and DON on 2/17/2012 at 9:50 a.m., indicated they have nothing formally in the QA (Quality Assurance) review regarding ordering medications and receiving them timely. The DON indicated they have</p>			

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	<p>talked to the pharmacy about not getting medications timely. The Administrator indicated she was not sure where the breakdown was occurring, but stated she "will find out" and will be meeting with the pharmacy consultant.</p> <p>(3) The "Pharmacy Services Agreement," received on 2/16/2012 at 1:50 p.m. from the medical records person, indicated, "...B. The PHARMACY is qualified, licensed and capable of providing approved drugs, intravenous solutions, biologicals and pharmaceutical supplies as required by the residents of the FACILITY upon order of their physicians and in accordance with accepted professional principles and applicable local, state and federal laws and regulations. C. The FACILITY desires to utilize the PHARMACY's services, and the PHARMACY is willing to furnish such services as provided herein. ...1.2 Delivery Schedule: The PHARMACY agrees to deliver to the FACILITY any prescriptions and supplies daily, six (6) days per week, Monday through Saturday, with an additional delivery if an emergency arises, except for circumstances and conditions beyond its control, which will include, but not limited to, situations where the PHARMACY's manufacturer/supplier is unable to provide the required item and</p>			

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	<p>the PHARMACY is unable to provide an acceptable alternative. ...1.3...In the event the PHARMACY cannot furnish an ordered medication on a prompt and timely basis, the PHARMACY will notify the FACILITY. The PHARMACY will notify the FACILITY of any such arrangement..."</p> <p>(4) According to the facility's "Medication Management" policy, "Resident/patient medications are managed through the collaboration of the facility nursing staff, consultant pharmacist, contracted pharmacy, and attending physician. The resident/patient's medication regimen is managed and monitored to promote and/or maintain his/her highest practicable, mental, physical, and psychosocial well being..."</p> <p>3.1-25(l)</p>				

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F0431 SS=D	<p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS</p> <p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>Based on observation and interview, the facility failed to ensure drugs and biologicals were labeled in accordance with accepted standards, in that 1 resident</p>	F0431	F-431 S/S=D Drug Records, Label, Store drugs and Biological Criteria # 1 1. In regards to resident #78, bottles of Vitamin B12, multivites Gummy	03/18/2012

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(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	
	<p>(#78) failed to have over the counter medications labeled for 1 of 15 residents observed during medication pass observations.</p> <p>Findings include:</p> <p>During the medication pass on 2/14/12 at 7:45 a.m. with LPN #6, an observation was made in which Resident #78's bottles of Vitamin B12, "MultiVites Gummy Vitamins" and Centrum Vitamins for adults had only the manufacturer's labels. There were no residents' names, directions for administration or physicians' names on the bottles listed above.</p> <p>In interview with LPN #6 on 2/14/12 at 7:50 a.m., she said "Yes, all bottles of any kind of medication should have a label on them. I will make sure this gets done right away."</p> <p>3.1-25(j) 3.1-25(k) 3.1-25(l)</p>		<p>Vitamins, and Centrum Vitamin for adults were labeled on 2/24/2012 with appropriate labels. Criteria # 21. All residents who have physician orders for over the counter medications have the potential to be affected.2. A100% audit of all in house prescribed medications was done by the ADOCS (Assistant Director of Clinical Services).3. All residents have appropriate labels as a result of the audit.4. A Kiosk message was sent by the DOC to all licensed staff regarding the importance of labeling of medication on 2/17/2012. Criteria # 31. Licensed staff were re-educated by the DOCS on 3/2/2012 on the importance of labeling over the counter medications along with immediate notification of the DOCS to request labels for any over the counter medications brought in by newly admitted residents. (See F 425 Criteria 3)2. Central Supply Clerk/QMA (Qualified Medications Aid) will QI monitor medications of all newly admitted residents within 72 hours post admission to ensure appropriate labeling is present. Criteria # 41. DOCS/ADOCS will QI monitor medication carts weekly times 3 months to ensure all over the counter medications have appropriate labels.2. Findings will be brought to the RM/QI meeting monthly for review and development of action plan to</p>		

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			ensure drugs and biologicals are labeled in accordance with accepted standards. Criteria # 53/18/2012	

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F0441 SS=D	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>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.</p> <p>(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.</p> <p>(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.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>Based on observation, record review and interview, the facility failed to maintain</p>	F0441	F-441 S/S=D Infection Control Criteria # 11. LPN # 4	03/18/2012	

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	<p>an infection control program to provide a sanitary environment, in that during an observation of an injection and eye drop administration, gloves were not worn. This affected 1 (Resident #33) of 15 residents observed during medication pass observations.</p> <p>Findings include:</p> <p>During the observation of a medication pass on 2-15-12 at 11:50 a.m., Resident #33 was given an injection and then eye drop administration by LPN # 4 without wearing gloves or performing hand hygiene in between the two administrations.</p> <p>The policy on Medication Administration - Insulin Injection with a revised date of 6/08, indicated once insulin had been drawn up and resident was assisted to a comfortable position, the staff should "...17. Apply gloves, cleanse selected site with alcohol wipe using a circular motion from the center of site...insert needle... 28. Remove gloves and wash hands."</p> <p>The policy on Eye Drops with a revised date of 6/08, indicated "...5. Explain procedure and provide privacy. 6. Assist the resident/patient into comfortable position for administration. 7. Wash hands. 8. Apply clean glove. 9. Grasp the</p>		<p>was re-educated by the DOCS on 2/15/2012 on infection control as it relates to eye drop administration and subcutaneous injection. The nurse read and acknowledged understanding of F-441 S/S=D Infection Controlthe policy regarding hand washing and glove use.2.Resident #3 was assessed and found to have no identified negative outcomes. Criteria #21. All residents receiving eye drops and subcutaneous injections have the potential to be affected.2. infection control logs were reviewed by the DOCS and ADOCS for nosocomial infections. There were none identified. Criteria # 31. Licensed staff were re-educated by the DOCS on 3/2/2012 on policy and procedure regarding hand washing and glove utilization during med pass. (See F425 Criteria 3)2. Unit Managers will QI monitor medication administration 5times a week times 1 month then 3 times a week times 1 month then weekly times 1 month to ensure infection control policies are followed. Any negative concerns will be addressed immediately. Criteria # 41. ADOCS will review Unit Manager QI monitoring tools monthly and prepare summary of findings.2. Findings will be reviewed by the RM/QI for development of an action plan if indicated to ensure facility maintains and infection control program to provide a</p>				

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	<p>lower lid gently and pull outward to form a pouch...."</p> <p>In interview with the DON (director of nursing) on 2/15/12 at 2:00 p.m., she indicated gloves were to be worn for all kinds of injections and all eye drop administration. She also indicated that gloves should be changed between administration of two different kinds of medications and hands should be washed in between.</p> <p>3.1-18(l)</p>		<p>sanitary environment. Criteria 53/18/2012 #</p>		