

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

PRINTED: 03/25/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155248		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/25/2025	
NAME OF PROVIDER OR SUPPLIER BRICKYARD HEALTHCARE - BRENTWOOD CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 30 E CHANDLER AVE EVANSVILLE, IN 47713			
(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 0000 Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00450223 and Complaint IN00449534.</p> <p>Complaint IN00450223 - No deficiencies related to the allegations are cited. Complaint IN00449534 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: February 20, 21, 24, and 25, 2025.</p> <p>Facility number: 000152 Provider number: 155248 AIM number: 100267510</p> <p>Census Bed Type: SNF/NF: 96 Total: 96</p> <p>Census Payor Type: Medicare: 1 Medicaid: 81 Other: 14 Total: 96</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on March 5, 2025,</p>			F 0000			
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 services were provided according to professional standards to</p>			F 0690	<p>F690 Bowel/ Bladder, Incontinence, Catheter, UTI Date 2/26/2025</p>		02/26/2025

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

TITLE

(X6) DATE

Shelley Brown

Executive Director

03/13/2025

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>prevent urinary tract infections (UTI) for 1 of 2 residents reviewed with indwelling urinary catheter use. (Resident 90) Referrals to the urologist were not made, voiding trials were not completed as ordered, care plans were not updated to reflect new orders, the provider did not assess the resident in a timely manner, and infection control practices were not followed.</p> <p>Finding includes:</p> <p>On 2/20/25 at 10:40 A.M., Resident 90 was observed sitting in his wheelchair in the hallway. An indwelling catheter bag was observed hooked to the bottom of his wheelchair. The catheter bag and tubing were observed dragging on the floor. Sediment was observed in the catheter tubing.</p> <p>On 2/21/25 at 11:10 A.M., Resident 90's clinical record was reviewed. Diagnoses included, but were not limited to, obstructive and reflux uropathy and retention of urine. The resident was admitted to the facility on 11/21/24 from the hospital with an indwelling catheter.</p> <p>The most current Admission Minimum Data Set (MDS) Assessment, dated 12/2/24, indicated Resident 90 was not cognitively intact, required substantial to maximal assistance (staff does more than half) for toileting, had an indwelling catheter, and had no urinary tract infections (UTIs) upon admission.</p> <p>Current physician orders included, but were not limited to: Maintain catheter size 18 French (fr) with 10 milliliter (ml) bulb related to retention of urine, dated 1/22/25</p> <p>Macrobid oral capsule 100 mg (milligram) - Give</p>				<p>F690---What corrective action was accomplished for the residents found to have been affected by the deficient practice.</p> <p>Immediately Resident 90 catheter was readjusted off the floor. DON provided education on proper infection control practices and to ensure no delays in voiding trial orders/ urology referrals. Care plan updated to reflect new order, provider contacted and discussed orders on timely assessments.</p> <p>---How will other residents who may have the potential to be affected be identified?</p> <p>·All residents have the potential to be affected.</p> <p>---What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not reoccur.</p> <p>·DON/ Infection Preventionist educated nursing staff to follow professional standards to prevent UTI, follow MD/NP orders, follow up with MD/NP to ensure timely assessments, proper infection control practices, and care plans are updated to reflect new orders</p> <p>---How will the corrective action(s) be monitored to ensure the deficient practice will not reoccur and what QA program will be put into place?</p> <p>·DON/ designee will audit progress notes and orders to ensure MD/NP orders are being</p>		

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	<p>one capsule by mouth two times a day for UTI for seven days, dated 2/25/25</p> <p>Completed physician orders included, but were not limited to: Obtain urine for urinalysis (UA) with culture and sensitivity (C&S) one time only for urinary frequency, completed 12/11/24</p> <p>cefuroxime axetil (an antibiotic) oral tablet 500 mg - Give one tablet by mouth two times a day for UTI for five days, completed 12/11/24 to 12/16/24</p> <p>cefuroxime axetil oral tablet 500 mg - Give one tablet by mouth two times a day for UTI for five days, completed 12/16/24 to 12/21/24</p> <p>Referral for Urology for catheter and enlarged testicle. Nursing to schedule. - one time only for appointment scheduling related to retention of urine, noninflammatory disorders of the testis, and obstructive and reflux uropathy, completed 1/10/25.</p> <p>Obtain urine for UA with C&S - one time only for urinary symptoms, completed 1/21/25</p> <p>Bactrim DS (an antibiotic) tablet 800-160 mg - Give one tablet by mouth every 12 hours for bacterial infection - UTI for five days, completed 1/22/25 to 1/27/25</p> <p>The most recent care plan conference, dated 11/22/24, indicated acute and chronic medical conditions, including bowel and bladder, were discussed. Resident 90's plan of care was initiated.</p> <p>The most recent indwelling catheter care plan, initiated 11/22/24, included, but were not limited to, the following interventions:</p>		<p>followed, no unavoidable delays in voiding trial orders/urology referrals, care plans reflect new catheter size orders and complete infection control rounds to ensure catheter tubing is not touching the floor. DON/ designee will audit 3Xs /week x 4 weeks, 1x/ week x 4 weeks and 1x per month x 4 months. Director of clinical education/designee will report findings to QAPI x 6 months.</p> <p>---Systematic changes will be completed by 2/26/2025 Requesting paper compliance for F690</p>				

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	<p>CATHETER: has Catheter size 14 fr with 10 ml bulb. Position catheter bag and tubing below the level of the bladder and away from entrance room door, initiated on 11/22/24 and last revised on 12/23/24</p> <p>The clinical record lacked a care plan addressing antibiotic use, urinary tract infection, or an enlarged testicle.</p> <p>A nursing progress note, dated 11/21/24 at 7:39 P.M., indicated Resident 90 was admitted to the facility with a 10 fr indwelling catheter in place.</p> <p>A Nurse Practitioner (NP) provider note, dated 11/22/24, indicated Resident 90 had an indwelling catheter in place. Orders included "May need to trial without. Could not find in hospital paperwork if it was tried. Urology referral".</p> <p>A nursing order note, dated 11/24/24 at 2:35 P.M., indicated Resident 90 pulled out his catheter. The indwelling catheter with an inflated bulb was lying on the floor next to the bed. A new indwelling catheter size 14 fr was re-inserted. The NP was notified.</p> <p>An NP provider note, dated 11/25/24, indicated Resident 90 was seen due to confusion and multiple falls. The following order was given: "Voiding trial. Discontinue Foley catheter. If no UOP (urine output) within 6 hours reanchor foley and refer to urology".</p> <p>A nursing progress note, dated 12/11/24 at 5:01 A.M., indicated Resident 90 complained of pain and urgency to urinate. The NP was notified and gave an order for a UA with C&S.</p> <p>A nursing progress note, dated 12/11/24 at 3:29</p>						

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	<p>P.M., indicated an order was received for cefuroxime (an antibiotic) for UTI pending the urine culture report.</p> <p>A nursing progress note, dated 12/16/24 at 4:52 P.M., indicated Resident 90 was still complaining of pain and urgency to urinate. C&S results indicated the urine contained E. coli bacteria and orders were given to continue/extend antibiotic therapy for five days.</p> <p>A nursing progress note, dated 12/24/24 at 7:51 A.M., indicated Resident 90 was observed to have an enlarged left testicle. The NP was notified.</p> <p>A nursing progress note, dated 12/25/24 at 12:35 P.M., indicated Resident 90 continued to have an enlarged left testicle. NP to assess on next visit to the facility.</p> <p>Progress notes, provider notes, physician orders, and care plans, dated 12/25/24 to 1/7/25, lacked documentation to indicate Resident 90 was seen by the NP for evaluation of an enlarged left testicle.</p> <p>An NP provider note, dated 1/8/25, indicated "Staff reporting enlarged testicle. Denies pain at this time. Failed previous voiding trial. Continues with Foley. Was supposed to be referred after failing voiding trial to urology but apparently got missed. Urology referral R/T (related to) catheter and enlarged testicle".</p> <p>Progress notes, provider notes, physician orders, and care plans, dated 11/22/24 to 1/8/25, lacked documentation to indicate a voiding trial was performed or the resident was referred to a urologist as ordered following NP visits on 11/22/24 and 11/25/24.</p>						

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	<p>A nursing progress note, dated 1/14/25 at 3:40 P.M., indicated an appointment was scheduled with a urologist for 1/21/25.</p> <p>A nursing progress note, dated 1/21/25 at 1:55 P.M., indicated "Resident c/o (complained of) urinary discomfort on this shift several times. This nurse went in and assessed resident. Resident was noted to be wet with urine and cath (catheter) only having 50 ml (milliliters) in the bag. This nurse also noticed resident's abdomen was distended, painful to the touch, this nurse also noticed resident has swollen lymph node in right groin area. This nurse took old cath out d/t (due to) possible clog in cath line. As soon as this nurse pulled old cath out resident started urinating everywhere for a few seconds then the urinating stopped. This nurse placed bigger cath 18 gauge due to resident's penis having a split in it and urine leaking out around the 14 gauge cath. As soon as new cath was placed dark brown, mucous filled thick urine began to flow into cath bag. Resident had 875ml of urine come out of his new cath. Notified NP and received new order to get UA with C&S".</p> <p>A nursing progress note, dated 1/21/25 at 2:40 P.M., indicated Resident 90 returned to the facility from an appointment with the urologist with new orders to discontinue Flomax (a medication that relaxes the muscles in the prostate and bladder making it easier to urinate) and continue monthly catheter exchanges at the facility.</p> <p>A nursing progress note, dated 1/22/25 at 11:13 A.M., indicated a new order was received for Bactrim (an antibiotic) for five days pending the urine culture report.</p>						

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	<p>A nursing progress report, dated 2/24/25 at 8:00 A.M., indicated Resident 90's indwelling catheter was changed due to a partial occlusion. Sediment and dark urine was noted in the tubing. The NP was notified and a new order for a UA with C&S was received.</p> <p>A nursing progress note, dated 2/24/25 at 8:44 P.M., indicated a new order for Macrobid (an antibiotic) for seven days for UTI was received.</p> <p>During an interview on 2/24/25 at 10:55 A.M., the Director of Nursing (DON) indicated that a voiding trial was not completed on Resident 90 and he was not referred to the urologist until 1/8/25. She indicated that the NP must have written the orders for the voiding trial and referral on the provider note, but did not give them to the facility directly. She was unsure why the NP had indicated a voiding trial had been failed. The NP was usually in the facility three days a week seeing residents. The NP who saw Resident 90 from November to January no longer worked for the facility.</p> <p>During an interview on 2/25/25 at 8:26 A.M., the DON indicated care plans were revised during morning meetings. Reports of new or changed orders were run daily, and care plans were updated from there.</p> <p>During an interview on 2/25/25 at 10:07 A.M., the Regional Consultant indicated that the indwelling catheter bag and tubing should not touch the floor, and staff should place catheter equipment according to professional standards of practice.</p> <p>During an interview on 2/25/25 at 12:08 P.M., the Administrator indicated she had talked to the NP on the phone. She indicated Resident 90 did not</p>				

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F 0695 SS=D	<p>have a voiding trial and the NP confused Resident 90 with another resident who had a voiding trial and documented on the wrong person. She indicated the NP did not come into the facility to see residents between 12/24/24 and 1/8/25 due to the holidays and weather-related events. At that time, she indicated Resident 90's care plan should indicate the resident had an 18 fr indwelling catheter and not a 14 fr indwelling catheter.</p> <p>On 2/25/25 at 9:46 A.M., the Administrator provided a current Nurse Staff RN (Registered Nurse) Job Description, dated 9/10/14, that indicated essential job duties included "Work in collaboration with physician and/or other health care professionals by sharing information relevant to changing plan of care".</p> <p>On 2/25/25 at 9:46 A.M., the Administrator provided a current Documentation in Medical Record policy, dated 2024, that indicated "Documentation shall be accurate, relevant, and complete, containing sufficient details about the resident's care and/or responses to care".</p> <p>On 2/25/25 at 10:07 A.M., the Regional Consultant provided a current Indwelling Catheter Use and Removal policy, dated 2024, that indicated "Residents that admit with an indwelling catheter...will be assessed for removal of the catheter as soon as possible ... If an indwelling catheter is in use, the facility will provide appropriate care for the catheter in accordance with current professional standards of practice and resident care policies and procedures...".</p> <p>3.1-18(a)(2)</p> <p>483.25(i) Respiratory/Tracheostomy Care and</p>						

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Bldg. 00	<p>Suctioning</p> <p>Based on observation, interview, and record review, the facility failed to ensure respiratory services were provided according to professional standards for 1 of 2 residents reviewed for hospice. (Resident 1) A resident received a different amount of oxygen than what the physician ordered.</p> <p>Finding includes:</p> <p>On 2/20/25 at 2:08 P.M., Resident 1 was observed lying in bed receiving 4 Liters (L) of oxygen via nasal cannula. At that time, Resident 1 indicated he was supposed to be receiving 2L of oxygen.</p> <p>On 2/21/25 at 2:53 P.M., Resident 1 was observed lying in bed receiving 4L of oxygen via nasal cannula.</p> <p>On 2/24/25 at 10:51 A.M., Resident 1 was observed lying in bed receiving 4L of oxygen via nasal cannula.</p> <p>On 2/21/24 at 2:38 P.M., Resident 1's clinical record was reviewed. Diagnoses included, but were not limited to, acute and chronic respiratory failure with hypoxia.</p> <p>The most current Quarterly Minimum Data Set (MDS) Assessment, dated 11/22/24, indicated Resident 1 was cognitively intact, required substantial to maximal assistance (staff does more than half) for bed mobility and was dependent on staff for toileting and bathing, and was receiving oxygen therapy.</p> <p>Current physician orders included, but were not limited to: Continuous oxygen at 3L via nasal cannula related</p>		F 0695	<p>F695 Respiratory/ Tracheostomy Care and Suctioning Date 2/26/2025</p> <p>F695---What corrective action was accomplished for the residents found to have been affected by the deficient practice.</p> <p>· DON immediately adjusted Resident 1- oxygen to match order. DON educated nursing staff to follow physician's orders and only administer oxygen as ordered.</p> <p>---How will other residents who may have the potential to be affected be identified?</p> <p>·All residents who receive oxygen have the potential to be affected.</p> <p>---What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not reoccur.</p> <p>·---How will the corrective action(s) be monitored to ensure the deficient practice will not reoccur and what QA program will be put into place? ·DON/designee will audit</p>		02/26/2025	

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F 0761 SS=E Bldg. 00	<p>to acute and chronic respiratory failure with hypoxia, dated 5/27/24.</p> <p>The most current care plan conference was completed on 2/20/25 at 11:50 A.M. Care plan conference notes indicated Resident 1's care plan was reviewed and for staff to continue to follow the current plan of care.</p> <p>A current oxygen therapy care plan, initiated 4/11/23, included an intervention to administer oxygen as needed per physician order.</p> <p>A current alteration in respiratory status care plan, initiated 12/22/20 and revised on 9/15/21, included an intervention to administer oxygen as ordered per physician order.</p> <p>During an interview on 2/25/25 at 8:21 A.M., the Director of Nursing (DON) indicated that Resident 1 should be on 3L of oxygen. The order had not been increased to 4L to her knowledge.</p> <p>On 2/25/25 at 9:46 A.M., the Administrator provided a current Oxygen Administration policy, dated 2024, that indicated "Oxygen is administered under orders of a physician...".</p> <p>3.1-47(a)(6)</p> <p>483.45(g)(h)(1)(2) Label/Store Drugs and Biologicals</p> <p>Based on observation, interview, and record review, the facility failed to ensure medications were properly dated, labeled, and not expired for 1 of 4 medication carts, and 2 of 2 medication storage rooms reviewed for medication storage. (400 Hall Medication Cart, North Hall Medication Storage Room Refrigerator, South Hall Medication</p>		F 0761	<p>residents' oxygen orders to ensure they match their oxygen settings. DON/ designee will audit 3Xs /week x 4 weeks, 1x/ week x 4weeks and 1x per month x 4 months. Director of clinical education/designee will report findings to QAPI x 6 months.</p> <p>---Systematic changes will be completed by 2/26/2025</p> <p>Requesting paper compliance for F695</p> <p>F761 Label/Store Drugs and Biologicals Date 2/26/2025 F761---What corrective action was accomplished for the residents found to have been affected by the deficient</p>		02/26/2025	

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	<p>Room with Refrigerator)</p> <p>Findings include:</p> <p>On 2/20/25 at 10:00 A.M., the following undated medications were observed in the 400 Hall Medication Cart:</p> <p>1 Humalog Insulin pen for [Patient Name] with no open date</p> <p>On 2/24/25 at 9:10 A.M., the following expired medications were observed in the North Hall Medication Storage Room Refrigerator:</p> <p>1 bottle of Mary's Medical Mouth Wash for [Resident Name] with an expiration date of 1/15/25</p> <p>On 2/24/25 at 10:16 A.M., the following expired medications were found in the South Hall Medication Storage Room and Refrigerator:</p> <p>1 bottle of 0.9% Sodium Chloride Solution for [Patient Name] with an expiration date of 10/19/24</p> <p>1 bottle of 0.9% Sodium Chloride Solution for [Patient Name] with an expiration date of 1/24/25</p> <p>1 vial of Tuberculin Solution with no open date</p> <p>During an interview on 2/24/25 at 10:15 A.M., Licensed Practical Nurse (LPN) 6 indicated a medication should have a label and date if have Physician Order. The medications should have an open date when they are opened and if expired should be destroyed.</p> <p>During an interview on 2/24/25 at 10:20 A.M., Registered Nurse (RN) 7 indicated tuberculin solution should be dated once it is opened.</p>				<p>practice.</p> <p>Immediately nursing unlabeled medications were dated and expired medication was destroyed. DON educated nursing staff that all medications should be properly stored and ensure all medications are properly dated and labeled and any expired medications will be destroyed immediately.</p> <p>---How will other residents who may have the potential to be affected be identified?</p> <p>·All residents who receive medications have potential to be affected.</p> <p>---What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not reoccur.</p> <p>·DON/ Infection Preventionist educated nursing staff that all medications should be properly stored and ensure all medications are properly dated and labeled and any expired medications will be destroyed immediately.</p> <p>·---How will the corrective action(s) be monitored to ensure the deficient practice will not reoccur and what QA program will be put into place?</p> <p>·DON/ designee will audit medication carts/ medication rooms to ensure medications are properly stored, labeled and will</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 0880 SS=D Bldg. 00	<p>On 2/25/25 at 9:48 A.M., the Administrator provided a current, non-dated policy "Labeling of Medications and Biological". The policy indicated all medications ... used in the facility will be labeled in accordance with current state and federal considerations ...must include resident name ...and expiration date..."</p> <p>On 2/25/25 at 9:48 A.M., the Administrator provided a current, non-dated policy " Medication Storage." The policy indicated "...unused medications are routinely inspected for discontinued and outdated medications...these medications are destroyed according to "Destruction of Unused Drugs Policy"</p> <p>3.1-25(j) 3.1-25(o)</p> <p>483.80(a)(1)(2)(4)(e)(f) Infection Prevention & Control</p> <p>Based on observation, record review, and interview, the facility failed to ensure infection prevention standards were implemented during care provided for two random observations of residents requiring Enhanced Barrier Precautions (EBP). (Resident 1 and Resident 12)</p> <p>Findings include:</p> <p>1. During a direct care observation on 2/24/25 at 10:51 A.M., Hospice Nurse 11 assisted in repositioning Resident 1 in bed by pulling the resident up. Hospice Nurse 11 was not wearing a gown. Resident 1's room door had a sign indicating enhanced barrier precautions should be followed and staff who perform high contact activities with Resident 1 should wear a gown and</p>		F 0880	<p>destroy any expired medications immediately. DON/ designee will audit 3Xs /week x 4 weeks, 1x/ week x 4 weeks and 1x per month x 4 months. Director of clinical education/designee will report findings to QAPI x 6 months.</p> <p>---Systematic changes will be completed by 2/26/2025 Requesting paper compliance for F761</p> <p>F880 Infection Prevention and Control Date 2/26/2025 F880---What corrective action was accomplished for the residents found to have been affected by the deficient practice. DON immediately educated hospice C NA and QMA on donning proper enhanced barrier precautions while providing care ie; gown and gloves. ---How will other residents who may have the potential to be affected be identified? All residents who require</p>		02/26/2025	

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	<p>gloves.</p> <p>On 2/21/25 at 2:38 P.M., Resident 1's clinical record was reviewed. Diagnoses included, but were not limited to, chronic kidney disease.</p> <p>The most recent Quarterly Minimum Data Set (MDS) Assessment, dated 11/22/24, indicated Resident 1 was cognitively intact, required substantial assistance (staff do more than half of the work) for rolling left to right, and had an indwelling catheter.</p> <p>Current physician orders included, but were not limited to: Resident may be in Enhanced Barrier Precautions secondary to indwelling catheter every day and night shift, start date 5/10/24</p> <p>Catheter type Foley, size 16 French related to urinary retention, start date 5/14/24</p> <p>The current care plan included, but was not limited to: I am at risk for infection related to indwelling Foley catheter secondary to in house MDRO (multi-drug-resistant organisms). Date Initiated: 4/1/24</p> <p>Maintain enhanced barrier precautions. Date Initiated: 4/1/24</p> <p>During an interview on 2/25/25 at 9:01 A.M., the infection preventionist indicated all staff should wear gloves and a gown when direct care is provided to residents who require enhanced barrier precautions.</p> <p>2. On 2/21/25 at 9:16 A.M., during a random observation Qualified Medicine Aide (QMA) 12 was observed entering Resident 5's room without</p>				<p>enhanced barrier precautions have potential to be affected.</p> <p>---What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not reoccur.</p> <p>·DON/ Infection Preventionist educated nursing staff that all residents in enhanced barriers must don proper PPE; gown and gloves when providing care.</p> <p>----How will the corrective action(s) be monitored to ensure the deficient practice will not reoccur and what QA program will be put into place?</p> <p>·Infection Preventionist/ designee will audit nursing staff to ensure enhanced barrier PPE is properly donned before providing care. Infection Preventionist/ designee will audit 3Xs /week x 4 weeks, 1x/ week x 4weeks and 1x per month x 4 months. Director of clinical education/designee will report findings to QAPI x 6 months.</p> <p>---Systematic changes will be completed by 2/26/2025 Requesting paper compliance for F880</p>		

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	<p>donning Personal Protection Equipment (PPE) due to being on Enhanced Barrier Protocol (EBP). Direct resident care was observed when the residents incontinent brief was removed and changed.</p> <p>On 2/21/25 at 1:59 P.M., Resident 5's clinical record was reviewed. Diagnosis included, but was not limited to, neuromuscular dysfunction of bladder.</p> <p>The Current Minimum Data Set (MDS) Assessment indicated Resident 5 was cognitively intact. The resident had a suprapubic catheter and was dependent on dressing and toileting.</p> <p>Current physician orders included, but were not limited to: Resident may be in Enhanced Barrier Precautions (EBP) secondary to indwelling Catheter every day and night shift for IFC/EHB (Infection control/Enhanced Barrier) precautions dated 4/1/24.</p> <p>May implement Enhanced Barrier Precautions (EBP) to reduce potential transmission of multi-drug-resistant organisms (MDRO) during high-contact resident care activities for residents with chronic wounds or indwelling medical device(s) regardless of their MDRO status dated 4/1/24.</p> <p>The current EBP care dated 1/9/25 indicated Resident 5 uses EBP for indwelling urinary catheter with goal of remaining free of infection. Current interventions included, but were limited to following enhanced barrier precautions, informing resident and visitors of necessary precautions, and PPE used for High-Contact resident care activities such as changing briefs or assisting</p>						

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	toileting. dated 10/4/24. On 2/25/25 at 9:45 A.M., the Administrator provided a policy titled Enhanced Barrier Precautions, dated 2025, that indicated "It is the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms. PPE (personal protective equipment) for enhanced barrier precautions is necessary when performing high-contact care activities.. High-contact resident care activities include: Dressing; Bathing; Transferring; Providing hygiene; Changing linen; Changing briefs or assisting with toileting; Device care or use; Wound care." 3.1-18(b)(1) 3.1-18(b)(2) 3.1-18(j)						