

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005193	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/09/2021
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NAME OF PROVIDER OR SUPPLIER ALDEN LAKELAND REHAB & HCC	STREET ADDRESS, CITY, STATE, ZIP CODE 820 WEST LAWRENCE CHICAGO, IL 60640
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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
S000	Initial Comments STATE LICENSURE & FACILITY REPORTED INCIDENT SURVEY Facility Reported Incident Investigation of June 19, 2021 IL135209	S 000		
S9999	Final Observations Statement of Licensure Violations: 1 of 4 Section 300.610a) 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. These Requirements are not met as evidenced by: Based on observation, interview and record review the facility failed to ensure their policies were followed to a.) ensure the proper hair net use, b.) ensure all foods in the dry storage area, walk in freezer and walk in refrigerator were labeled, dated, stored and sealed, c.) ensure	S9999	<p>Attachment A Statement of Licensure Violations</p>	

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>there was a thermometer in the walk in refrigerator and freezer d.) ensure cookware was stored properly, air dried before use and e.) ensure food was prepared in a safe and sanitary manner for 5 of 5 residents (R17, R18, R19, R20, R21) receiving a pureed diet. These practices had the potential to affect 91 of 139 residents, who were served meals from the kitchen.</p> <p>Findings Include:</p> <p>During the kitchen tour on 7/06/21 at 10:39 AM with V8 (Dietary Manager). V8's hair net was observed on with the front of her hair uncovered. One box with oatmeal cream pies, Entertainment crackers, Tortilla shells, one Round pound cake, one bag of French toast and pasta tortellini and Frozen burgers were observed open and unlabeled with no expiration date. Five 16 ounce pound cakes were observed out of the box and undated. One large bag of purple cabbage was observed with an expiration date of 6/30/21. Two surveyors were unable to find the thermometer in the walk in refrigerator and freezer. V8 was also unable to find the walk in freezer and walk in refrigerator thermometers. Three cereal bins were observed with the serving scoops inside the bins. Two cereal bins were dated 2/10 and one cereal bin was undated. Pots were observed stored on racks facing upward.</p> <p>V8 (Dietary Manager) stated items should be individually dated when they are removed from the box. If an item is not in the box, the staff is directed to date them. We are having problems getting labels. V8 stated the staff have been coached to put expiration dates on the items. Everything is supposed to be stored facing down so you will not have matter or anything getting in there. V8 stated they are supposed to take the</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>scoops out of the cereal bins after breakfast. This is for cleanliness and to prevent any opportunity for cross contamination. The hair net should cover all of my hair.</p> <p>On 7/06/21 at 11:11 AM V9 (Dietary Aide) was observed with his hair net not completely covering his hair. V9 stated the hair net should be covering all my hair. I have dreads and move around a lot.</p> <p>On 7/07/21 at 11:05 AM during the observation of pureed preparation, the bottom of the blender was observed to be wet. V23 (Chef) was observed pouring rice into the blender, pureed and poured the rice into two pans.</p> <p>On 7/07/21 at 11:13 AM V23 (Chef) went to the three compartment sink with the blender and spoon. V23 began washing, rinsing and sanitizing the items then placed them at the end of the sink at 11:18 AM.</p> <p>On 7/07/21 at 11:21 AM V23 (Chef) returned to the prep table with the blender and spoon. The bottom of the blender, blade, top and spoon were observed to be wet.</p> <p>On 7/07/21 at 11:23 AM V23 (Chef) was observed removing the orange chicken from the warmer. V23 poured the orange chicken into the wet blender then pureed the chicken.</p> <p>On 7/07/21 at 11:29 AM V23 (Chef) poured the pureed orange chicken into two pans using the wet spoon.</p> <p>On 7/07/21 at 11:30 AM V23 (Chef) went to the three compartment sink washed, rinsed and sanitized the blender and spoon. V23 placed the blender and spoon on the sink to air dry at 11:35</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>AM.</p> <p>On 7/07/21 at 11:39 AM V23 (Chef) returned to the prep table with the spoon and blender. The bottom of the blender, blade, top and spoon were observed to be wet.</p> <p>On 07/07/21 at 11:40 AM V23 (Chef) removed the vegetables from the warmer, poured them into the wet blender then poured the pureed vegetables into two pans using the wet spoon.</p> <p>On 7/07/21 at 11:45 AM V23 (Chef) went to the three compartment sink washed, rinsed and sanitized the blender, blade, top and spoon. V23 placed the blender and spoon on the sink to air dry at 11:51 AM.</p> <p>On 7/07/21 at 11:53 AM V23 (Chef) returned to prep table with the blender and spoon. The bottom of the blender, blade, top and spoon were observed to be wet.</p> <p>On 7/07/21 at 11:54 AM V23 (Chef) removed the soup from the warmer, poured it into the wet blender, pureed the soup then poured it into two pans using the wet spoon.</p> <p>On 7/07/21 at 12:06 PM V23 (Chef) stated it was some water at the bottom of the blender. I let the blender air dry for over a minute. If it is wet it can contaminate the food. This will affect everyone that receive a pureed diet in the facility.</p> <p>On 7/07/21 at 12:06 PM V8 (Dietary Manager) stated the blender should be totally dry. The sanitizer is the last step with the three compartment sink. If it is not dry it can cause contamination.</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>On 7/08/21 at 08:39 V8 (Dietary Manager) stated I coach them to let the items air dry for at least 60 minutes. If it is not completely air dried the sanitizer is the last step and will mix with and contaminate the food.</p> <p>On 7/08/21 at 09:41 AM V8 (Dietary Manager) I know I did not have my mask on right. Being in and out of the freezer I can't breathe.</p> <p>On 7/08/21 at 12:30 PM V1 (Administrator) stated we do not have a separate blender. The policy does not say how dry it need to be. In the policy context it mean let it dry. We educated them to have it completely dry.</p> <p>On 7/08/21 at 01:07 PM V8 (Dietary Manager) present documents titled: In Service/Meeting Attendance Record dated 07/08/21 Topic: Robo Coup - Air Dry After Sanitizing, Topic: Expired Food - Toss Out, Topic: Scoops In Cereal - Take Out After Service</p> <p>On 07/09/21 at 10:01 AM V8 (Dietary Manager) stated there are 48 NPO (Nothing By Mouth) residents in the facility.</p> <p>Policy:</p> <p>Titled Hair Covering dated 08/18 document Hair will be covered when in the kitchen operations areas.</p> <p>Purpose: To prevent physical contamination of food.</p> <p>Procedure:</p> <ol style="list-style-type: none"> 1. While in the kitchen operations area staff will cover hair to prevent physical contamination of food. 2. Staff will wear a hairnet, hair bonnet or other 	S9999		

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S9999	<p>Continued From page 5</p> <p>type of hair covering.</p> <p>Titled Labeling and Dating dated 07/17 document Ready to eat time/temperature control safety foods may be stored in the refrigerator held at 41 degrees Fahrenheit for 7 days. Purpose: To reduce the risk of food borne illness. Procedure:</p> <p>2. On premise preparation of ready to eat TCS (Temperature Control for Safety) item that is to be held longer than 24 hours in the refrigerator will be marked to indicate which date or day the food must be consumed or discarded.</p> <p>3. Commercially processed TCS that is to be held for longer than 24 hours in the refrigerator will be marked to indicate which date or day the food must be consumed or discarded.</p> <p>Titled Refrigeration unit Temperatures dated 08/18 document Refrigerators and freezers will be maintained at the correct temperature. Purpose: To reduce the risk of food borne illness. Procedure:</p> <p>3. Each refrigerator and freezer will have a working thermometer inside the unit.</p> <p>Titled Pot and Pan Washing dated 05/18 document Manual washing will be completed by scraping, washing, rinsing, sanitizing and air drying. Purpose: to reduce the risk of food borne illness. Procedure:</p> <p>6. Allow items to air dry. 7. Store pots, pans and other items upside down.</p> <p>Titled Cleaning and Sanitation of the Pots and Pans dated 01/18 document Purpose: To reduce the risk of food borne illness.</p> <p>4. Wash, rinse and sanitize in the three compartment sink. Submerge in sanitizing</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>solution for at least 60 seconds. Allow to air-dry. (C)</p> <p>2 of 4 Section 300.696a)</p> <p>Section 300.696 Infection Control</p> <p>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 Diseases Code (77 Ill. Adm. Code 693). Activities shall be monitored to ensure that these policies and procedures are followed.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to ensure dietary staff implemented the facility's infection control measures for wearing surgical masks when 2 of 6 dietary staff working in the kitchen failed to wear their surgical masks appropriately. This failure has the potential to affect all residents, staff and visitors in the facility.</p> <p>Findings Include:</p> <p>During the kitchen tour on 7/06/21 at 10:39 AM V8 (Dietary Manager) was observed with a surgical mask beneath her nose. V8 stated the mask should be over my mouth and nose. I can't breathe because of allergies.</p> <p>On 7/06/21 at 11:11 AM V9 (Dietary Aide) was observed with the surgical mask beneath his</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>nose. V9 stated this is not the proper way to wear my mask. I am moving around and sweating but I make sure the mask is up when I leave the kitchen and go to the resident floors.</p> <p>On 7/07/21 at 08:54 AM During the follow-up Kitchen tour V8 (Dietary Manager) was observed entering the kitchen with her surgical mask positioned under her chin. V8 entered the walk in freezer then exited the freezer, proceeded to the office, returned to the walk in freezer then exited the kitchen with the mask positioned beneath her chin.</p> <p>On 7/08/21 at 08:50 V2 (Director of Nursing) stated the mask is worn constantly while in the facility. The mask should cover both the nose and mouth. If not worn properly it can cause any type of infection. The wearing of the face mask is part of COVID (Coronavirus) prevention.</p> <p>On 7/08/21 at 09:34 AM V7 (Assistant Director of Nursing) presented an In-service/Meeting Attendance Record dated 07/07/21 Topic: PPE (Personal Protective Equipment)/Isolation Procedures.</p> <p>On 7/08/21 at 09:41 AM V8 (Dietary Manager) stated I know I did not have my mask on right. Being in and out of the freezer, I can't breathe. V8 presented a documents titled In-service/Meeting Attendance Record dated 07/06/21, 07/07/21, 07/08/21 Topic Mask Covering/Face Shield/Policy and Procedures.</p> <p>On 07/08/21 at 12:30 PM V1 (Administrator) stated you have to tell people all the time about the mask because it is always falling down. V8 (Dietary Manager) said she is always in and out</p>	S9999		

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S9999	<p>Continued From page 8 of the freezer.</p> <p>Policy:</p> <p>Titled Universal Masking dated 5/10/21 document To reduce the risk of transmission from staff who may be carrying COVID-19 (Coronavirus) but are asymptomatic, all facilities will follow universal masking.</p> <p>1. All staff will wear surgical mask when in the workplace.</p> <p>Titled Infection Prevention and Control Program from the Infection Control Manual 2020 document Mission of Program: The primary mission is to 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.</p> <p>The Infection Prevention Program includes:</p> <p>2. c. Standard and transmission-based precautions to be followed to prevent the spread of infection.</p> <p>a. Selection and use of PPE (Personal Protective Equipment)</p> <p style="text-align: center;">(C)</p> <p>3 of 4 Section 300.1210b)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p> <p>These requirement are not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to ensure call lights were within reach for 5 residents (R6, R7, R8, R9, R10) in a sample of 21 reviewed for call lights.</p> <p>Findings Include:</p> <p>R8 has diagnosis not limited to Spastic Quadriplegic Cerebral Palsy, Bilateral Osteoarthritis, Hip Dysplasia, Spinal Stenosis, Polyosteoarthritis, Deaf Nonspeaking, Dysarthria and Anarthria. R8's MDS (Minimum Data Set) BIMS (Brief Interview For Mental Status) score is 10 indicating moderate impairment.</p> <p>Record review of R8 care plan Focus date initiated 3/21/20 document R8 has an ADL (Activities of Daily Living) performance deficit due to impaired mobility and functional limitations. Intervention date initiated 07/17/20 document encourage use of call light for assistance when needed. Focus dated initiated 03/21/20 document R8 is at risk for falls. Intervention: Encourage resident to Call, don't fall, promote placement of call light in reach.</p> <p>On 07/06/21 at 11:44 AM R8 was observed lying in bed on a low air loss mattress. R8 call light pull string was observed laying on top of the bed side stand, out of R8 reach. R8 was unable to verbalize to the surveyor.</p> <p>R7 has diagnosis not limited to Localized edema, Chronic Pain, Multiple Sclerosis and Pressure</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>Ulcer Lower Back, Stage 2. R7's MDS (Minimum Data Set) BIMS (Brief Interview For Mental Status) score is 09 indicating moderate impairment.</p> <p>Record review of R7 care plan Focus date initiated 12/28/17 document R7 has an ADL (Activities of Daily Living) performance deficit due to communication barrier, generalized weakness and physical limitations. Intervention: encourage use of call light for assistance when needed. Focus dated initiated 12/28/17 document R7 is at risk for falls. Intervention: promote placement of call light in reach. Focus date initiated 02/26/21 document R7 has difficulty sitting upright in a standard wheelchair and uses a reclining chair to promote posture, enhance body alignment. Intervention: Place the call light within reach when in room.</p> <p>On 7/06/21 at 11:46 AM R7 was observed in bed in a low fowler position. The call light pull string was observed hanging from the right bed rail near the floor, out of R7's reach.</p> <p>R10 has diagnosis not limited to Essential (Primary) Hypertension, Convulsions, Pain and Non-Pressure Chronic Ulcer of Right Calf with Necrosis of Muscle. R10's MDS (Minimum Data Set) BIMS (Brief Interview For Mental Status) score is 15 indicating intact cognitive response.</p> <p>Record review of R10 care plan Focus date initiated 12/21/20 document R10 has an ADL (Activities of Daily Living) performance deficit. Intervention date initiated 1/01/21 document encourage use of call light for assistance when needed. Focus date initiated 12/31/20 document R10 is at risk for falls. Intervention: date initiated 01/01/21 document Encourage resident to Call,</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>don't fall. Intervention date initiated 12/31/20 document promote placement of call light in reach. Focus date initiated 01/12/21 document R10 has complaints of lightheadedness. Intervention: document Place call light within reach when in room.</p> <p>On 7/06/21 at 11:48 AM R10 was observed lying in bed with call light pull string hanging on floor. R10 stated I can use the call light to call the nurse. It is over there but I can't reach it.</p> <p>R9 has diagnosis not limited to Chronic Obstructive Pulmonary Disease, Parkinson's disease, Essential (Primary) Hypertension, Bipolar Disorder, Alzheimer Disease, Schizophrenia and Chronic Systolic (Congestive) Heart Failure. R9's MDS (Minimum Data Set) BIMS (Brief Interview For Mental Status) score is 15 indicating intact cognitive response.</p> <p>Record review of R9 care plan Focus date initiated 11/14/19 document R9 has an ADL (Activities of Daily Living) performance deficit. Intervention date initiated 02/08/21 document encourage use of call light for assistance when needed. Focus dated initiated 11/14/19 document R9 is at risk for falls. Intervention: promote placement of call light in reach.</p> <p>On 7/06/21 at 11:50 AM R9 was observed in the bed with the call light pull string hanging down the wall to the floor out of R9's reach. R9 stated if I need the nurse I will pull the call light. Surveyor asked resident can he reach the call light. R9 stated "I cannot reach it."</p> <p>R6 has diagnosis not limited to Convulsions, Hyperkalemia, Acidosis, Transient Ischemic Attack, Cerebral Infarction, End Stage Renal</p>	S9999		

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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>Disease, Metabolic Encephalopathy, Essential (Primary) Hypertension and Major depressive Disorder. R6's MDS (Minimum Data Set) BIMS (Brief Interview For Mental Status) score is 12 indicating moderate impairment.</p> <p>Record review of R6 care plan Intervention date initiated 4/26/21 document encourage use of call light for assistance when needed. Focus dated initiated 4/07/21 document R6 is at risk for falls. Intervention: promote placement of call light in reach.</p> <p>On 7/06/21 at 11:59 AM R6 was observed lying in the bed. R6's call light pull string was observed hanging down the wall, out of R6 reach. R6 stated " if I needed to pull the call light I would have to get out of bed to do it."</p> <p>On 7/06/21 at 1:21 PM V13 (Certified Nurse Assistant in Training) accompanied the surveyor to R10 room. V13 stated R10 call light is located on his good side on the floor. V13 was observed picking up the call light pull string and placing it within R10 reach.</p> <p>On 7/06/21 at 01:23 PM Surveyor asked V13 (Certified Nurse Assistant in Training) where was R7 call light. V13 began pulling the call light from R7 bed rail and stated that R7 is directing me to put it on the sheet. V13 stated " I put it on her gown earlier and she took it off." V13 stated the call light should be located on the good side where their hand can reach it. It should be within the resident reach.</p> <p>On 7/06/21 at 01:25 PM V13 (Certified Nurse Assistant in Training) stated R8's call light is on the table by the bed. R8 was observed pointing to the pillow case to the right side of his head. V13</p>	S9999		

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S9999	<p>Continued From page 13</p> <p>was observed picking up R8 call light pull string and clipping it to his pillow case. V13 stated R8 directed me to clip the call light to his pillow case.</p> <p>On 07/08/21 at 08:50 V2 (Director of Nursing) stated the Call light should be in reach of the patient. There is a potential that the staff will not know what the needs of the patients are, their needs won't be met if they cannot reach the call light and it can lead to falls.</p> <p>On 07/08/21 at 09:34 AM V7 (Assistant Director of Nursing) presented a document Titled In-service/Meeting Attendance Record dated 07/06/21 Topic: Call Lights. V7 stated there was an issue with the call lights. We were made aware of the problem so we did an audit, made sure that everyone had a call light in reach and in-serviced the staff about it.</p> <p>On 7/08/21 at 12:30 PM V1 (Administrator) stated, we do rounds to make sure the call lights are clipped and we audit a lot.</p> <p>Document Titled Job Description Certified Nurse Assistant dated 01/15 reads Job Summary: Provides residents with daily nursing care in accordance with current federal, state and local standards, guidelines and regulations, facility policies and as directed by the Charge Nurse, Supervisor, Assistant Director of Nursing, Director of Nursing or Administrator to ensure that the highest degree of quality care is maintained at all times. AA. Keeps the nurses' call system within easy reach of the resident.</p> <p>Policy: Titled Call Light, Use Of dated 09/20 document</p>	S9999		

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S9999	<p>Continued From page 14</p> <p>5. When providing care to residents, position the call light conveniently for the resident's use.</p> <p>7. Be sure call lights are placed within resident reach at all times.</p> <p style="text-align: center;">(C)</p> <p>4 of 4 Section 300.1610a)1)</p> <p>Section 300.1610 Medication Policies and Procedures</p> <p>a) Development of Medication Policies</p> <p>1) Every facility shall adopt written policies and procedures for properly and promptly obtaining, dispensing, administering, returning, and disposing of drugs and medications. These policies and procedures shall be consistent with the Act and this Part and shall be followed by the facility. These policies and procedures shall be in compliance with all applicable federal, State and local laws.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observations, interviews, and record reviews, the facility failed to follow their medication administration and hand hygiene policies by not following proper hand hygiene procedures for 1 (R13) of 4 residents reviewed for medication administration in a sample of 21.</p> <p>Findings include:</p> <p>On 7/07/2021 at 9:21 AM, started medication administration observation with V17 (Registered Nurse).</p> <p>On 7/07/2021 at 9:40 AM, V17 entered R13's</p>	S9999		

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S9999	<p>Continued From page 15</p> <p>room and started to take R13's blood pressure and oxygen saturation. Surveyor did not observe V17 wash hands or apply hand sanitizer prior to performing these procedures with R13. After V17 finished taking R13's blood pressure and oxygen saturation, V17 handed the medication cup to R13 containing all her medications. Surveyor did not observe V17 wash her hands or apply hand sanitizer before handing R13 her medications.</p> <p>On 7/07/2021 at 10:01 AM, V17 stated the proper hand hygiene while performing medication administration includes washing hands when soiled or applying hand sanitizer when hands are not soiled. V17 further stated hand hygiene should be done before and after taking care of the resident.</p> <p>On 7/07/2021 at 10:37 AM, V2 (Director of Nursing) stated she expects nurses to perform proper hand hygiene during medication administration. V2 stated hand hygiene should be done before and after administering medications in between each resident.</p> <p>Review of facility's "Medication Pass" Guidelines dated 04/2019 reads, "1. HAND HYGIENE: Hand wash with soap & water or a commercially prepared alcohol gel. Practice hand hygiene under the following circumstances: Before starting the med pass; Before and after doing treatments (between each treatment site); After physical contact with resident during med pass; After removing gloves."</p> <p>Review of facility's "Hand Washing and Hand Hygiene" Clinical Practice Guidelines dated 06/04/2020 reads: "1. Hand hygiene must be performed after touching blood, body fluids, secretions,</p>	S9999		

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S9999	<p>Continued From page 16</p> <p>excretions, and contaminated items. Specific examples include but are not limited to:</p> <p>c) Before touching medication or food to be given to a resident;</p> <p>e) Before and after providing personal cares for a resident;</p> <p>g) After touching any item or surface that may have been contaminated with blood or body fluids, excretions or secretions (i.e. measuring graduate, commode)."</p> <p>"4. If your hands are not visibly soiled, use an alcohol-based hand rub for routine hand antisepsis before and after direct contact with residents; and after removing gloves."</p> <p>"5. Alcohol-based hand rub recommendations exclude food preparation areas, where food handlers must wash their hands with soap and water."</p> <p style="text-align: center;">(C)</p>	S9999		