

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005870	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/27/2021
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NAME OF PROVIDER OR SUPPLIER HELIA HEALTHCARE OF ENERGY	STREET ADDRESS, CITY, STATE, ZIP CODE 210 EAST COLLEGE ENERGY, IL 62933
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(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) COMPLETE DATE
S 000	Initial Comments A Focused Infection Control Survey/COVID-19 Focused Survey was conducted by Illinois Department of Public Health on January 27, 2021.	S 000		
S9999	Final Observations Statement of Licensure Violation: 300.610 a) 300.696 a)c)7) 300.1020 a)b) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.696 Infection Control a) Policies and procedures for investigating, controlling, and preventing infections in the facility shall be established and followed. The policies and procedures shall be consistent with and include the requirements of the Control of Communicable Diseases Code (77 Ill. Adm. Code 690) and Control of Sexually Transmissible	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>Diseases Code (77 Ill. Adm. Code 693). Activities shall be monitored to ensure that these policies and procedures are followed.</p> <p>c) Each facility shall adhere to the following guidelines of the Center for Infectious Diseases, Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services (see Section 300.340):</p> <p>7) Guidelines for Infection Control in Health Care Personnel</p> <p>Section 300.1020 Communicable Disease Policies</p> <p>a) The facility shall comply with the Control of Communicable Diseases Code (77 Ill. Adm. Code 690).</p> <p>b) A resident who is suspected of or diagnosed as having any communicable, contagious or infectious disease, as defined in the Control of Communicable Diseases Code, shall be placed in isolation, if required, in accordance with the Control of Communicable Diseases Code. If the facility believes that it cannot provide the necessary infection control measures, it must initiate an involuntary transfer and discharge pursuant to Article III, Part 4 of the Act and Section 300.620 of this Part. In determining whether a transfer or discharge is necessary, the burden of proof rests on the facility.</p> <p>These requirements are not meet as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to prevent and/or contain COVID-19 when the facility failed to: 1. Ensure residents who developed symptoms of Covid-19 were isolated per current standards of practice to</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>prevent the spread of Covid-19, 2. Ensure staff wear appropriate PPE (personal protective equipment) to prevent the spread of Covid-19, 3. Ensure housekeeping clean isolation room floors according to current standards of practice. These systemic failures resulted in one resident R4 being exposed to a resident (R1) who was exhibiting symptoms of Covid-19 and subsequently tested positive for Covid-19. Due to R4's comorbidities and vulnerabilities, this failure increased her risk for severe illness and possible death.</p> <p>Findings include:</p> <p>The facility daily census report dated 1/19/21 documents 41 residents reside in the facility, with six residents listed on the Covid-19 unit (R2, R3, R7-R10).</p> <p>The resident report of laboratory results document R2 and R10 tested positive for Covid-19 on 1/6/2021, R8 tested positive for Covid-19 on 1/8/2021, and R3 and R7 tested positive for Covid-19 on 1/16/2021. R9 tested positive while at the hospital on 1/13/2021.</p> <p>The facility resident Covid-19 testing logs dated 1/18/2021 documents R1 tested positive for Covid-19 with the test obtained on 1/18/2021.</p> <p>The facility resident Covid-19 test log not dated documents R4, R15, R16, R17, and R18 tested positive for Covid-19 on 1/21/2021.</p> <p>As of 1/26/2021 the facility has had five new residents test positive for Covid-19 (R4, R15-R18) and one death (R3). R3's medical record does not indicate R3 was being treated for end of life services prior to R3's positive Covid-19</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>diagnoses. R3's medical record documents R3 expired at the hospital on 1/22/2021. R3's Certificate of Death Worksheet confirms the date of death of 1/22/2021 and lists cause of death as myocardial infarction, chronic obstructive pulmonary edema, congestive heart failure, coronary heart disease, atrial fibrillation. With other significant conditions contributing to death listed as leukemia and Covid-19.</p> <p>1.R1's resident face sheet (not dated) documents R1 was admitted to the facility on 7/16/20 with diagnoses that include; chronic obstructive pulmonary disease, heart failure, hypertension, anemia, chronic kidney disease, and asthma.</p> <p>R1's progress notes dated 1/19/2021 at 8:47 AM document R1 as having a non-productive cough and coarse bilateral lung sounds and "Covid ISO (isolation) precautions implemented." R1's progress notes continue to document the following on 1/19/2021 at 10:49 AM new orders were obtained for a CBC, CMP and chest x-ray, chest x-ray results were received and documents an impression of bilateral atelectasis/infiltrate (pneumonia) and new orders were received to start Levaquin 500 milligrams daily for five days related to pneumonia.</p> <p>On 1/19/2021 at 9:47 AM R1 and R4 were observed sitting in wheelchairs in their room on the long term care unit less than three feet apart. Neither R1 nor R4 were wearing masks and R1 was observed coughing several times. There was a stop sign on the door and PPE (personal protective equipment) observed in a bin just outside of their room.</p> <p>On 1/19/21 at 10:08 AM V5 (CNA/Certified</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>Nursing Assistant) was asked about the stop sign and bin outside of R1 and R4's room. V5 stated R1 has a bad cough and is going from "hot to cold." V5 stated V11 (Licensed Practical Nurse) placed R1 on Covid-19 precautions this morning (1/19/2021). V5 stated R4 has no symptoms but because they are roommates, they are both on precautions. R1 and R4's door was observed open throughout observation on 1/19/2021.</p> <p>R1's progress notes documents on 1/20/21 R1 is having "bouts of confusion," has crackles in both lung fields, reports fatigue, and has a productive cough.</p> <p>R1's vital sign monitoring documents an oxygen saturation of 88% on 1/20/21 at 5:47 AM. All other vital signs assessed as within normal limits.</p> <p>R1's progress notes document on 1/20/21 at 6:07 PM R1 was transferred to the Covid-19 unit due to a positive Covid-19 test.</p> <p>R1's report of laboratory results document R1 tested positive for Covid-19 on 1/20/2021.</p> <p>R4's resident face sheet (not dated) documents R4 was admitted to the facility on 1/19/18 with diagnoses that include; bacterial infection, heart failure, hypertension, history of myocardial infarction, and diabetes.</p> <p>R4's progress notes document on 1/19/2021 at 10:13 AM "guest roommate (R1) displays sx (symptoms) of Covid ...place on iso (isolation) precautions; guest (R4) asymptomatic et (and) remains per baseline ..." At 3:16 PM R4's progress notes document R4's family representative was updated of R4 being placed on Covid precautions due to her roommate (R1).</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>R4's progress note documents R4 is asymptomatic and displays no symptoms of acute respiratory distress syndrome.</p> <p>R4's progress notes document on 1/24/21 at 2:25 PM R4 was moved the Covid-19 unit related to a positive Covid-19 test. R4's progress notes document R4 is assessed on 1/25/21 and 1/26/21 with fatigue as the only symptoms documented.</p> <p>On 1/20/21 at 4:45 PM R4's progress notes document, "res (R4) changed rooms ..." This indicates R4 was in the room with R1 for approximately 33 hours after R1 began exhibiting symptoms of Covid-19.</p> <p>On 1/19/21 at 10:00 am V11 (Licensed Practical Nurse) stated if a resident developed symptoms of COVID, they would be placed on COVID isolation precautions where they are monitored, and tests and chest x-ray would be ordered. If the symptomatic resident has a roommate, V11 said the roommate would be placed on the same precautions and symptoms and vital signs monitored every four hours.</p> <p>On 1/19/2021 at 10:45 AM V3 (Social Services Director/Infection Preventionist) stated if a resident develops respiratory symptoms and has a roommate the roommate stays in the same room with the resident with symptoms and is placed on isolation precautions as well.</p> <p>On 1/19/2021 at 1:48 PM V1 (Administrator) stated any resident who develops respiratory symptoms would be placed on droplet precautions. V1 was not familiar with R1 and R4's situation.</p> <p>On 1/20/2021 at 4:23 PM V1 (Administrator) stated R4 was moved out of the same room as</p>	S9999		

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S9999	Continued From page 6 R1 because V16 (family member) requested R4 be moved. On 1/21/2021 at 10:17 AM V16 (family member) stated he received a call from the facility yesterday (1/20/21) and was informed they were moving R4 to a different room. V16 stated he was not sure why R4 was being moved because as far as he knew R4 and her roommate had neither one tested positive for Covid-19. On 1/21/2020 at 12:30 PM V1 (Administrator) stated this was the first time the facility had a case of a symptomatic resident with a roommate. V1 stated they were following the CDC guidance located at https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html which states the following: "Resident with new-onset suspected or confirmed COVID-19 Ensure the resident is isolated and cared for using all recommended COVID-19 PPE. Place the resident in a single room if possible pending results of SARS-CoV-2 testing. Cohorting residents on the same unit based on symptoms alone could result in inadvertent mixing of infected and non-infected residents (e.g., residents who have fever, for example, due to a non-COVID-19 illness could be put at risk if moved to a COVID-19 unit). If cohorting symptomatic residents, care should be taken to ensure infection prevention and control interventions are in place to decrease the risk of cross-transmission. If the resident is confirmed to have COVID-19, regardless of symptoms, they should be transferred to the designated COVID-19 care unit. Roommates of residents with COVID-19 should be considered exposed and potentially infected and, if at all possible, should not share rooms with other residents unless they remain asymptomatic and/or have	S9999		

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S9999	<p>Continued From page 7</p> <p>tested negative for SARS-CoV-2 14 days after their last exposure (e.g., date their roommate was moved to the COVID-19 care unit). Exposed residents may be permitted to room share with other exposed residents if space is not available for them to remain in a single room." When asked if they had rooms available to provide R1 and R4 with a private room V1 confirmed they did. When asked why they didn't separate R1 and R4 since the guidance says to place the resident in a single room if possible V1 stated she did not read the guidance that way. That she looked at it as if R4 had been exposed and infected. V1 stated, "To me that is a gray area."</p> <p>2. On 1/19/2021 at 10:14 AM the door to R1 and R4's room remains open V5 enters the room after donning booties, a gown, and gloves. V5 was already wearing a surgical mask. V5 did not don eye protection. V5 leaves the room after providing care and doffing the gown and booties. V5 did not change the surgical mask that she was wearing. After exiting the room V5 went to a bathroom located on the hall and washed her hands then resumed care of the other residents (non-Covid-19 positive). V5 confirmed she wears a surgical mask and no eye protection to provide care to R1 who is suspected Covid-19 positive and that she wears the same surgical mask to provide care to the other residents residing on that unit.</p> <p>R5's resident face sheet (not dated) documents R5 was admitted to the facility on 1/15/2021 with diagnoses that include malignant neoplasm of the esophagus, infection of a surgical wound, malignant neoplasm of the liver and malnutrition.</p> <p>On 1/19/21 at 10:38 AM V7 (CNA) was observed entering R5's room located on the transition unit</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>with a surgical mask, gown, and gloves on. V7 is not observed wearing eye protection or changing her mask when she exits the room.</p> <p>On 1/19/2021 at 11:11 AM V7 (CNA) stated she changed her masks in the bathroom located at the end of the hall after exiting each room. V7 stated there were no masks located in the bins in the hallway. V7 stated she only wears eye protection when working on the Covid-19 unit and changes her mask every couple of rooms for those residents newly admitted to the facility from the hospital.</p> <p>On 1/19/2021 at 11:11 AM after V7 (CNA) reported not having surgical masks available in the PPE bins located outside of the resident rooms V8 (Registered Nurse/RN) retrieved surgical masks from V2's (Director of Nurses) office and placed them in the bins in the hallway on the transition unit.</p> <p>R6's resident face sheet (not dated) documents R6 was admitted to the facility on 1/18/21 with diagnoses that include malignant melanoma of the skin and unspecified cord suppression.</p> <p>On 1/19/2021 at 10:41 AM V8 (Registered Nurse) is observed entering R6's room with only a surgical mask on. V8 did not don a gown, gloves, or have eye protection on. V8 left R6's room went to the end of the hall and spoke with a peer at the door leading to the long term care unit. V8 was not observed changing the surgical mask or hand sanitizing when exiting R6's room.</p> <p>On 1/19/2021 at 10:56 AM V8 (RN) enters R6's room with a surgical mask on after donning a gown and gloves. V8 does not hand sanitize prior to donning PPE. V8 exits R6's room and keeps</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>the same surgical mask on.</p> <p>On 1/9/2021 at 11:02 AM V8 (RN) was observed entering R6's room wearing a surgical mask and after donning a gown and gloves. V8 was not observed hand sanitizing prior to donning or doffing the PPE. V8 exited R6's room without changing the surgical mask he was wearing. V8 confirmed he did not wear PPE (other than a surgical mask) into R6's room when he entered it at 10:41 AM. V8 stated he used hand sanitizer at the nurse's station after doffing the PPE when he exited both R6 and R8's room. V8 stated he wears the same surgical mask throughout his medication administration pass, but he changes it every three to four rooms the rest of the time. V8 stated he only wears eye protection when working on the Covid-19 unit. V8 stated he is the nurse for the transition hall and the Covid-19 unit and when he leaves the Covid-19 unit he changes all PPE.</p> <p>On 1/19/2021 at 10:45 AM V3 (Social Services Director/Infection Preventionist) stated staff should wear a gown, mask, gloves, and eye protection when providing care to residents exhibiting Covid-19 symptoms. V3 stated the same should be worn in the rooms of newly admitted residents and/or residents who have just returned from the hospital and are in a 14 day quarantine period. When asked if staff should change their surgical masks when exiting a room V3 stated yes or don one over the top and remove the top mask when they exit the room. V3 stated they have N95's for staff working on the Covid-19 unit and have face shields available for staff at the nurse's station. V3 confirmed staff should be wearing eye protection when providing care to residents who are symptomatic but was unsure if they should wear eye protection when providing care to residents who are new admits</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>and/or returning from a hospital stay.</p> <p>On 11/19/2021 at 11:00 AM V14 (Physical Therapy Assistant) stated she does physical therapy with residents on the Covid-19 unit at the end of her shift. V14 was observed providing therapy services on the Covid-19 unit wearing a surgical mask, gown, gloves, and eye protection. V14 stated she was unable to find her N95 mask, so she just put on two surgical masks.</p> <p>On 1/21/2021 at 12:30 PM V1 (Administrator) stated the facility was not currently in an extended use situation for PPE. V1 stated she would expect staff to keep the doors closed on rooms with residents who were on isolation precautions for suspected or confirmed Covid-19. V1 confirmed that included residents who were newly admitted to the facility or returning to the facility after a hospital stay. V1 stated staff should wear eye protection in any room with a resident with suspected or confirmed Covid-19 which included the residents newly admitted to the facility or returning to the facility after a hospital stay. V1 stated staff should change the surgical masks after exiting an isolation room. V1 stated the facility policy states staff should wear N95's if available when providing care to a resident with suspected or confirmed Covid-19 if they are available. V1 confirmed the facility staff all have an N95.</p> <p>3. On 11/19/2021 at 10:50 AM V9 (housekeeper) is observed leaving an isolation room with a mop and removing her gown and gloves. V9 left the surgical mask on. A wet floor sign was placed outside the door. V9 placed the mop into the mop water on the cleaning cart. V9 put on a new isolation gown and gloves and entered another isolation room wearing the same mask and using</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>the mop that was used to mop the previous rooms. The mop head and mop water were not replaced after mopping an isolation room.</p> <p>On 11/19/2021 at 9:30 AM V9 (housekeeper) stated she does not change the mop water or mop head until she has cleaned 3 to 5 isolation rooms. V9 stated there has been plenty of cleaning supplies, PPE, and ABHR (alcohol based hand rub).</p> <p>On 11/19/2021 at 9:40 AM V10 (Maintenance and Housekeeping Director) said that he has been able to maintain an adequate stock of cleaning supplies. V10 stated if a resident is on isolation, the mop water and mop head are changed between each room. V10 stated housekeeping staff are required to wear a gown, surgical mask, and gloves when entering a room used to isolate a resident. The PPE is to be changed after each room is entered.</p> <p>On 1/25/2021 at 7:43 AM V21 (Nurse Practitioner/NP) stated she is the NP for V17 (Physician) and sees residents at the facility four days a week. V21 stated she would expect the facility to follow the current Center for Disease (CDC) guidance to prevent the spread of Covid-19 and if the facility did not follow the current CDC guidance it could have a negative impact on the residents and contribute to the spread of Covid-19.</p> <p>The facility Covid-19 preparedness policy dated 10/14/20 documents, "It is the policy of this facility to minimize exposures to respiratory pathogens and promptly identify residents with Clinical Features and an Epidemiologic Risk for Covid-19 and to adhere to Federal and State/Local recommendations (to include, for example:</p>	S9999		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005870	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/27/2021
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NAME OF PROVIDER OR SUPPLIER HELIA HEALTHCARE OF ENERGY	STREET ADDRESS, CITY, STATE, ZIP CODE 210 EAST COLLEGE ENERGY, IL 62933
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(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) COMPLETE DATE
S9999	<p>Continued From page 12</p> <p>Admissions, Visitation, Precautions: Standard, Contact, Droplet, and/or Airborne Precautions, including the use of eye protection)." Under resident care the policy states, ensure ...Necessary PPE is available immediately outside of the resident room and in other areas where resident care is provided" Under ongoing monitoring and assessment of residents the policy documents, "Ongoing, frequent, active screening of residents for fever and respiratory symptoms will occur. Resident will be actively monitored every 8 hours for possible symptoms of Covid-19 (shortness of breath, new or change in cough, sore throat, runny nose, unexplained tachycardia, malaise, fatigue, lethargy, chills, muscle aches, headache, nausea, vomiting, diarrhea, new loss of taste or smell, chest pain, delirium, decreased blood pressure, oxygen saturation below 92% or unexplained hypoxia, or fever (greater than) 99.6 (or 2 degrees above baseline). If positive for fever or symptoms, implement recommended infection prevention control practices to ensure prompt detection, triage and isolation of potentially infected residents and notify Physician ...If this occurs the nurse must-Place the resident in contact/droplet isolation and close the door. All staff must wear full PPE. Notify family, and physician, obtain contact/droplet isolation order and give instructions to staff. Isolation signage should be placed outside of resident room." Under new admissions the policy documents, "Newly admitted or readmitted patients will be monitored for evidence of Covid-19 for 14 days after admission. Staff will use all recommended Covid 19 PPE for contact droplet precautions when caring for newly admitted/readmitted patients." Under clusters of respiratory infection, the policy documents, "A resident with known or suspected Covid-19, immediate infection prevention and</p>	S9999		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005870	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/27/2021
NAME OF PROVIDER OR SUPPLIER HELIA HEALTHCARE OF ENERGY		STREET ADDRESS, CITY, STATE, ZIP CODE 210 EAST COLLEGE ENERGY, IL 62933		
(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) COMPLETE DATE
S9999	Continued From page 13 control measures will be put into place. Complete assessment with VS (vital sign) including O2 saturation every 4 hours. 1. Contact/Droplet Isolation, 2. Shut the door. Keep closed for the duration of isolation. 3. Notify Physician, Family, and Medical Director. 4. Test resident for Covid 19. 5. Contact State/Local Public Health immediately for direction." Under Outbreak Management the policy documents, " ...A single new case of SARS-CoV-2 infection in any HCP (Health Care Professional) or a nursing home-onset SARS-CoV-2 infection in a resident should be considered an outbreakPlace residents in private rooms on standard, contact, droplet (airborne if available) precaution and keep resident room door closed. Cohort residents identified with same symptoms/Covid-19 confirmation. Implement consistent assignment of employees and allow only essential staff to enter rooms/wings with appropriate PPE and respiratory protection. PPE includes: gloves, gown, medical face mask and eye protection will be used. Eye protection that covers both the front and sides of the face. Remove before leaving resident room. Reusable eye protection will be cleaned and disinfected according to manufacturer's recommendation. Disposable eye protection will be discarded after use unless extended use protocols for PPE are in force. N95 masks should be used if available when providing care for confirmed or suspected cases. Hand hygiene using Alcohol Based Hand Sanitizer before and after all patient contact, contact with infectious material and before and after removal of PPE, including gloves." The Center for Disease Control website located at; https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA	S9999		

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S9999	Continued From page 14 _refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html#previous documents the following: "The PPE recommended when caring for a patient with suspected or confirmed COVID-19 includes the following: Respirator or Facemask ...Put on an N95 respirator (or equivalent or higher-level respirator) or facemask (if a respirator is not available) before entry into the patient room or care area, if not already wearing one as part of extended useDisposable respirators and facemasks should be removed and discarded after exiting the patient's room or care area and closing the door unless implementing extended use or reuse. Perform hand hygiene after removing the respirator or facemask ... Eye Protection Put on eye protection (i.e., goggles or a face shield that covers the front and sides of the face) upon entry to the patient room or care area, if not already wearing as part of extended use ... Remove eye protection after leaving the patient room or care area, unless implementing extended use ... Gloves Put on clean, non-sterile gloves upon entry into the patient room or care area ... Remove and discard gloves before leaving the patient room or care area, and immediately perform hand hygiene ...Gowns Put on a clean isolation gown upon entry into the patient room or area..." (A)	S9999		