

Department of Veterans Affairs Community Living Center Survey Report

This document or report and the information contained herein, which resulted from the Community Living Center Unannounced Survey, has been de-identified to remove individually identifiable health information (also known as protected health information) in accordance with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule and other federal and state laws. De-Identification was completed in accordance with guidance published by the Office for Civil Rights to protect the privacy of the Community Living Center's residents.

General Information:

Location: Minneapolis VA Medical Center (Minneapolis, MN)

Dates of Survey: 11/25/2019 to 11/26/2019

Total Available Beds: 80

Census on First Day of Survey: 59

F-Tag	Findings
<p>F550</p> <p>483.10(a)(1)(2)(b)(1)(2) §483.10(a) <i>Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.</i></p>	<p>Based on observation, interview and record review, the CLC did not ensure that residents were treated with respect and dignity. Findings include:</p> <p><u>Resident #104, [LOCATION]</u></p> <ul style="list-style-type: none"> Resident #104 was admitted to the CLC on [DATE]. According to the resident's comprehensive Minimum Data Set (MDS) dated 09/09/19, the resident had a Brief Interview for Mental Status (BIMS) score of 15 suggesting intact cognition. On 11/25/19 at 10:40 a.m., Resident #104 was interviewed while the resident was in bed in his room. The resident's roommate had the privacy curtain pulled around his bed. At approximately 10:42 a.m., the roommate received a visitor who went behind the privacy curtain. The door to the room was partially closed after the visitor entered the room. At 10:45 a.m., an individual entered the resident's room without first knocking and waiting for a reply. The individual stated, "Volunteer," walked to the resident's bed and handed the resident a piece of paper. The individual then said, "Volunteer," went to the privacy curtain and handed the resident's roommate and visitor a piece of paper before exiting the room. Resident #104 stopped the conversation when the volunteer approached his bed, shrugged his shoulders, and said, "This happens all the time [meaning volunteers and staff enter the resident's room without knocking]." On 11/26/19 at 9:15 a.m., the volunteer coordinator was interviewed. According to the coordinator, volunteers "are trained to knock at the resident's door and to wait until the knock is answered. They are never to interrupt conversations and never go in when the privacy curtain is pulled." <p><u>Resident #201, [LOCATION]</u></p> <ul style="list-style-type: none"> Resident #201 was admitted to the CLC on [DATE] with diagnoses that included bladder cancer and severe anxiety. The resident's comprehensive MDS dated 11/24/19 indicated the resident had a BIMS score of 13 suggesting intact cognition. On 11/25/19 at 1:10 p.m., Resident #201 was interviewed in the resident's room regarding care provided in the CLC. During the interview, an environmental management services (EMS) staff person knocked on the door to the resident's room and without waiting for the resident to respond, entered the room and proceeded to check trash receptacles. The resident stopped talking and held a finger to his lips, gesturing to the surveyor to wait to continue the interview until the EMS staff person left the room. When the EMS staff person left the room, the surveyor asked the resident if it bothered him when the staff person entered the room without waiting for a response; the resident responded, "Yes. It's my business...he just comes in...."

Level of Harm - No actual harm with potential for more than minimal harm that is not immediate jeopardy

Residents Affected - Few

F636

483.20(b)(1)(2)(i)(iii) §483.20 Resident Assessment. The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity. §483.20(b) Comprehensive Assessments §483.20(b)(1) Resident Assessment Instrument. A facility must make a comprehensive assessment of a resident's needs, strengths, goals, life history and preferences, using the resident assessment instrument (RAI) specified by CMS. The assessment must include at least the following: (i) Identification and demographic information (ii) Customary routine. (iii) Cognitive patterns. (iv) Communication. (v) Vision. (vi) Mood and behavior patterns. (vii) Psychological well-being. (viii) Physical functioning and structural problems. (ix) Continence. (x) Disease diagnosis and health conditions. (xi) Dental and nutritional status. (xii) Skin Conditions. (xiii) Activity pursuit. (xiv) Medications. (xv) Special treatments and procedures. (xvi) Discharge planning. (xvii) Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS). (xviii) Documentation of participation in assessment. The assessment process must include direct observation and communication with the resident, as well as communication with licensed and nonlicensed direct care staff members on all shifts. §483.20(b)(2) When required. Subject to the timeframes prescribed in §413.343(b) of this chapter, a facility must conduct a comprehensive assessment of a resident in accordance with the timeframes specified in paragraphs (b)(2)(i) through (iii) of this section. The timeframes prescribed in §413.343(b) of this chapter do not apply to CAHs. (i) Within 14 calendar days after admission, excluding readmissions in which there is no significant change in the resident's physical or mental condition. (For purposes of this section, "readmission" means a return to the facility following a temporary absence for hospitalization or

Based on observation, interview and record review, the CLC did not conduct a comprehensive assessment of each resident's functional capacity. Findings include:

On 11/26/19 at 9:30 a.m., the chief nurse indicated that the CLC "smoking policy no longer exists because the facility is smoke free, and no one should be smoking on the campus." According to information provided by the chief nurse in preparation for the culture transformation interview, the campus became smoke free in October 2019.

Resident #101, [LOCATION]

- Resident #101 was admitted to the CLC on [DATE] with diagnoses including diabetes. According to the history and physical dated [DATE], the resident was "currently smoking." The quarterly MDS dated 10/22/19 indicated the resident understood, was understood by others and had a Brief Interview for Mental Status score (BIMS) of 11 suggesting moderately impaired cognition. According to the quarterly MDS, the resident rejected care one to three days during the assessment period and was independent with activities of daily living (ADLs) except dressing for which the resident required supervision; the resident used an electric wheelchair for mobility. According to the quarterly MDS, the resident did not have functional limitations in range of motion.
- According to the nursing admission note dated [DATE], a safe smoking assessment was completed that indicated the resident was safe to smoke independently. The assessment included the following:
 - "Tobacco use: Yes
 - Amount: 3/4 pack a day
 - Has Resident ever fallen asleep while smoking: No
 - Does resident have any burn holes on their hands, clothing...No
 - Smoking policy explained to resident: Yes
 - Provided Resident with smoking safety brochure: Yes
 - Availability of smoking apron: Yes
 - Resident is deemed competent to smoke based on above assessment: [blank]
 - Based on the above assessment patient is deemed safe to smoke independently: Yes
 - Explain any safety measures implemented: [blank]"
- The resident's care plan dated 07/25/19 stated, "Resident is a smoker and smoking cessation is required and/or desired." The goal read, "Resident will engage in a smoking cessation program and complications will be minimized." Approaches included, "Choose an approach that is most suitable to the resident's specific situation such as cold turkey, tapering, postponing, pharmacological aids and/or acupuncture/hypnosis. Formally set a date to quit smoking, either verbally or by contract." The care plan included an addition dated 08/16/19 that read, "Resident states he has cut down to half a pack of cigarettes a day a month ago," and a statement dated 09/02/19 that read, "Burn holes on clothing. Burn holes on rookboot [Rooke boot] noted."
- According to the nurse's note dated 08/13/19, Resident #101 had burn holes in his clothing. Interventions implemented included, "Smoking apron availability," and "Suggested other activities instead of smoking." The care plan was not updated to include the interventions and a safe smoking reassessment was not completed to determine if the resident could safely light, smoke, extinguish and dispose of cigarettes.
- A provider's note dated 11/18/19 stated, "Encourage smoking cessation; patient frequently off ward to smoke. Educated vet re [Veteran regarding]: the risks of smoking and adverse effects it has on wound healing. Offered veteran several options for smoking cessation but he declined. Debility: He has been more receptive to higher level of care in recent days. May need possible nursing-home-level care. Cognitive Impairment: mild to moderate functional decline due to significant deficit in functions, difficulty with divided attention and solving problem. Complex tasks are performed with inconsistencies or error. ADLs - may show a decline in ability to self initiate."
- In summary, it was determined that Resident #101 could smoke independently following admission to the CLC. According to the nurse's note dated 08/13/19, Resident #101 had burn holes in his clothing. Interventions implemented included, "Smoking apron availability," and "Suggested other activities instead of smoking. A statement in the resident's care plan dated 09/02/19 read, "Burn holes on clothing.

therapeutic leave.)*** (iii) Not less than once every 12 months.

Level of Harm - No actual harm with potential for more than minimal harm that is not immediate jeopardy

Residents Affected - Few

Burn holes on rookboot [Rooke boot] noted." A provider's note dated 11/18/19 stated, "Offered veteran several options for smoking cessation but he declined. Debility: He has been more receptive to higher level of care in recent days. May need possible nursing-home-level care. Cognitive Impairment: mild to moderate functional decline due to significant deficit in functions, difficulty with divided attention and solving problem..." A safe smoking reassessment was not completed to determine if the resident could safely light, smoke, extinguish and dispose of cigarettes in consideration of the resident's current clinical condition, burn holes in the resident's clothing and Rooke boot, and refusal to quit smoking.

F677

483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; and

Level of Harm - No actual harm with potential for more than minimal harm that is not immediate jeopardy

Residents Affected - Some

Based on observation, interview and record review, the CLC did not ensure residents who were unable to carry out activities of daily living received the necessary services to maintain good grooming. Findings include:

The CLC policy titled, "Guidelines for Resident Care Management," and dated August 19, 2016, was provided by the resident assessment coordinator (RAC) on 11/26/19 at 10:00 a.m. According to the policy, nursing staff, "Assures resident's daily needs are met for hygiene nutrition, comfort and elimination."

Resident #103, [LOCATION]

- Resident #103 was admitted to the CLC on [DATE] with diagnoses including dementia with Lewy bodies. According to the significant change in status MDS dated 08/25/19, the resident had severely impaired cognitive skills for daily decision making based on staff assessment, rejected care one to three days during the review period, and required extensive assistance with personal hygiene.
- An interdisciplinary team note dated 11/12/19 stated, "Resident is most easily directed into the shower after bowel program. Will assist in washing his upper body. Will typically allow for staff to assist with shaving afterward."
- According to the nursing progress note dated 11/24/19, the resident required total assistance with grooming.
- On 11/25/19 at 12:25 p.m. and on 11/26/19 at 10:00 a.m., the resident was observed to be unshaven with facial that was approximately one-quarter inch long. Documents presented by the NM on 11/26/19 did not indicate when staff last assisted the resident with shaving Resident #103.

Resident #102, [LOCATION]

- Resident #102 was admitted to the CLC on [DATE] with diagnoses including chronic pain. According to the quarterly MDS dated 10/07/19, the resident's long-term and short-term memory were OK and the resident was independent in cognitive skills for daily decision making based on staff assessment; the resident required extensive assistance with personal hygiene and had functional limitations in range of motion in the upper and lower extremities on both sides; the resident did not refuse care.
- On 11/25/19 at 1:30 p.m., the resident was interviewed in the resident's room. The resident was observed to have six to eight, one-inch long chin hairs. When asked if staff assisted the resident with grooming, the resident reached up and stroked the resident's chin and said, "I could use it. I think I brought some razors from home."
- Documents presented by the NM on 11/26/19 did not indicate when staff last assisted Resident #102 with removal of facial hair.

Resident #104, [LOCATION]

- Resident #104 was admitted to the CLC on [DATE] with diagnoses including "mild cognitive disorder." The resident's comprehensive MDS dated 09/09/19, indicated the resident had a Brief Interview for Mental Status (BIMS) score of 15 suggesting intact cognition; the resident required supervision of one staff member for personal hygiene and rejected care one to three days during the review period.
- The resident's care plan dated 11/19/19 identified a concern with "ADL [activities of daily living] function" that stated, "Resistant to personal hygiene care needs as evidenced by refusal to change soiled clothes with a risk for agitation, decreased personal appearance and decreased personal hygiene." The care plan approaches were related to bathing.
- On 11/25/19 at 10:40 a.m., Resident #104 was interviewed while in bed in his room. Before the conversation began, the resident put his hand to his face, rubbed the side of his face and chin, and said, "I apologize for my appearance. My disposable razors are not here. When they do try with an electric razor it doesn't get very close." The resident stated he had not had disposable razors since he was admitted to the CLC and staff shaved him with an electric razor. The resident was observed to be unshaven with facial hair approximately one-half inch to three-quarter of an inch long and was not able

to recall how long it had been since he was last shaved.

- Documents presented by a nurse manager (NM) on 11/26/19 did not indicate when staff last assisted the resident with shaving.

F689

Based on observation, interview and record review, the CLC did not ensure the resident environment remained as free of accident hazards as possible. Findings include:

483.25(d)(1)(2) §483.25(d) Accidents.
The facility must ensure that –
§483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and
§483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents.

A copy of the policy dated April 2019 and titled, "Healthcare-associated *Legionella* Disease and Scald Prevention Plan" was provided on 11/26/19 at 12:05 p.m. The policy indicated, "Engineering control strategies and limits for ongoing prevention of *Legionella* growth... (4) Water temperature control at the outlet. To minimize the risk of scald injury to patients, residents, staff and visitors, mixing valves and anti-scald devices will be installed on all outlets where people access water from the potable hot water distribution system. The water temperature delivered from the outlet must not exceed 110°F [degrees Fahrenheit]...." In addition, the policy indicated, "(b) Priority will be given to...installation of mixing valves on patient sinks in CLC....(c) Annual testing of all sinks, tubs and showers in bldg. [Building] 70 are entered in electronic work order."

Level of Harm - Immediate jeopardy to resident health or safety

Resident Affected - Few

- There were two restrooms located in the waiting area near the entrance to the physical therapy room, and adjacent to the [LOCATION] neighborhood. Bathroom doors included signage that stated, "For Visitor and Staff Use." A nurse manager was interviewed on 11/26/19 at 11:00 a.m. and the nurse manager verified that residents routinely used these two bathrooms. The physical therapy room was utilized by patients of the VA and residents of the CLC.
- On 11/26/19 at 10:55 a.m., a surveyor noted the water temperatures in the visitor/staff bathroom handwashing sink across from the physical therapy department appeared excessively hot with steam rising from the water; the surveyor washed her hands at the sink and could only hold her hands under the hot water for approximately two seconds. Prior to entering the bathroom located on the left, the surveyor observed a CLC resident exiting the bathroom. After departing the bathroom, the surveyor observed another CLC resident entering the bathroom.
- On 11/26/19 at 11:00 a.m., the surveyor obtained a water temperature from the visitor/staff bathroom near the physical therapy room using the surveyor's thermometer; the water temperature was noted to be 127 degrees Fahrenheit (F). The resident assessment coordinator who accompanied the surveyor indicated that the "hot water has been an issue for quite some time" in the two visitor/staff bathrooms, and that "residents of the CLC routinely use the bathrooms." The occupational therapist verified that "residents do use the bathrooms" and that the water had been noted to be "hot."
- On 11/26/19 at 11:05 a.m., surveyors requested the CLC chief nurse secure the restrooms to prevent residents from accessing the hot water until additional information could be gathered. The water temperature policy was requested and the VA "facility engineering" department was asked to check and verify the water temperature obtained by the surveyor. The monitoring log for hot water temperatures was requested at 11:20 a.m.
- On 11/26/19 at 11:45 a.m., the surveyors noted the hot water temperatures in the CLC recreational therapy handwashing sink and two handwashing sinks in the CLC dining room appeared excessively hot; the surveyors were only able to hold hands under the hot water for a few seconds. The hot water temperature at the sink in the recreational therapy room was 119 °F and at the sinks in the dining room sinks were 126 °F and 127 °F using a surveyor's thermometer.
- On 11/26/19 at 12:10 p.m., water temperatures were obtained by two members of the engineering department and included the following:
 - Visitor/staff bathroom #1, 127.4 °F
 - Visitor/staff bathroom #2, 125.8 °F
 - Recreational therapy room, 122.4 °F
- On 11/26/19 at 12:05 p.m., the "facilities engineer" confirmed that the water temperatures were above 110 °F and not in accordance with the "Healthcare-associated *Legionella* Disease and Scald Prevention Plan" dated April 2019.
- On 11/26/19 at 12:10 p.m., the random quarterly water temperature logs were reviewed for the second quarter of 2019 beginning on 03/28/19. The logs indicated that water temperatures were taken in [LOCATION], [LOCATION] and [LOCATION] neighborhoods. The data indicated the water temperatures were taken in CLC shower rooms and not at resident sinks, and none of the water temperatures exceeded 110 degrees F.
- On 11/26/19 at 12:20 p.m., the facilities engineer confirmed that the hot water valves were shut off to each of the sinks noted above, until further plans could be implemented to correct the hot water temperatures affecting the CLC.

- On 11/26/19 at approximately 12:45 p.m., a nurse manager indicated that a total of 15 residents who had some form of sensory limitation had access to the visitor/staff bathrooms near the physical therapy department.
- On 11/26/19 at 12:45 p.m., the leadership team including the associate director, facilities engineer, and quality management representatives were notified of the immediate jeopardy related to unsafe hot water temperatures that posed a risk of scalding. The concerns were shared with the leadership team and a plan of correction was requested.
- On 11/26/19 at 1:15 p.m., the CLC chief nurse provided a plan of correction that removed the immediate threat of harm to residents. The action plan indicated the following:
 - Bathrooms in the CLC lobby were closed at 11:30 a.m. and reopened at 1:03 p.m.
 - Hot water was turned off at the dining room sink (12:30 p.m.), the door was locked to the recreational therapy room (11:30 a.m.), and all hot water was turned off for sinks in the CLC recreational therapy room, dining room, bathrooms and all resident rooms (1:00 p.m.).
 - “Boiler temperature turned down from 130 to 115 [degrees F]. Monitoring the drop in temperature. When the sink temperature...stabilized at 110 degrees or below, the hot water will be turned back on.”
 - “Per Engineering. First point coming in and last point coming out on each CLC neighborhood and additionally one sink in the CLC common areas, will check three times daily until a permanent solution is identified.”
 - “Will be providing immediate education on hot water temperatures and what to do if an area is identified with hot water. We will provide education to staff and residents about turning hot water off. Will provide further education after the water has been turned on again.”
- The immediate jeopardy was abated on 11/26/19 at 12:20 p.m., when the hot water was shut off at the identified sinks. The plan of correction was accepted at 1:15 p.m. to address additional concerns.

F761

Based on observation, interview and record review, the CLC did not store all drugs and biologicals in locked compartments. Findings include:

[LOCATION]

- On 11/25/19 at 5:00 p.m., a registered nurse (RN) was observed during medication administration for Resident #202 who resided in [LOCATION]. The RN was observed to prepare each medication at the medication cart, located at the entrance to the resident's room. After preparing the medications, the RN took all prepared medications into the resident's room except a bottle of liquid cephalexin antibiotic that was placed on top of the medication cart; the medication was not secured by placing it into a locked compartment. The RN entered the resident's room and was unable to maintain a direct view of the medication on top of the medication cart; the medication was out of the RN's line of sight for approximately three to four minutes. A nurse manager was present and acknowledged that the liquid cephalexin should not have been left on top of the medication cart and out of the nurse's direct line of sight. There were no residents in the hallway near the medication cart at the time of the observation.

[LOCATION]

- On 11/26/19 at 8:50 a.m., an RN was observed administering medication for a resident in [LOCATION]. The RN removed medications from the Pyxis™ MedStation™ and placed seven, single-dose medications in a paper cup on top of the medication cart located at the entrance to Resident #207's room. After placing the medications on top of the medication cart, the RN entered the resident's room, leaving the medications unattended on top of the cart. The medications were out of the RN's line of sight for approximately two to three minutes. During the observation, the assistant nurse manager was nearby and acknowledged that the RN should not have left the medications on top of the medication cart, unlocked and unattended. There were no residents in the hallway near the medication cart at the time of the observation.

On 11/26/19 at approximately 12:00 p.m., the CLC chief nurse was informed about the above observations and acknowledged that medications must remain with the nurse at all times or be locked in the medication cart.

483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.

Level of Harm - No actual harm with potential for more than minimal harm that is not immediate jeopardy

Residents Affected - Few

F880

483.80(a)(1)(2)(4)(e)(f) §483.80 *Infection Control. The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi) The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an*

Based on observation, interview and record review, the CLC did not maintain an infection prevention and control program designed to help prevent the development and transmission of communicable diseases and infection. Findings include:

On 11/26/19 at approximately 10:15 a.m., a nurse manager provided a copy of the "Infection Precautions Policy," dated 05/03/19, that indicated, "Personal protective equipment (PPE)...Remove and discard PPE upon leaving the patient's environment/procedure room to prevent possible contamination of the environment outside these areas. Perform hand hygiene immediately after removing PPE."

On 11/26/19 at approximately 11:00 a.m., a nurse manager provided a copy of the "Hand Hygiene Policy," dated 07/01/19, that indicated, "Wear gloves when contact with blood or other potentially infectious materials, mucous membranes and non-intact skin is anticipated...Gloves must be removed after caring for a patient. If gloves become visibly soiled, or if performing patient care on a contaminated site, remove or change gloves before moving to another body site on the same patient, a device or the environment....Use an alcohol-based hand rub or antimicrobial soap and water to perform hand hygiene...after removing the gloves."

Resident #206

- Resident #206 was admitted to the CLC on [DATE]. The nurse manager indicated during the initial tour on 11/25/19 that Contact Precautions were to be implemented for the resident for methicillin-resistant *Staphylococcus aureus* (MRSA) colonization of the nares.
- On 11/25/19 at 4:30 p.m., an RN was observed administering medications for Resident #206. A sign was posted at the entrance to the resident's room that stated, "Contact Precautions." The sign indicated that hand hygiene was to be conducted and a gown and gloves donned before entry into the resident's room; after exiting the room, hand hygiene was to be conducted after the gown and gloves were removed. Prior to entering the room, the RN sanitized her hands, applied a gown and gloves; the RN entered the resident's room, held the Bar Code Medication Administration (BCMA) scanner in her right gloved hand, and used her left gloved hand to touch the resident's arm and identification band. After scanning the resident's identification band, the RN returned to the medication cart located at the entrance to the resident's room, and used the left gloved hand to unlock the medication cart by touching the keypad. The RN re-entered the resident's room and the resident requested that his lower leg support sleeve be removed. The RN was observed to use both gloved hands to pull the leg sleeve off, and then proceeded to obtain vital signs with the vital sign equipment located in the room. After obtaining vital signs, the RN returned to the medication cart, touched multiple surfaces of the cart, and proceeded to scan the resident's medications. The RN did not remove gloves and conduct hand hygiene prior to touching the medication cart. After the medication was administered, the RN doffed gloves, sanitized her hands, and proceeded to touch the medication cart surfaces. Immediately following the observations, the RN was interviewed and acknowledged that she should have removed the gloves and sanitized her hands after touching the resident and before touching the medication cart.

*annual review of its IPCP and update
their program, as necessary.*

Level of Harm - No actual harm
with potential for more than
minimal harm that is not immediate
jeopardy

Residents Affected - Few
