

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155535	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/13/2015
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NAME OF PROVIDER OR SUPPLIER WILLOW CROSSING HEALTH & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3550 CENTRAL AVE COLUMBUS, IN 47203
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F000000	<p>This visit was for the Investigation of Complaints IN00161923 and IN00162004.</p> <p>Complaint IN00161923 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00162004 - Substantiated. Federal/state deficiencies related to the allegations are cited at F241, F312 and F441.</p> <p>Survey dates: January 12 and January 13, 2015</p> <p>Facility number: 000572 Provider number: 155535 AIM number: 100267710</p> <p>Survey team: Jennifer Carr, RN - TC</p> <p>Census bed type: SNF/NF: 62 Total: 62</p> <p>Census payor type: Medicare: 5 Medicaid: 54 Other: 3 Total: 62</p>	F000000	<p>Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. The plan of correction is prepared and submitted because of requirement under and state and federal law. Please accept this plan of correction as our credible allegation of compliance. Please find enclosed this plan of correction for this survey. Due to the low scope and severity of the survey finding, please find the sufficient documentation providing evidence of compliance with the plan of correction. The documentation serves to confirm the facility's allegation of compliance. Thus, the facility respectfully requests the granting of paper compliance. Should additional information be necessary to confirm said compliance, feel free to contact me.</p>	

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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F000241 SS=E	<p>Sample: 4</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review completed on January 21, 2015, by Brenda Meredith, R.N.</p> <p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>Based on observation, record review and interview, the facility failed to maintain dignity for 3 of 6 residents reviewed for activities of daily living (ADLs) in that 2 residents were incontinent as a result of staff not responding in a timely manner to call lights (Residents B and D), and 1 resident did not receive ice/fresh water related to lack of available staff (Resident G).</p> <p>Findings include:</p>	F000241	<p>F241 Requires the facility to maintain dignity for residents with activities of daily living.</p> <p>1. Resident B and D were assessed to ensure their needs were being met regarding toileting in a timely manner. Resident G was given fresh ice water.</p> <p>2. All residents have the potential to be affected. Residents were assessed to ensure that their needs were being met regarding toileting in a timely manner and ensuring fresh ice water was passed every shift. No concerns were noted. See</p>	01/19/2015

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	<p>1. A copy of the 8/28/2014 Resident Council Minutes was provided by the Administrator on 1/12/2015 at 12:05 p.m. The Discussion of New Business indicated, "...Call lights - not answered timely. [Resident] request not followed through. [Staff] turn off light, but don't talk to res. [resident]."</p> <p>A copy of the 9/25/2014 Resident Council Minutes was provided by the Administrator on 1/12/2015 at 12:05 p.m. The Discussion of New Business indicated, "...Call lights ['not' sign] timely @ [at] 1st/2nd shift change."</p> <p>A copy of the 12/30/2014 Resident Council Minutes was provided by the Administrator on 1/12/2015 at 12:05 p.m. The Discussion of New Business indicated, "...Feeling rushed [with] PM care...."</p> <p>Resident B's clinical record was reviewed on 1/12/2015 at 12:40 p.m. Diagnoses included, but were not limited to, morbid obesity, depression, history of pressure ulcers and history of urinary tract infections.</p> <p>Minimum Data Set (MDS) assessment , dated 10/20/2014, indicated a Brief Interview for Mental Status (BIMS) score</p>		<p>below for corrective measures.</p> <p>3. The resident's right policy and procedure was reviewed with no changes made. (See attachment A) The staff was inserviced on the on the above procedure focusing on dignity and answering call lights timely.</p> <p>4. The DON or her designee will utilize the nursing monitoring tool daily times for weeks, then weekly times four weeks then every two weeks times two months, then quarterly thereafter to ensure call lights are answered timely to meet the needs of the resident regarding toileting and ensure fresh ice water is passed every shift. (See attachment B) The audits will continue until 100% compliance is obtained and maintained. The audits will be reviewed during the facility's quarterly quality assurance meetings and the plan of correction will be adjusted accordingly.</p> <p>5. The above corrective measures will be completed on or before January 19, 2015.</p>	

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	<p>of 13; indicating the resident was cognitively intact. The resident required extensive, 1 person physical assist for toilet use.</p> <p>Resident B's ADL Assist Required Care Plan, initiated 4/23/2014 and updated 11/5/2014, indicated, "The resident requires up to total of 2 assist in performing ADLs due to...." The interventions indicated, "...Provide assist with ADLs as resident requires....Provide peri care each shift and after each incontinent episode...."</p> <p>On 1/12/15 at 12:45 p.m., LPN #1 indicated Resident B used a bed pan "most of the time" and was "very rarely" incontinent.</p> <p>Resident B was interviewed 1/12/2015 at 2:50 p.m. She was observed in a hospital gown, which was pulled up around her upper abdomen with her perineum exposed. She indicated she routinely waited "a half hour...maybe longer" for staff to answer her call light and that she has experienced both urinary and bowel incontinence as a result of having to wait for staff to assist her.</p> <p>On 1/12/2015 at 3:02 p.m., CNA #3 and CNA #4 entered Resident B's room to assist her and provide perineal care.</p>			

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	<p>They did not drape or cover the resident's perineal area at any time while providing care or ask her if she wished to be covered up.</p> <p>The Administrator was interviewed on 1/12/2015 at 4:10 p.m. He indicated he was not aware of any staffing concerns on any shifts and that he was not aware of any complaints by resident, family, or staff regarding the facility not having enough staff, not answering call lights in a timely manner, and/or not toileting residents in a timely manner. He indicated, "We [administrative staff] answer call lights all the time."</p> <p>2. Resident D's clinical record was reviewed on 1/13/2015 at 3:20 p.m. Minimum Data Set (MDS) assessment, dated 10/2/2014, indicated a Brief Interview for Mental Status (BIMS) score of 15, indicating the resident was cognitively intact. The resident required extensive, 2+ person physical assist for toilet use.</p> <p>Resident D was interviewed on 1/12/2015 at 3:40 p.m. She indicated, "It seems like there's mainly a problem [staffing] on second shift. You have to wait half an hour to an hour for them to</p>			

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	<p>answer your light. It just seems like they don't have enough people to cover the care....I've had accidents [incontinence]....I recently had a [bowel movement]....It's not too good...it's embarrassing. I don't care how old you are."</p> <p>On 1/13/2015 at 2:05 p.m., CNA #5 indicated, "We can't always get everyone toileted like we'd like [due to staffing/not having enough help]....Sometimes there are three [residents] at a time [who require/request toileting assistance]....A lot [of residents] are 2-person assist."</p> <p>On 1/13/2015 at 2:08 p.m., CNA #4, CNA #5, CNA #6, and CNA #7 indicated that facility management, LPNs and RNs (with the exception of LPN #2) did not assist CNAs in answering call lights, toileting residents, or with dining room/meal times. All four CNAs indicated they have expressed concerns regarding staffing and nursing/management not assisting with resident care. All four CNAs indicated management was unresponsive to their concerns.</p> <p>Resident A's Power of Attorney (POA) was interviewed on 1/13/2015 at 1:08 p.m. She indicated she and other family members are at the facility most days.</p>			

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	<p>She indicated the facility does not have enough staff to provide care in a timely manner, stating, "I feel for the aides [CNAs]....They [facility] usually have a big sign out front saying they're hiring for help...open positions for nurses and aides. It's embarrassing."</p> <p>3. Resident G was interviewed on 1/13/2015 at 2:15 p.m. She was alert and oriented to person, place, and time. She indicated, "We don't get enough ice water because there's not enough staff. The other night I said, 'Why am I not getting any ice water?' and they said it was because they only had three people [aides] here and one of them was with [named Resident H by name and indicated he required one-on-one care 'most of the time']. The resident indicated she routinely waits "quite a long time" for staff to answer her call light."</p> <p>A copy of the current Resident Rights Policy and Procedure was provided by the Director of Nursing on 1/13/2015 at 10:08 a.m. The policy indicated, "The resident has a right to a dignified existence....A facility must care for its residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality...."</p>						

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F000312 SS=D	<p>A copy of the current Water, Fresh Ice Policy and Procedure was provided by the Assistant Director of Nursing on 1/13/2015 at 4:20 p.m. The Policy indicated, "Fresh drinking water shall be provided to each resident and be available to each resident at all times....Ice shall be available to the residents at all times."</p> <p>This Federal tag relates to Complaint IN00162004.</p> <p>3.1-3(t) 3.1-46(b)</p> <p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS 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. Based on observation, record review and interview, the facility failed to provide timely and/or proper toileting/perineal care for 2 of 4 residents reviewed for activities of daily living (Resident B and Resident D).</p>	F000312	<p>F312 Requires the facility to provide timely and/or proper toileting/perineal care.</p> <p>1. Resident B and D had perineal care completed correctly. 2.All residents have the potential to be affected. Staff was instructed on how to complete</p>	01/19/2015

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	<p>Findings include:</p> <p>1. Resident B's clinical record was reviewed on 1/12/2015 at 12:40 p.m. Diagnoses included, but were not limited to, morbid obesity, depression, history of pressure ulcers, and history of urinary tract infections. Minimum Data Set assessment, dated 10/20/2014, indicated a Brief Interview for Mental Status (BIMS) score of 13, indicating the resident was cognitively intact. The resident required extensive, 1 person physical assist for toilet use.</p> <p>Resident B was interviewed 1/12/2015 at 2:50 p.m. She was observed in a hospital gown, which was pulled up around her upper abdomen with her perineum exposed. She indicated she routinely waited "a half hour...maybe longer" for staff to answer her call light and that she has experienced both urinary and bowel incontinence as a result of having to wait for staff to assist her.</p> <p>An observation of toileting/perineal care for Resident B was conducted on 1/12/2015 at 3:10 p.m. She was observed in bed, in a hospital gown, which was pulled up around her upper abdomen with her perineum exposed. CNA #3 and CNA #4 entered the resident's room and</p>		<p>perineal care correctly to residents. No further concerns were noted. See below for corrective measures.</p> <p>3.The perineal care policy and procedure was reviewed with no changes made. (See attachment C) The staff was inserviced on the on the above procedure.</p> <p>4.The DON or her designee will utilize the nursing monitoring tool daily times for weeks, then weekly times four weeks then every two weeks times two months, then quarterly thereafter to ensure perineal care is timely completed per policy and procedure. (See attachment B) The audits will continue until 100% compliance is obtained and maintained. The audits will be reviewed during the facility's quarterly quality assurance meetings and the plan of correction will be adjusted accordingly warranted. The above corrective measures will be completed on or before January 19, 2015</p>				

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	<p>donned gloves. Neither CNA washed or sanitized her hands prior to donning gloves. Neither CNA offered to drape or cover the resident's exposed perineum. CNA #3 removed the bed pan, which contained approximately 60 milliliters of cream-colored liquid. CNA #3 placed the bed pan on a plastic bag on the floor on the opposite side of the bed. CNA #3 then opened resident B's top dresser drawer, with the same gloved hand used to handle the soiled bedpan, and pulled out a clean wash cloth. She patted between the resident's buttocks four times with the same area of the dry washcloth. The resident indicated, "Ow! That hurts!" CNA #3 then reached into her pocket to remove a single unit packet of ointment, tore it open, and applied it to the resident's buttocks. CNA #4 indicated, "[motioning to the soiled, moist underpad underneath resident] That's wet...we need to change that." CNA #3 removed her right glove and assisted CNA #4 to remove the soiled, moist pad underneath the resident and replaced it with a clean one. CNA #3 entered the resident's bathroom with the soiled bedpan, indicating, "I'm going to rinse this out" and closed the door behind her. The sound of running water was observed for 16 seconds from outside the door. CNA #4 indicated each CNA carries multiple packs of clean,</p>			

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	<p>single-dose skin cream packets in their pocket and produced 3 from her own pocket. CNA #4 removed her gloves and left Resident B's room without washing her hands. She was observed briefly entering the doorway of room 211 to speak to another CNA, and then returned to the nurses station.</p> <p>A current copy of Perineal Care Policy and Procedure was provided by the Corporate Nurse Consultant on 1/12/2015 at 3:40 p.m. Procedure indicated, "Perform necessary initial steps. (See STEPS, INITIAL AND FINAL - PROVISION OF CARE for a complete list of steps.)....drape resident....Wet and soap washcloth....Wipe from front to back and from center to perineum to thighs....For females: Separate labia. Wash urethral area first. Wash between and outside labia in downward strokes, alternating from side to side and moving outward to thighs. Use a different part of washcloth for each stroke...."</p> <p>A current copy of STEPS, INITIAL AND FINAL - PROVISION OF CARE Policy and Procedure was provided by the Director of Nursing on 1/13/2015 at 12:55 p.m. Procedure indicated, "INITIAL STEPS: ...Keep resident covered, expose only area of resident's</p>			

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	<p>body necessary to complete procedure. Wash hands. Wear gloves as indicated by Standard Precautions...."</p> <p>A current copy of Handwashing/Hand Hygiene Policy and Procedure was provided by the Corporate Nurse Consultant on 1/12/2015 at 3:40 p.m. The policy indicated, "Situations that require hand hygiene include, but are not limited to: ...Upon and after coming in contact with a resident's intact skin (e.g., ...lifting a resident)...Before and after assisting a resident with toileting...."</p> <p>The Administrator was interviewed on 1/12/2015 at 4:10 p.m. He indicated he was not aware of any staffing concerns on any shifts and that he was not aware of any complaints by resident, family, or staff regarding the facility not having enough staff, not answering call lights in a timely manner, and/or not toileting residents in a timely manner. He indicated, "We [administrative staff] answer call lights all the time."</p> <p>On 1/13/2015 at 2:05 p.m., CNA #5 indicated, "We can't always get everyone toileted like we'd like [due to staffing/not having enough help]....Sometimes there are three at a time [who require/request toileting assistance]....A lot are 2-person</p>			

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	<p>assist."</p> <p>On 1/13/2015 at 2:08 p.m., CNA #4, CNA #5, CNA #6, and CNA #7 indicated that facility management, LPNs and RNs [with the exception of LPN #2] did not assist CNAs in answering call lights, toileting residents, or with dining room/meal times. All four CNAs indicated they have expressed concerns regarding staffing and nursing/management not assisting with resident care.</p> <p>2. Resident D's clinical record was reviewed on 1/13/2015 at 3:20 p.m. Minimum Data Set (MDS) assessment, dated 10/2/2014, indicated a Brief Interview for Mental Status (BIMS) score of 15, indicating the resident was cognitively intact. The resident required extensive, 2+ person physical assist for toilet use.</p> <p>Resident D was interviewed on 1/12/2015 at 3:40 p.m. She indicated, "It seems like there's mainly a problem [staffing] on second shift. You have to wait half an hour to an hour for them to answer your light. It just seems like they don't have enough people to cover the care....I've had accidents [incontinence]....I recently had a stool....It's not too good...it's</p>						

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F000441 SS=D	<p>embarrassing. I don't care how old you are."</p> <p>This Federal tag relates to Complaint IN00162004.</p> <p>3.1-(a)(2)(C)</p> <p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS 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</p>			

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NAME OF PROVIDER OR SUPPLIER WILLOW CROSSING HEALTH & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3550 CENTRAL AVE COLUMBUS, IN 47203
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	<p>(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. Based on observation and record review, the facility failed to implement required hand hygiene while providing toileting assistance/perineal care for 1 of 1 observation of toileting/perineal care (Resident B).</p> <p>Finding includes: Resident B's clinical record was reviewed on 1/12/2015 at 12:40 p.m. Diagnoses included, but were not limited to, morbid obesity, depression, history of pressure ulcers and history of urinary tract infections.</p>	F000441	<p>F441 Requires the facility to provide hand hygiene while providing toileting assistance/perineal care.</p> <p>1. Resident B had perineal care completed correctly regarding hand hygiene as well. 2. All residents have the potential to be affected. Staff was instructed on how to correctly wash their hands and provide perineal care. No further concerns were noted. See below for corrective measures. 3. The perineal care policy and procedure was reviewed with no changes made. (See attachment C) The hand washing policy and procedure was reviewed with no changes made. (See attachment</p>	01/19/2015

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	<p>The Minimum Data Set (MDS) assessment , dated 10/20/2014, indicated a Brief Interview for Mental Status (BIMS) score of 13; indicating the resident was cognitively intact. The resident required extensive, 1 person physical assist for toilet use.</p> <p>Resident B's ADL Assist Required Care Plan, initiated 4/23/2014 and updated 11/5/2014, indicated, "The resident requires up to total of 2 assist in performing ADLs due to...." Interventions indicated, "...Provide assist with ADLs as resident requires....Provide peri care each shift and after each incontinent episode...."</p> <p>An observation of toileting/perineal care for Resident B was conducted on 1/12/2015 at 3:10 p.m. She was observed in bed, in a hospital gown, which was pulled up around her upper abdomen with her perineum exposed. CNA #3 and CNA #4 entered the resident's room and donned gloves. Neither CNA washed or sanitized her hands prior to donning gloves. Neither CNA offered to drape or cover the resident's exposed perineum. CNA #3 removed the bed pan, which contained approximately 60 milliliters of cream-colored liquid. CNA #3 placed the bed pan on a plastic bag on the floor on the opposite side of the bed. CNA #3</p>		<p>E) The staff was inserviced on the above procedures.</p> <p>4. The DON or her designee will utilize the nursing monitoring tool daily times for weeks, then weekly times four weeks then every two weeks times two months, then quarterly thereafter to ensure perineal care is timely completed per policy and procedure and that hand washing is also done per policy and procedure. (See attachment B) The audits will continue until 100% compliance is obtained and maintained. The audits will be reviewed during the facility's quarterly quality assurance meetings and the plan of correction will be adjusted accordingly if warranted.</p> <p>5. The above corrective measures will be completed on or before January 19, 2015.</p>	

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	<p>then opened resident B's top dresser drawer, with the same gloved hand used to handle the soiled bedpan, and pulled out a clean wash cloth. She patted between the resident's buttocks four times with the same area of the dry washcloth. The resident indicated, "Ow! That hurts!" CNA #3 then reached into her pocket to remove a single unit packet of ointment, tore it open, and applied it to the resident's buttocks. CNA #4 indicated, "[motioning to the soiled, moist underpad underneath resident] That's wet...we need to change that." CNA #3 removed her right glove and assisted CNA #4 to remove the soiled, moist pad underneath the resident and replaced it with a clean one. CNA #3 entered the resident's bathroom with the soiled bedpan, indicating, "I'm going to rinse this out" and closed the door behind her. The sound of running water was observed for 16 seconds from outside the door. CNA #4 indicated each CNA carries multiple packs of clean, single-dose skin cream packets in their pocket and produced 3 from her own pocket. CNA #4 removed her gloves and left Resident B's room without washing her hands. She was observed briefly entering the doorway of room 211 to speak to another CNA, and then returned to the nurses station.</p>			

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	<p>A current copy of Perineal Care Policy and Procedure was provided by the Corporate Nurse Consultant on 1/12/2015 at 3:40 p.m. Purpose indicated, "Perineal care will cleanse the perineum and prevent infection and odors." Procedure indicated, "Perform necessary initial steps. (See STEPS, INITIAL AND FINAL - PROVISION OF CARE for a complete list of steps.)...drape resident....Wet and soap washcloth....Wipe from front to back and from center to perineum to thighs....For females: Separate labia. Wash urethral area first. Wash between and outside labia in downward strokes, alternating from side to side and moving outward to thighs. Use a different part of washcloth for each stroke...."</p> <p>A current copy of STEPS, INITIAL AND FINAL - PROVISION OF CARE Policy and Procedure was provided by the Director of Nursing on 1/13/2015 at 12:55 p.m. Procedure indicated, "INITIAL STEPS: ...Keep resident covered, expose only area of resident's body necessary to complete procedure. Wash hands. Wear gloves as indicated by Standard Precautions...."</p> <p>A current copy of Handwashing/Hand Hygiene Policy and Procedure was provided by the Corporate Nurse</p>			

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	<p>Consultant on 1/12/2015 at 3:40 p.m. The policy indicated, "Situations that require hand hygiene include, but are not limited to: ...Upon and after coming in contact with a resident's intact skin (e.g., ...lifting a resident)...Before and after assisting a resident with toileting...."</p> <p>This Federal tag relates to Complaint IN00162004.</p> <p>3.1-18(l)</p>						