

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

PRINTED: 03/18/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155066		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/14/2025	
NAME OF PROVIDER OR SUPPLIER EDGEWATER WOODS				STREET ADDRESS, CITY, STATE, ZIP COD 1809 N MADISON AVE ANDERSON, IN 46011			
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F 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00448154.</p> <p>Complaint IN00448154 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: February 10, 11, 12, 13, and 14, 2025</p> <p>Facility number: 000026 Provider number: 155066 AIM number: 100274820</p> <p>Census Bed Type: SNF/NF: 70 Total: 70</p> <p>Census Payor Type: Medicare: 3 Medicaid: 54 Other: 13 Total: 70</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed February 26, 2025.</p>			F 0000	<p>The provider respectfully requests that this 2567 Plan of Correction to be considered the Letter of Credible Allegation of Compliance and requests a desk review in lieu of post survey review.</p>		
F 0690 SS=D Bldg. 00	<p>483.25(e)(1)-(3) Bowel/Bladder Incontinence, Catheter, UTI</p> <p>Based on observation, interview, and record review, the facility failed to ensure urinary output was monitored as ordered and abnormalities reported to the provider for 1 of 2 residents reviewed for urinary catheters. (Resident 8)</p>			F 0690	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; Resident 8 catheter output is being maintained per order, to</p>		03/08/2025

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

TITLE

(X6) DATE

Victoria Kinley

Executive Director

03/07/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 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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	<p>Finding includes:</p> <p>On 2/10/25 at 11:35 a.m., Resident 8 was asleep in her bed with her catheter hung on the left side of her bed. Urine in the catheter drainage tube was observed to be milky-white.</p> <p>During an interview on 2/11/25 at 11:22 a.m., Resident 8 indicated she was unaware of any current treatment for infections. The urine in the urinary catheter tubing was cloudy and yellow.</p> <p>Resident 8's clinical record was reviewed on 2/11/25 at 2:40 p.m. Diagnoses included dementia of unspecified severity, neuromuscular dysfunction of the bladder, pyuria, stage 4 chronic kidney disease, and moderate protein-calorie malnutrition.</p> <p>A quarterly Minimum Data Set (MDS) assessment, dated 1/9/25, indicated the resident had moderate cognitive impairment. She was dependent on staff assistance for toileting, bathing, dressing, personal hygiene, turning and transfers. The resident had an indwelling urinary catheter and was always incontinent of bowel. She had been on an antibiotic during the assessment period.</p> <p>A current care plan, dated 6/6/18, indicated the resident was at risk for potential infection related to a supra-pubic urinary catheter due to neurogenic bladder and urinary retention. Interventions included, provide assistance for catheter care (6/6/18) and report signs of a urinary tract infection which included concentrated urine (6/6/18).</p> <p>A current care plan, dated 6/5/18, indicated the resident was at risk for unintentional weight loss</p>				<p>include output amount, color and clarity each shift. Resident has not had any urinary tract infections in the past 3 months. Resident was receiving antibiotics during survey for Leukocytosis.</p> <p>CNA has received education and skills validation on emptying urinary drainage bag. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken;</p> <p>All residents with urinary catheters have the potential to be affected.</p> <p>Audit completed per DNS/Designee to identify all residents with urinary catheters to ensure catheters are being monitored per order to include output amount, and any changes in color and clarity.</p> <p>All nursing staff in-serviced per DNS/Designee by 3/8/25 on maintaining, monitoring, documenting and emptying urinary catheters.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur;</p> <p>All nursing staff in-serviced per DNS/Designee by 3/8/25 on maintaining, monitoring to include output amount and any changes in color and clarity, documenting and emptying urinary catheters.</p> <p>Emptying Urinary Drainage</p>		

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	<p>related to dementia and frequent urinary tract infections. Interventions included a nutritional shake at lunch (2/7/25).</p> <p>A current physician order, dated 4/7/24, indicated the resident had a supra-pubic catheter.</p> <p>A current physician order, dated 4/7/24, indicated nursing was required to document the catheter output every shift.</p> <p>Review of the resident catheter urine outputs for January 2025 and February 2025 indicated urinary output was not recorded on day shift for 1/12/25, 1/26/25, and 2/9/25. Urinary output was not documented on night shift on 1/15/25, 1/20/25, 1/29/25, and 2/3/25.</p> <p>During an observation on 2/12/25 at 10:43 a.m., the resident was in bed. The urinary catheter drainage tubing contained cloudy yellow urine with a moderate amount of sediment.</p> <p>During an observation on 2/14/25 at 9:23 a.m., the resident was in bed. The urinary catheter tubing contained cloudy yellow urine with a small amount of sediment.</p> <p>During a catheter care observation on 2/14/25 at 9:33 a.m., CNA 7 entered Resident 8's room and washed her hands. Gloves were donned and the undated urinal was picked up from the back of the toilet in the resident's restroom with her left hand. A towel was placed on the floor underneath the urinary drainage bag, with her right hand, to serve as a barrier. The spigot of the urinary catheter drainage bag was removed from the holder using her right gloved hand. While she pressed the button and drained the urine from the bag, the spigot tip of the catheter touched the walls of the</p>				<p>Bag skills validation completed with all CNAs and will complete on all hired CNAs.</p> <p>IDT will review catheter documentation Monday-Friday to include output amount, and any changes in color and clarity and Monday-Friday observation of emptying of drainage bags will be completed.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, what quality assurance program will be put into place;</p> <p>Ongoing compliance with this corrective action will be monitored via facility QAPI program, with meetings being held bi-monthly, and is overseen by the Executive Director.</p> <p>CQI tool identified as catheters will be completed five times per week x 4 weeks, monthly times 6 months, and quarterly thereafter until compliance is achieved.</p> <p>If threshold of 100% is not met, an action plan will be developed to ensure compliance.</p> <p>By what date the systemic changes will be completed; 3/8/25</p>		

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	<p>urinal three different times. Once emptied, she used her right hand to place the spigot back into the holder on the outside of the urinary catheter bag. The spigot was not cleansed at any time during the observation. The urinal contained 100 milliliters of concentrated cloudy yellow urine. A gown was not worn at any time during the catheter care observation. During an interview at the time of observation, CNA 7 indicated the urine she emptied from the resident's catheter was cloudy, thick, and yellow. She was required to report the thick cloudy urine to the nurse.</p> <p>During an interview on 2/14/25 at 9:42 a.m., CNA 7 indicated it was the CNAs' duty to empty the residents' urinary catheters. They were required to report the urine amount, color and clarity to the nurse. The nurse charted the outputs in the residents' clinical records. The CNAs had a place in the electronic clinical record in which they could chart a description of the urine. She had worked on 2/12/25. She emptied the resident's catheter that day and she had not noticed the resident's urine to be cloudy and thick when she worked earlier in the week prior to 2/14/24. She had not reported any concerns with the description of the resident urine on 2/12/25. CNAs were required to report a description of any urine abnormalities to the nurse. Urine abnormalities included cloudiness, mucous, foul odors, or blood. Abnormal findings were required to be reported to the nurse immediately. The facility required the staff to also document the exact amount of urine output. They would not have a way to determine if the resident had adequate urine output without the documentation of the exact output.</p> <p>During an interview on 2/14/25 at 12:07 a.m., LPN 10 indicated urinary catheter outputs should have</p>						

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	<p>been obtained every shift as ordered and documented in the Treatment Administration Record (TAR). If a resident did not have any urinary output on a shift, it should have been documented in the nurses notes. She had provided care for the resident on 2/12/25 and no one had reported any abnormalities to the resident's urine. She indicated the resident was known for frequent urinary tract infections. Typically, the resident only wanted to drink coffee. The resident's urine was typically a thicker consistency and frequently cloudy with sediment. The CNAs were required to report any urine abnormalities to the nurse, which would be documented in the nurses notes. When the urine description was not documented, one did not have a way to identify when the urine had changed.</p> <p>During an interview on 2/14/25 at 1:05 p.m., the DON indicated urinary catheter outputs should have been completed as ordered every shift. She was unable to provide documentation of the resident's urine output on all the above mentioned dates in January and February 2025. She was unable to provide a policy regarding urinary catheter maintenance or urinary outputs.</p> <p>During an interview on 2/14/25 at 2:03 p.m., the DON indicated she was unable to find anything in the resident clinical record regarding the resident's typical urine description. The resident had not received any diagnostic urine testing from 2/10/25 to 2/14/25 related to abnormal urinary signs or symptoms. When a resident had a urinary change, it should have been charted in the resident's nurse's notes.</p> <p>A skills competency document, last reviewed 2/2023, titled "Emptying Urinary Drainage Bag,"</p>						

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F 0880 SS=E Bldg. 00	<p>provided by the DON on 2/14/25 at 1:18 p.m., indicated the following: "Procedure Steps: ...2. Perform hand hygiene. 3. Don gloves. 4. Unhook the emptying spout from its holder on the urinary drainage bag. 5. Position the graduated container underneath the emptying spout. 6. Unclamp the emptying spout and allow all the urine to drain into the graduated container, being sure to avoid touching the tip of the spout with hands, side of the container, or the floor. Note: If the spout touches container immediately cleanse with alcohol pads. Cleanse in a circular motion from approximately 1/4 inch from spout end downward. Do not repeat motion, unless using a new alcohol pad. 7. Re-clamp the empty spout after all urine had drained. 8. Wipe the emptying spout with an alcohol wipe and return to its holder. 9. Measure and record amount of urine. 10. Dispose of urine, clean and return graduated container to plastic bag in bathroom or designated area if semi-private room. 11. Remove gloves. 12. Perform hand hygiene. 13. Document pertinent information...."</p> <p>3.1- 41(a)(2)</p> <p>483.80(a)(1)(2)(4)(e)(f) Infection Prevention & Control</p> <p>A. Based on observation and interview, the facility failed to utilize infection prevention and control practices related to hand hygiene during laundry delivery. This deficiency had the potential to affect 69 of 70 residents who received facility laundry services.</p> <p>B. Based on observation, interview, and record review, the facility failed to utilize infection prevention and control practices related to enhanced barrier precautions (EBP) during care for residents at higher risk for infection with an</p>			F 0880	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>A. No residents identified to be directly affected. Laundry Attendant 8 and 9 received education.</p> <p>B. Residents 8, 9, and 10 have been monitored and currently have no sign or symptoms of infection. IP, RN5, CNA 7 and 11</p>		03/08/2025

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	<p>indwelling urinary catheter or a feeding tube, for 3 of 5 residents reviewed for infection control. (Residents 8, 10, and 9)</p> <p>Findings include:</p> <p>A1. During a continuous observation on 2/10/25 from 10:24 a.m. to 10:29 a.m., Laundry Attendant 9 pushed the laundry rack onto the Golden Orchard Unit with the curtains in place over the clothing rack. Without performing hand hygiene and using both hands, she opened the curtain on the clothing rack and removed clothing on hangers from the clothing rack. The curtain was placed back over the clothing on the rack. She entered room 101, opened the closet in the room closest to the door with her bare hand, and placed the clothing on hangers in the closet as she touched the fabric. Laundry Attendant 9 closed the closet door with her hands. Then, she exited room 101, opened the curtain on the clothing rack with both hands, and removed more clothing on hangers. The curtain on the clothing rack was placed back down over the cart. Then she entered room 102, opened the closet door closest to the door with the handle, and placed the clothing on the hangers in the closet as she touched the fabric. She exited room 102, opened the clothing rack curtain with both hands, removed more clothing on hangers, and placed the curtain back over the clothing rack. Then she entered room 103, opened the closet door with the handle, and placed the clothing on hangers in the closet as she touched the fabric. Laundry Attendant 9 closed the closet door with her hands. She exited room 103, lifted the curtain on the clothing rack with both hands, and removed more clothing on hangers. The curtain on the clothing rack was placed back down over the cart. Then she entered room 104, opened the closet door with the handle, and</p>				<p>all received education on Enhanced Barrier Precautions. QMA 3 was educated on catheters.</p> <p>Resident 10 catheter bag has been adjusted to ensure it does not touch the floor while in wheelchair</p> <p>Resident 9 is receiving care following infection control policies.</p> <p>Resident 8 catheter is emptied following infection control policies</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken;</p> <p>All residents have the potential to be affected.</p> <p>All laundry staff in-serviced per DNS/Designee by 3/8/25 on hand hygiene, specific to passing laundry.</p> <p>All nursing staff in-serviced per DNS/Designee by 3/8/25 on Enhanced Barrier Precautions, to include sign location, donning and doffing protective equipment, catheters not touching the ground. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur;</p> <p>All laundry staff in-serviced per DNS/Designee by 3/8/25 on hand hygiene, specific to passing laundry.</p> <p>All nursing staff in-serviced per DNS/Designee by 3/8/25 on</p>		

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	<p>placed the clothing on the hangers in the closet as she touched the fabric. Laundry Attendant 9 closed the closet door with her hands. She exited room 104, grabbed hold of the linen cart with both hands, and went on down the hallway. Hand hygiene was not performed at any time during the continuous observation.</p> <p>During a continuous observation on 2/12/25 from 11:49 a.m. to 11:52 a.m., Laundry Attendant 8 pushed the clothing rack down the hallway on the 300 Unit. She opened the covered clothing rack, removed clothing on hangers, and entered room 305. Once in the room, Laundry Attendant 8 used her left hand to open and close the closet near the window. She moved to the closet closest to the door in room 305, opened the closet door with her left hand, and placed the clothing on hangers in the closet with her right hand as she touched the fabric. Laundry Attendant 8 closed the closet door and exited room 305. She lifted the curtain on the clothing rack with both hands, and removed more clothing on hangers with her left hand. Then Laundry Attendant 8 entered room 308, used her right hand to open the closet door near the window, closed the window closet door, then opened the closet near the door. She hung the clothing on the hangers in the closet with her right hand that touched the fabric. Then she exited room 308, opened the clothing rack curtain with both of her hands as she moved on down the hallway. She removed more clothing from the rack on hangers with her right hand and entered room 311. She opened the closet near the door with her left hand, hung the clothes on hangers in the closet with her right hand, and closed the closet door with her left hand. Laundry Attendant 8 stopped and asked a staff member about a specific resident. She picked up a blanket from the clothing rack with both hands as she touched the</p>				<p>Enhanced Barrier Precautions, to include sign location, donning and doffing protective equipment, catheters not touching the ground.</p> <p>Housekeeping Supervisor to complete laundry pass observations Monday through Friday to ensure appropriate hand hygiene.</p> <p>Emptying Urinary Drainage Bag skills validation completed with all CNAs and will complete on all hired CNAs.</p> <p>Nursing IDT to complete 5 times per week observation of EBP being completed per policy. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, what quality assurance program will be put into place;</p> <p>Ongoing compliance with this corrective action will be monitored via facility QAPI program, with meetings being held bi-monthly, and is overseen by the Executive Director.</p> <p>CQI tool identified as infection control will be completed five times per week x 4 weeks, monthly times 6 months, and quarterly thereafter until compliance is achieved.</p> <p>If threshold of 100% is not met, an action plan will be developed to ensure compliance.</p> <p>By what date the systemic changes will be completed; 3/8/25</p>		

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	<p>top and bottom of the blanket, then placed it back on the clothing rack stacked against the stack of clean blankets. She then removed more clothes on hangers with her left hand and entered room 312. She opened the closet near the door with her right hand and hung the clothes in the closet with her left hand as she touched the fabric. Up to this point of the continuous observation, Laundry Attendant 8 had not used any hand hygiene throughout the observation. Another staff member motioned for her to use hand hygiene. She utilized alcohol based hand rub as she exited room 312 and prior to touching the curtain on the clothing rack.</p> <p>During an interview on 2/12/25 at 11:54 a.m., Laundry Attendant 8 indicated she should have used hand hygiene when she went into each of the resident's rooms during the continuous laundry delivery observation, but she had not used hand hygiene.</p> <p>During an interview on 10/14/25 at 10:31 a.m., the Infection Preventionist indicated hand hygiene was required upon exiting one room and prior to the entrance of another room when laundry was delivered. The facility had current residents who were positive for COVID-19, Influenza A, and Clostridium difficile (a bacteria found in the gastrointestinal tract). A lack of hand hygiene was a potential risk for transmission of infections.</p> <p>During an interview on 2/14/25 at 3:05 p.m., the Laundry Supervisor indicated all of the laundry attendants delivered clean laundry to all the units in the building. Hand hygiene was required upon entry to each room, after a resident's personal items were touched, and upon exit of each room. This included the laundry delivery process. Laundry staff were required to follow standard</p>						

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	<p>and isolation precautions just like the nursing staff. This prevented the spread of germs from the residents' personal items.</p> <p>During an interview on 2/14/25 at 3:35 p.m., the DON indicated 69 residents received laundry services from the facility.</p> <p>B1. During an interview on 2/11/25 at 11:22 a.m., Resident 8 was in bed. The urine in the urinary catheter tubing was cloudy and yellow. An enhanced barrier precautions (EBP) sign was hung above the resident's head of bed.</p> <p>Resident 8's clinical record was reviewed on 2/11/25 at 2:40 p.m. Diagnoses included dementia of unspecified severity, neuromuscular dysfunction of the bladder, pyuria, stage 4 chronic kidney disease, and moderate protein-calorie malnutrition.</p> <p>A current physician order, dated 4/7/24, indicated the resident had a supra-pubic catheter.</p> <p>A quarterly Minimum Data Set (MDS) assessment, dated 1/9/25, indicated the resident had moderate cognitive impairment. She was dependent on staff assistance for toileting, bathing, dressing, personal hygiene, turning and transfers. The resident had an indwelling urinary catheter and was always incontinent of bowel. The resident had been on an antibiotic during the assessment period.</p> <p>A current care plan, dated 4/11/24, indicated the resident was at risk of transferring or being colonized with a multi-drug resistant organism (MDRO) and required enhanced barrier precautions due to a suprapubic catheter. Interventions included, enhanced barrier</p>						

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	<p>precautions (4/11/24) and a gown and gloves were required prior to high contact resident care activities (4/11/24).</p> <p>A current care plan, dated 6/6/18, indicated the resident was at risk for potential infection related to a supra-pubic urinary catheter due to neurogenic bladder and urinary retention. Interventions included, provide assistance for catheter care (6/6/18) and report signs of a urinary tract infection (UTI) which included concentrated urine (6/6/18).</p> <p>During a catheter care observation on 2/14/25 at 9:33 a.m., CNA 7 entered the resident's EBP room and washed her hands. Gloves were donned and the undated urinal was picked up from the back of the toilet in the resident's restroom with her left hand. A towel was placed on the floor underneath the urinary drainage bag, with her right hand, to serve as a barrier. The spigot of the urinary catheter drainage bag was removed from the holder using her right gloved hand. While she attempted to press the button to drain the urine from the bag, the spigot of the catheter touched the walls of the urinal three different times. Once emptied, she used her right hand to place the spigot back into the holder on the outside of the urinary catheter bag. The spigot was not cleansed at any time during the observation. The urinal contained 100 milliliters of concentrated cloudy yellow urine. CNA 7 did not don a gown during the catheter care observation.</p> <p>During an interview at the time of observation on 2/14/25 at 10:15 a.m. CNA 7 indicated she would have to check into the specifics for EBP. She assumed a sign would have been on the door when a resident required enhanced barrier precautions. She would not have typically</p>						

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	<p>touched the tip of the urinary catheter spigot on the urinal when the catheter was emptied, but it slipped in her hand. The spigot should have been cleansed with a disinfectant wipe, but she had not cleansed it during the catheter care observation. She walked into the resident's room and indicated she had not previously seen the EBP sign that remained over the head of the bed. She had not worn a gown during the catheter observation. She expected the EBP signs to be on the door of the resident's room rather than in the resident's room above the head of the bed.</p> <p>During an interview on 2/14/25 at 10:31 a.m., the Infection Preventionist indicated residents were required to have EBP when they had urinary catheters, feeding tubes, and chronic wounds. The facility required staff to wear a gown and gloves for EBP. High contact care included manipulation of a urinary catheter or feeding tube. A urinary catheter drainage bag spigot that touched the canister when it was emptied, increased the resident's risk for an infection.</p> <p>During an interview on 2/14/25 at 1:05 p.m., the DON indicated the facility was unable to provide a policy regarding urinary catheter maintenance. B2. During observation on 2/10/25 at 11:03 a.m., Resident 10 had an enhanced barrier precaution (EBP) sign hung on the wall beside her bed.</p> <p>During a continuous observation on 2/10/25 from 11:26 a.m. to 11:29 a.m., the resident self propelled a wheelchair for half of the hallway length, with her urinary catheter bag hung below her wheelchair and dragging the floor. QMA 3 assisted the resident for the remainder of the hallway into the dining room.</p> <p>During an observation on 2/10/25 at 2:14 p.m., the</p>						

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	<p>resident's catheter bag hung from under her wheelchair and touched the floor.</p> <p>Resident 10's clinical record was reviewed on 2/13/25 at 10:22 a.m. Diagnoses included dementia, urinary tract infection, and chronic obstructive pyelonephritis.</p> <p>A physician's order, dated 1/20/25, included cefazolin (antibiotic) 2 gram intravenously every 12 hours for UTI (discontinued on 1/23/25).</p> <p>A current physician's order, dated 02/12/2025, included cephalexin (antibiotic) 500 mg by mouth every 12 hours for UTI.</p> <p>An admission Minimum Data Set (MDS) assessment, dated 1/13/25, indicated the resident had severe cognitive impairment. The resident was dependent on staff assistance for toileting and personal hygiene. The resident required a urinary catheter and was always incontinent of bowel.</p> <p>A current care plan, dated 1/7/25, indicated the resident required an indwelling urinary catheter due to obstructive uropathy. Interventions included do not allow tubing or any part of the drainage system to touch the floor, provide assistance for catheter care, and store collection bag inside a protective dignity pouch.</p> <p>A current care plan, dated 1/7/25, indicated the resident was at risk of transferring or becoming colonized with an MDRO and required enhanced barrier precautions due to an indwelling catheter. Interventions included enhanced barrier precautions, use standard precautions including hand hygiene in addition to EBP, and wear gown and gloves prior to high contact resident care</p>						

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	<p>activities.</p> <p>During an observation on 2/13/25 11:53 a.m., the resident's catheter bag was covered with an open bottom dignity covering. The resident's urinary collection bag was hung under her wheelchair. The catheter bag touched the floor from the opening at the bottom of the dignity covering.</p> <p>During a catheter care observation on 2/14/25 at 9:53 a.m., CNA 11 placed several clean towels directly on the bed linens of the resident's bed. Hand hygiene was performed prior to her putting on gloves. With gloved hands, she entered the bathroom where the water faucets were turned on and off. She exited the bathroom wearing the same gloves. She used her left gloved hand to operate the resident's bed remote to lower the resident's head of bed. She then used both of her gloved hands to move the contaminated towel from the foot of the bed to be utilized as a barrier between the resident's urinary catheter and bed linens. With her gloved hands she unfastened the resident's incontinent brief and noted that resident had been incontinent of bowel. Without changing gloves, she adjusted the urinary catheter tubing and then went over to the resident's closet. Using her gloved hands, she opened the closet door and retrieved a clean incontinence brief from packaging on the lower shelf of the closet. Once back at the resident's bedside, and without changing gloves, she began to cleanse the resident's groin area. She rolled the resident to her left side and provided bowel incontinence care. She placed the dirty wash cloths in a trash bag at the foot of the bed. After removing the soiled incontinence brief, she rolled it up and placed it directly on the bed linens at foot of bed. She then cleansed the resident's catheter tubing. She placed the resident on her</p>						

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	<p>back . She then removed her gloves. Without performing hand hygiene, she put on another pair of gloves. With gloved hands, she opened the top drawer of the night stand and went through the drawer, indicating that she was looking for cream to apply to the resident, but could not locate it. The CNA removed her gloves and left the resident's room. She returned with the Infection Preventionist (IP). Both staff members put on gloves. The IP applied cream to resident's buttocks and indicated there was a compromised area. CNA 11 then completed the rest of the resident's catheter care. Neither CNA 11 nor the IP donned a gown during high contact care.</p> <p>During an interview on 2/14/25 10:09 a.m., CNA 11 indicated when a resident was on isolation there was a cart outside of the residents room and instructions were posted on the door. She had seen an EBP sign previously, but needed to ask her nurse what it meant exactly. EBP was used for catheters and wounds. EBP meant staff should have worn a gown and gloves, and sometimes a mask. She was required to wear a gown when she emptied urine from a urinary drainage bag. Only gloves were required to be worn when providing incontinence and catheter care. A resident on EBP should have had a cart with gowns and isolation supplies available.</p> <p>During an interview on 2/14/25 02:25 p.m., RN 4 indicated that a urinary catheter drainage bag required a dignity cover. When a urinary collection bag touched the floor, the bag was considered contaminated and a new bag applied.</p> <p>B3. During an observation on 2/12/25 at 10:10 a.m., Resident 9 had an EBP sign hung on the wall beside her bed. A personal protective equipment (PPE) cart and trash can was located inside the</p>						

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	<p>resident's room by the door.</p> <p>During a medication administration observation on 2/13/25 at 1:12 p.m., RN 5 wore gloves when he administered a feeding tube medication to the resident. The RN did not don a gown.</p> <p>Resident 5's clinical record was reviewed on 2/13/25 at 1:57 p.m. Diagnoses included congenital cerebral cysts-schizencephaly, gastrostomy status, and epilepsy.</p> <p>A current care plan, dated 4/11/24, indicated that the resident was at risk of transferring or becoming colonized with an MDRO and required enhanced barrier precautions. Interventions included enhanced barrier precautions and wear gown and gloves prior to high contact resident care activities.</p> <p>During an interview on 2/13/25 at 2:29 p.m., RN 5 indicated that EBP would be used for residents who had wounds, an ostomy, feeding tube, or tracheostomy. EBP procedures were new for the company. EBP included a gown, gloves, and hand hygiene before and after giving specific care. He should have gowned up when he gave a feeding tube medication.</p> <p>A current facility policy, last revised 12/2021, titled "Laundry/Linen," provided by the DON on 2/14/25 at 1:18 p.m., included the following: "Purpose of Policy: To ensure the proper care and handling of linen and laundry to prevent the spread of infection. Policy: The laundry and nursing staff shall handle, store, process, and transport linen appropriately to prevent the spread of infection, in resident-care areas and in the laundry facility...."</p>						

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	<p>A skills competency document, last reviewed 2/2023, titled "Emptying Urinary Drainage Bag," provided by the DON on 2/14/25 at 1:18 p.m., indicated the following: "Procedure Steps: ...2. Perform hand hygiene. 3. Don gloves. 4. Unhook the emptying spout from its holder on the urinary drainage bag. 5. Position the graduated container underneath the emptying spout. 6. Unclamp the emptying spout and allow all the urine to drain into the graduated container, being sure to avoid touching the tip of the spout with hands, side of the container, or the floor. Note: If the spout touches container immediately cleanse with alcohol pads. Cleanse in a circular motion from approximately 1/4 inch from spout end downward. Do not repeat motion, unless using a new alcohol pad. 7. Re-clamp the empty spout after all urine had drained. 8. Wipe the emptying spout with an alcohol wipe and return to its holder. 9. Measure and record amount of urine. 10. Dispose of urine, clean and return graduated container to plastic bag in bathroom or designated area if semi-private room. 11. Remove gloves. 12. Perform hand hygiene. 13. Document pertinent information...."</p> <p>A current facility document, undated, titled "Enhanced Barrier Precautions (EBP) Education," provided by the DON on 2/14/25 at 1:18 p.m., indicated the following: "How will I identify someone in Enhanced Barrier Precautions (EBP): 1. They will have a sign posted in their room, on their side of the room in which they reside... What are the high contact activities that require the use of a gown and gloves by all residents in Enhanced Barrier Precautions: 1. Dressing 2. Bathing/showering 3. Transferring ... 6. Changing briefs or assisting with toileting 7. Device care or use ... Before providing care to a resident with Enhanced Barrier Precautions (EBP): 1. Perform hand hygiene. 2. Correctly put on gown and</p>						

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	<p>gloves. Gown before gloves. 3. After care, throw away gown and gloves. Remove gloves first. Roll gown away from you. 4. Perform hand hygiene. 5. Finish all steps before moving on to another resident...."</p> <p>A current facility policy, last revised on 5/2023, titled "Infection Prevention and Control Program Policy," provided by the DON on 2/14/25 at 1:18 p.m., indicated the following: "POLICY: The facility shall... maintain infection prevention and control program (IPCP) designed to provide a safe, sanitary, and comfortable environment and help prevent the development and transmission of communicable diseases and infections... GOALS: The goals of the infection prevention and control program are to: ... 5. Maintain compliance with state and federal regulations relate to infection prevention and control...."</p> <p>3.1-18(l) 3.1-18(b)(2)</p>						