

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>105465</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/08/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>OAKHURST CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1501 SE 24TH RD OCALA, FL 34471</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0761  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review the facility failed to ensure all drugs and biologicals were stored and labeled in accordance with current professional standards. Findings: During an observation on 5/7/2020 at 8:46 AM a medication cup with four (4) pills was observed on the overbed table in Resident #1's room and were not attended by facility staff. At 8:46 AM Staff B, Registered Nurse (RN) verified these medications had been given to Resident #1 at 8:20 AM. Staff B, RN identified the medications as Folic Acid 1 mg (Vitamin B), Multivitamin 1 tablet, [MEDICATION NAME] 40 milligram (mg) (used to treat fluid retention), and [MEDICATION NAME] 25 mg (used to treat high blood pressure). During an Interview on 5/7/2020 at 8:46 AM Staff B, RN stated, I brought the Folic Acid 1 mg, [MEDICATION NAME] 40 mg, [MEDICATION NAME] 25 mg, Multivitamin 1 tablet to Resident #1 and I did leave them, he was finishing a treatment and I left them. I know that I should not leave medications at the bedside and should have stayed until he took them. It is our policy and procedure to never leave medications unattended. During an interview on 5/7/2020 at 11:00 AM the Director of Nursing stated, It is my expectation that all staff administer medications according to our policies and procedures following best practice and never to leave medications unattended at the bedside. Review of the Policy and Procedure titled, NSG305 Medication: Administration: General with and effective date of 1/1/04, a review date of 5/31/19, and a revision date of 11/1/2019 read: Policy: A licensed Nurse, Med Tech or medication aide, per state regulations will administer medications to patients. Accepted standards of practice will be followed. Purpose: To provide a safe, effective medication administration process. Practice standards: Page 2: 8. Administer medication. 8.1 Assist patient as needed. 8.2 Remain with patient until administration is complete. Do not leave medications at the patient's bedside.		
F 0880  <b>Level of harm</b> - Immediate jeopardy  <b>Residents Affected</b> - Many	<b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to prevent the possible spread of infection by not isolating 2 of 7 residents under investigation for COVID-19 (Coronavirus Disease 2019) in 600 Hallway, Residents #2 and #3, failed to follow CDC (Centers for Disease Control) guidelines and facility policy and procedures related to droplet precautions, for 4 of 7 residents under investigation for COVID-19 in 300 Hallway and 600 Hallway, Residents #1, #4, #14 and #15, failed to ensure staff contain PPE (Personal Protective Equipment) used for the residents under investigation for COVID-19 in trash receptacles to prevent environmental exposure, failed to ensure staff performed hand hygiene before and after resident care and during tray delivery and pickup, and cleaned/sanitized blood pressure cuffs and thermometers between resident use for 10 of 16 sampled residents, Residents #2, #3, #5, #9, #10, #11, #12, #13, #15, and #16. As a result of this deficient practice, 135 out of the 135 residents are at risk for developing a communicable disease (COVID-19). Findings include: 1. On 05/07/2020 at 8:20 AM, during a tour of 600 Hallway, Resident #2 room was observed having no isolation signage and no PPE (Personal Protective Equipment) supply drawer outside the room. On 05/07/2020 at 8:39 AM, Staff A, CNA (Certified Nursing Assistant), was observed entering Resident #2's room with a mask on and without gown and gloves and face shield or sanitizing her hands. Staff A obtained the resident's vital signs and exited the room. Staff A did not sanitize her hands or the blood pressure cuff and thermometer. Review of the physician order [REDACTED]. Laboratory: Order Summary: . [MEDICAL CONDITION] panel, COVID-19 Testing. Other: Order Summary: Infection Precautions - Droplet, Contact. During an interview with Staff A, CNA, on 05/07/2020 at 10:45 AM, she stated, I did not know that the resident (Resident #2) should have been on isolation, I would have put on PPE when I went into the rooms. I also should have worn gloves. I was just rushing, and I shouldn't have done that. During an interview with Staff B, RN, on 05/07/2020 at 10:30 AM, she stated, I didn't know the other residents (Resident #2 and Resident #3) were supposed to be in isolation, no one told me in report that they were suspected COVID-19. When we have residents that are suspected COVID-19, we place them in standard, contact and droplet isolation until the test results come back. 2. On 05/07/2020 at 8:20 AM, during a tour of 600 Hallway, Resident #3's room was observed having no isolation signage and no PPE (Personal Protective Equipment) supply drawer outside the rooms. On 05/07/2020 at 8:42 AM, Staff A, CNA, was observed entering Resident #3's room without sanitizing her hands or the blood pressure cuff and thermometer and without donning PPE. Staff A obtained the resident's vital signs and exited the room. She did not sanitize blood pressure cuff and thermometer or sanitize her hands. Review of the physician order [REDACTED].#3 read as follows: Diagnostic: Order Summary: Chest X-ray 2 views AP/LAT due to cough . Laboratory: Order Summary: . [MEDICAL CONDITION] panel, COVID-19 Testing. During an interview with Staff A, CNA, on 05/07/2020 at 10:45 AM, she stated, I did not know that the resident (Resident #3) should have been on isolation, I would have put on PPE when I went into the rooms. I also should have worn gloves. I was just rushing, and I shouldn't have done that. During an interview with Staff B, RN, on 05/07/2020 at 10:30 AM, she stated, I didn't know the other residents (Resident #2 and Resident #3) were supposed to be in isolation, no one told me in report that they were suspected COVID-19. When we have residents that are suspected COVID-19, we place them in standard, contact and droplet isolation until the test results come back. 3. On 05/07/2020 at approximately 9:15 AM, Staff C, CNA, was observed entering Resident #14's room without donning PPE or performing hand hygiene when she exited the room and placed the tray on the cart. Review of physician order [REDACTED].#14 read as follows: Diagnostic: Order Summary: Chest X-ray 2 views AP/LAT. DX (Diagnosis): cough/congestion . Other: Order Summary: . [MEDICAL CONDITION] panel, COVID Testing . Infection Precautions - Droplet, Contact. During an interview with Staff C, CNA, on 05/07/2020 at 9:22 AM, she stated, I didn't realize that I wasn't using hand sanitizer. I guess I was so busy I didn't think about it. I did remove the tray from (Resident #14's room). I did not put on any PPE. I was just picking up the tray, so I don't have to. When we go into an isolation room, we put on gowns gloves, we already have on a mask and goggles, when we are going to do care. We change our mask and clean our goggles after leaving an isolation room. I did not clean my goggles. We have to use hand sanitizer before and after all resident care and when we pick up meal trays. 4. On 05/07/2020 at 1:00 PM, Staff F, LPN (Licensed Practice Nurse), was observed in Resident #7's room. After exiting the room, Staff F did not sanitize the blood pressure cuff or thermometer. She was then observed to enter Resident #15's room. Staff F did not perform hand hygiene and donned gloves and gowns, then obtained Resident #15's vital signs. Review of physician order [REDACTED].#15 read as follows: Diagnostic: Order Summary: 2 views AP/LAT Chest X ray for cough and congestion . Laboratory: Order Summary: COVID-19, [MEDICAL CONDITION] Panel . Other: Order Summary: Infection Precautions - Contact. During an interview with Staff F, LPN, on 05/07/2020 at 1:10 PM, she stated, I did not clean the thermometer and blood pressure machine, I was in a hurry and forgot to. I should have done it and I should have cleaned my hands before putting on my gloves. If residents have any fever, cough, wheezing shortness of breath,		

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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She opened the computer and began typing and opened the medication cart and began pouring medications. Review of the physician order [REDACTED].#1 read as follows: Diagnostic: Order Summary: CXR (Chest X-Ray) . Laboratory: Order Summary: . COVID-19, Flu, [MEDICAL CONDITION] Panel. Review of Resident #1's Interactive Change of Condition form dated 05/05/2020 at 2:39 AM read as follows: Situation: The change in condition, symptoms or signs observed is/are: short of breath, with chest congestion, wheezing and low oxygen saturation. Temperature was documented as 99.1. Resident noted to be having some difficulty breathing, noted pursed lip and using accessory muscles, complained of (shortness of breath), noted wheezing and chest congestion. O2 (oxygen) Sat (saturation) was 87%, on 2 liters O2. Review of COVID-19 Screening dated 05/05/2020 for Resident #1 revealed: COVID indicators present. Temperature 99.1, chest congestion, cough, increased shortness of breath, O2 sat decreased by 3% or greater since last taken. During an interview with Staff B, RN, on 05/07/2020 at 10:30 AM, she stated, I did remove my personal protective equipment in the hallway, that is where the trash can was, but they came around and fixed that and put the other residents on isolation. I did not sanitize my goggles after I left the isolation room, I should have. I just forgot to. 6. On 05/07/2020 at 8:20 AM, during a tour of Hallway 600, Resident #4's room had isolation signage on the door reading Stop. Contact Precautions. The room door was open. Red trash receptacles containing used PPE were observed outside Resident #4's room. Review of physician order [REDACTED].#4 read as follows: Order Summary: . COVID-19 Swab Test . Other: Order Summary: Infection Precautions- droplet COVID-19 Testing. Review of Resident #4's Interactive Change of Condition dated 05/05/2020 at 2:30 AM read as follows: Fever, shortness of breath, at 1 AM, resident c/o (complained of) not feeling well, noted shivering, flushed in the face, c/o (shortness of breath), lungs clear, no cough noted, denies pain, Temp 101.8 orally, O2 Sat 89% on room air, 2 liters O2 administered at 1:20 AM HOB (Head of Bed) elevated O2 sat 98% on 2 liters. 7. On 05/07/2020 at 8:32 AM, Staff A, CNA, was observed in 600 Hallway, entering Resident #9's room, obtaining the resident's vital signs in Bed A. At 8:34 AM, Staff A was observed obtaining vital signs for Resident #10 in bed B. Staff A did not sanitize the blood pressure cuff or thermometer between the residents. Staff A did not perform hand hygiene or sanitize the used equipment before she exited the room. At 8:35 AM, Staff A entered Resident #11's room and laid the blood pressure cuff and thermometer on the resident's bed. Staff A did not perform hand hygiene assisted the resident to reposition in bed. She exited the room without performing hand hygiene and did not clean the blood pressure cuff or thermometer. At 8:39, Staff A entered Resident #2's room without donning PPE, did not perform hand hygiene and obtained the resident's vital signs. Staff A exited the room without performing hand hygiene or sanitizing the used equipment. During an interview with Staff A, CNA, on 05/07/2020 at 10:45 AM, she stated: I should have sanitized my equipment between residents and between rooms and I should have used hand sanitizer. I also should have worn gloves. I was just rushing, and I shouldn't have done that. 8. On 05/07/2020 at 8:56 AM, Staff D, CNA, was observed entering Residents #12 and #13's room. The CNA did not perform hand hygiene and obtained vital signs for Residents #12 in Bed B. The CNA did not sanitize the blood pressure cuff or thermometer, did not perform hand hygiene and obtained the vitals for Resident #13 in Bed A. Staff D did not sanitize the equipment, did not perform hand hygiene and exited the room. On 05/07/2020 at 8:59 AM, Staff D, CNA, was observed entering Resident #16's room. The CNA did not perform hand hygiene and obtained the resident's vital signs. Staff D did not perform hand hygiene did not sanitize the blood pressure cuff or thermometer when she exited the room. During an interview with Staff D, CNA, on 05/07/2020 at 9:03 AM, she stated, I should have used hand sanitizer when I left (Residents #12 and #13' and Resident #16's room). We should have gloves on when we are taking care of residents. I don't know why I didn't, I guess I was in a hurry. I should have cleaned the equipment after each use between residents and used hand sanitizer. 9. On 05/07/2020 at 9:28 AM, Staff E, CNA, was observed in Resident #5's room, Bed B, handling a urinal with her ungloved hands. She returned to the resident's bedside, pulled gloves out of her pocket, put them on and assisted the resident with getting back into bed. Staff E then was observed going to Bed A, removing the linens and placing clean linens on the bed. The CNA did not remove her gloves, perform hand hygiene, or don a clean pair of gloves prior to applying clean linen to the bed. During interview with Staff E, CNA, on 05/07/2020 at 9:46 AM, she stated, I did touch that urinal without gloves. I put gloves on as soon as I realized I did that. I helped the resident and went to change the other bed in the room. I should have removed my gloves and washed my hands. We should always have gloves on when we are giving residents care. 10. On 05/08/2020 at 7:45 AM, Staff J, CNA, was observed going to the soiled utility room with gloves, a gown, a mask and goggles on. When he exited the soiled utility room at 7:55 AM, he had gloves, gown, mask and goggles on and proceeded to enter Resident #3's room. During an interview with Staff J, CNA, on 05/08/2020 at 8:30 AM, he stated, I left room (Resident #11's room), that is an isolation room, after I helped him position in bed and gave him his tray. I had to empty some garbage and so I went to the dirty utility room, I did not take off my gown, gloves, mask or goggles. I should have done that. I did go into Resident #3's room after that to answer the light. We are supposed to clean our goggles after being in a resident's room. We should take off our gown and gloves and wash our hands before we leave an isolation room. 11. On 05/07/2020 at 8:50 AM, Staff E, CNA, was observed removing meal trays in 500 Hallway. Staff E did not sanitize her hands between three rooms she entered. During an interview with Staff E, CNA, on 05/07/2020 at 8:53 AM, she stated, I should have sanitized my hands after I brought each tray to the cart. Our policy is that we sanitize with the hand sanitizer, I just forgot to. 12. On 05/07/2020 at 9:05 AM, Staff G, CNA, and Staff C, CNA, were observed collecting breakfast trays in all rooms in 300 Hallway. Staff C and Staff G did not perform hand hygiene before or after collecting the trays. During an interview with Staff G, CNA on 05/07/2020 at 9:18 AM, she stated, I know that I should have used hand sanitizer after I picked up each tray. I don't know why I didn't, I just forgot to. We have to wear gloves when we are taking care of residents, we should wash our hands, put on gloves before any resident care. During an interview with Staff C, CNA, on 5/7/2020 at 9:22 AM, she stated, I didn't realize that I wasn't using hand sanitizer, I guess I was so busy I didn't think about it. I did remove the tray from (Resident #14's room). I did not put on any PPE. I was just picking up the tray, so I don't have to. When we go into an isolation room, we put on gowns gloves, we already have on a mask and goggles, when we are going to do care. We change our mask and clean our goggles after leaving an isolation room. I did not clean my goggles. We have to use hand sanitizer before and after all resident care and when we pick up meal trays. During an interview with the Medical Director on 05/07/2020 at 10:00 AM, he stated, We have a protocol for determining when a resident goes into isolation for COVID-19. If the residents have a fever, cough, shortness of breath, a drop in oxygen saturation, any congestion, sore throat or generalized malaise, we place the resident in isolation of standard, contact, and droplet precautions. If we find that there is another reason for the symptoms, then we lower the isolation to what is ideal for the specific causative agent. All residents on contact/droplet precautions that have been symptomatic and tested for COVID-19 are required to be in isolation with a closed door and all staff are expected to adhere to that until it is proven that the resident does not have COVID-19. We have worked together to determine what directions to go during this time following CDC guidelines and recommendations. Staff have been required to wear face masks and goggles while on duty at all times. My role, when we find issues to work on, is to be active in the fix and to be informed about how they are correcting it and offering any assistance that I can. I think that it has been difficult for nursing homes because they have functioned with a different expectation when it comes to isolation and maintaining the necessary home like environment and the resident's rights. It has been a challenge to retrain staff in the new expectations that COVID-19 has created, but I am committed to assist this facility in any possible way. During an interview with the Director of Nursing on 05/07/2020 at 11:00 AM, she stated, All staff have been educated about the expectations to perform hand hygiene, they are expected to perform hand hygiene before entering a room to provide any care and upon exiting the room. Staff also are expected to clean all equipment between each resident whether they are in the same room or they are moving to a different room. All residents on the 600 Hallway should have had their red trash cans for PPE in the room and not out in the hallway. I do not know why the residents in rooms [ROOM NUMBERS] did not have isolation signs and isolation supplies or why the staff was unaware that they were on isolation. It is my expectation that all staff adhere to our facilities policies and procedures for standard, droplet and contact precautions. We audit and monitor staff compliance with these. All staff had been educated in March regarding COVID-19, donning and doffing PPE and hand hygiene. We place all admissions or residents returning to the facility in a 14-day isolation. Any symptomatic residents are</p>		

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F 0880  <b>Level of harm - Immediate jeopardy</b>  <b>Residents Affected - Many</b>	<p>(continued... from page 2)</p> <p>considered possibly having COVID-19 and under suspicion and would be tested for COVID-19 and placed in both contact and standard precautions until they are found to be negative for COVID-19. During an interview with Staff M, RN, Staff Educator, on 05/08/2020 at 8:45 AM, she stated, I have been educating staff that during meal tray passes they can use the same gown between COVID-19 suspected residents because they aren't positive. When asked if that followed CDC guidelines or the facility policy and procedure on contact precautions, she stated, That is the guidance that has been provided by our corporate staff and I just am teaching the information that is provided. I don't think there are any CDC recommendations for passing meals to suspected COVID-19 residents. I guess it does not follow our policy and procedure for contact precautions. During an interview with the Executive Director on 05/08/2020 at 2:29 PM, she stated, I expect that all facility staff follow through with the CDC guidelines for isolation as well as our own policies and procedures on suspected COVID-19 patients, hand hygiene during resident care and meal tray delivery and pick up and proper use of personal protective equipment use and placement of trash receptacles for any isolation resident. Review of the facility's infection control policy and procedures titled IC405 COVID-19 effective 03/27/2020 read as follows: Policy: In addition to standard precautions, contact and droplet precautions will be implemented for patients with suspected or confirmed to have Covid-19 based on the Centers for Disease Control and Prevention (CDC) guidelines. Follow local public health and state regulations when applicable. Practice Standards: 1. Active screening of employees, visitors and other health care workers will be done upon entry into the Center. Follow the visitation restriction, active screening of visitors and employees and return to work for employees- Close contact, confirmed or suspected COVID-19 guidelines . 7. For patients with an undiagnosed respiratory infection, staff follow standard, contact and droplet precautions (i.e. facemask, gloves and isolation gown) with eye protection when caring for the patient. When [DIAGNOSES REDACTED]. Review of the CDC guidelines titled Interim Additional Guidance for Infection Prevention and Control for Patients with Suspected or Confirmed COVID-19 in Nursing Homes read as follows: Given their congregate nature and resident population served (e.g., older adults often with underlying chronic medical conditions), nursing home populations are at the highest risk of being affected by COVID-19. If infected with [DIAGNOSES REDACTED]-CoV-2, [MEDICAL CONDITION] that causes COVID-19, residents are at increased risk of serious illness. This interim guidance focuses on the following priorities: Keep unrecognized COVID-19 from entering the facility, identify infections early and take actions to prevent spread; Assess current supply of personal protective equipment (PPE) and initiate measures to optimize supply, quickly recognize and manage severe illness; Create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. If an observation area has been created, residents in the facility who develop symptoms consistent with COVID-19 could be moved from their rooms to this location while undergoing evaluate. All recommended PPE should be worn during care of residents under observation; this includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown. Review of the facility's protocol titled Notification about Suspected or Confirmed Patient with COVID-19 read as follows: Does the suspected patient have any of the following? -Fever greater than 100.0, -Cough, -Shortness of breath, -Oxygen desaturation great than 3%, -Minor respiratory symptoms (stuffy nose, sore throat, nasal or chest congestion or chest pressure), -General malaise (Headache, feeling rundown, achy), New onset or worsening of confusion; If yes: Complete Nursing Change of Condition assessment, Notify provider, Complete testing as ordered (i.e. Rapid flu, respiratory [MEDICAL CONDITION] panel, Implement droplet and contact precautions with door closed, Begin log of persons entering the room. Was COVID-19 testing ordered? Yes: Complete test for COVID-19, Implement suspected COVID-19 checklist. No: Continue to monitor for undiagnosed respiratory illness: Droplet and contact until [DIAGNOSES REDACTED]. Review of the facility's policy and procedure titled IC303 Droplet Precautions and Respiratory Hygiene/Cough Etiquette effective date 9/1/04, review date 11/15/19, revision date 6/15/19 read as follows: Policy: Droplet precautions will be followed in addition to standard precautions when caring for a patient who has known or suspected infection by microorganisms that are transmitted by droplets (Large particles droplets, for example influenza. Purpose: To prevent transmission of infectious agents by droplet. Process: . 2. Post a Stop. Please see nurse before entering room sign on door. 4.2 Change personal protective equipment and perform hand hygiene between contact with patients in the same room. 4.3 Before exiting room, remove and bag PPE and wash hands . 6.0 Dedicate personal care equipment (thermometer, blood pressure cuff, stethoscope, etc.) or use disposable equipment when available. 6.1 If use of common equipment is unavoidable, clean and disinfect item before use on another patient. Review of the facility's policy and procedure titled IC301 Contact Precautions effective date 2/15/01, review date 11/15/19 revision date 6/15/19 read as follows: Policy: In addition to standard precautions, contact precautions will be used for diseases transmitted by direct or indirect contact with the patient or the patient's environment. Purpose To reduce risk of transmission of epidemiological microorganisms by direct and indirect contact. 4. Staff must use barrier precautions when entering the room. 4.1 Wear gowns and gloves. 4.2 Wear eye protection if splashing of infectious material is likely . 4.4 Change gowns and gloves and perform hand hygiene before providing care to the other resident in the room. 4.5 Before exiting the room, remove and bag gown and gloves and wash hands upon exiting the room. Review of the facility's policy titled IC203 Hand Hygiene effective date 2/15/01, review date 11/15/2019, revised dare 11/28/17 read as follows: Policy: Adherence to hand hygiene practices is maintained by all Center personnel. This includes hand washing with soap and water when hands are visibly soiled and after exposure to known or suspected [MEDICAL CONDITION] or infectious diarrhea (i.e. Norovirus and the use of alcohol-based hand rubs for routine decontamination in clinical situations. Per the Centers for disease control and prevention (CDC) when hands are not visibly dirty, alcohol-based hand sanitizers are the preferred method for hand hygiene. Process: 1. Perform hand hygiene: Before patient care, 1.2 before an aseptic procedure, 1.3 after any contact with blood or body fluids, even if gloves are worn, After patient care, After contact with the patient's environment. Review of the facility's policy titled IC201 Cleaning and Disinfecting dated 09/04/2020 read as follows: Policy: Cleaning and disinfecting patient care items and environment will be conducted based on risk of infection involved. Practice Standards: 1. Clean and disinfect items/environment according to risk of infection category . 1.2. Semi-critical items or objects that come in contact with mucus membranes and non-intact skin. These items require a high level disinfection . 1.3. Non-critical items are objects that do not come in contact with mucus membranes but do come in contact with intact skins (i.e. blood pressure cuff and stethoscope). These items require cleaning between patient use . 5. Perform routine disinfection of the items used in daily care practices with environmental protection agency registered disinfectant . 5.2. Multi-patient equipment must also be cleaned after patient use.</p>		