FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED B. WING IL6014401 03/25/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **6277 CENTER GROVE ROAD** RIVER CROSSING OF EDWARDSVILLE **EDWARDSVILLE, IL 62025** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S 000 Initial Comments S 000 Annual Licensure Survey S9999 Final Observations S9999 Statement of Licensure Violations: 1 of 2 violations: 300.610c)2 300.1210a) 300.1210b)5) 300.1210d)6) 300.3240a) Section 300.610 Resident Care Policies c) The written policies shall include, at a minimum the following provisions: 2) Resident care services, including physician services, emergency services, personal care and nursing services, restorative services, activity

services, social services, clinical records, dental services, and diagnostic services (including laboratory and x-ray);

services, pharmaceutical services, dietary

Section 300.1210 General Requirements for **Nursing and Personal Care**

a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the

Attachment A Statement of Licensure Violations

Illnois Department of Public Health

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

TITLE

(X8) DATE

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| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | | (X3) DATE SURVEY COMPLETED | |
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| | resident's compreh | ensive assessment, which | | | | |
| | allow the resident to | attain or maintain the highest independent functioning, and | | | | |
| | provide for discharg | e planning to the least | | | | |
| | needs. The assess | ased on the resident's care ment shall be developed with | | | | |
| | the active participat | ion of the resident and the | | | | |
| | resident's guardian applicable. (Section | or representative, as 3-202.2a of the Act) | | | | |
| | | | | | | |
| | and services to atta | provide the necessary care in or maintain the highest | | | | |
| | practicable physical | , mental, and psychological sident, in accordance with | - | | | |
| | each resident's com | prehensive resident care | | | | |
| ă. | plan. Adequate and care and personal c | properly supervised nursing are shall be provided to each | | | | |
| | resident to meet the | total nursing and personal | | | | |
| | care needs of the re measures shall inclu | sident. Restorative ude, at a minimum, the | | | | |
| | following procedure: | 5: | | | | |
| | 5) All nursing person | nnel shall assist and | | | | |
| | | s with ambulation and safe often as necessary in an | | | | |
| | effort to help them re | etain or maintain their highest | | | | |
| | practicable level of f | unctioning. | | | , | |
| | d) Pursuant to subse | ection (a), general nursing | _ | | | |
| 1 | and shall be practice | t a minimum, the following | | | | |
| | seven-day-a-week b | | | | | |
| | 6) All necessary pre | cautions shall be taken to | | | | |
| | | ents' environment remains azards as possible. All | | | | |
| | nursing personnel st | nall evaluate residents to see | | | | - 1 |
| | that each resident re and assistance to pro- | ceives adequate supervision event accidents. | | | | |

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: _ COMPLETED B. WING IL6014401 03/25/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **6277 CENTER GROVE ROAD** RIVER CROSSING OF EDWARDSVILLE **EDWARDSVILLE, IL 62025** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 2 S9999 Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These requirements were not met as evidenced Findings include: Based on interview, observation and record review, the facility failed to ensure fall interventions were in place for 1 of 2 residents (R11) reviewed for falls in the sample of 49. This failure resulted in R11 falling and sustaining a subdural hematoma requiring hospitalization. Findings include: R11's Face Sheet, undated, documents R11 has a diagnosis of Muscle Weakness and a History of Falls. R11's Minimum Data Set (MDS), dated 1/9/22, documents R11 has moderate cognitive impairment, requires an extensive assist of one staff with transfers and has impaired balance. R11's Care Plan, dated 5/18/21, documents R11 is at risk for falls due to impaired cognition and impaired safety awareness with the following interventions implemented on the following dates: 6/30/21, Will provide with sitter while awake; and 7/21/21, self-releasing seat belt. On 3/22/22 at 1:43PM, V8, R11's Family, stated

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R11 had a fall about 3 to 4 weeks ago, went to the emergency room, had a brain bleed and

PRINTED: 05/25/2022 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: IL6014401 B. WING 03/25/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **6277 CENTER GROVE ROAD** RIVER CROSSING OF EDWARDSVILLE **EDWARDSVILLE, IL 62025** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 3 S9999 urinary tract infection. V8 stated R11 is supposed to have a sitter at bedside and alarms. V8 stated when R11 has to go to the bathroom, she will get up and go and doesn't know to ask for help. On 3/22/22 at 1:55PM and 3/23/22 at 9:35AM. R11 was observed sitting up in the wheelchair in hallway. R11 had no seat belt in place and staff not providing one on one care. R11's Fall Report, dated 2/14/22, documents R11 was observed on the floor in her room on her left side. R11 leaned too far over to the left and fell out of the wheelchair. R11 was assessed, a hematoma to R11's face was noted, and she was sent to the emergency room for further evaluation. R11's Hospital History & Physical, dated 2/14/22 documents R11 had an unwitnessed fall and was diagnosed with a Subdural Hemorrhage and Traumatic Cephalohematoma. R11's CT scan, dated 2/14/22, documents a posterior cephalohematoma and suggestion of a small underlying acute subdural hematoma. R11's Therapy Post Fall Assessment, dated 2/18/22, documents "Patient had an unwitnessed fall from the wheelchair. Patient has a self-releasing wheelchair belt, however, was not

in place at the time of fall."

The facility "Initial Federal Report", dated 2/21/22, documents R11 had a fall on 2/14/22, which resulted in a subdural hemorrhage. Description of events: R11 was observed on her left side on the floor of her room. Corrective actions: Resident placed on one on one when up in wheelchair.

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

IL6014401

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

6277 CENTER GROVE ROAD

FORM APPROVED

(X3) DATE SURVEY COMPLETED

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| <u> </u> | On 3/24/22 at 9:55AM V2, Director of Nurses, stated she would expect fall interventions to be in place but she "thinks" they stopped providing one on one care for R11 "about a week ago." | | | |
| | On 3/23/22 at 2:15PM V35, Regional Director of Clinical Operations, acknowledged that R11's care plan was reviewed on 3/23/22 and the intervention initiated on 6/30/21 of providing R11 with a sitter while awake was removed on 3/23/22. | | | |
| | The "Falls" policy, dated 3/27/21, documents pertinent interventions will be implemented by staff. | | 1 | |
| 13 | (A) | | | |
| | 2 of 2 Licensure Violations: | | | |
| | 300.610a) 300.1210a) 300.1210b)3) 300.1210c) 300.1210d)2 300.3240a) | | | |
| | Section 300.610 Resident Care Policies | | 5¥8. | 82 |
| | 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 | | | |

llinois Department of Public Health

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Illinois Department of Public Health

STATEMENT OF DEFICIENCIES

(X1) PROVIDER/SUPPLIER/CLIA

| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | | | (X3) DATE SURVEY COMPLETED | | |
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| \$9999 | The written policies the facility and shall by this committee, of and dated minutes. Section 300.1210 (Nursing and Personal) Comprehensive facility, with the partitle resident's guard applicable, must decomprehensive care includes measurable meet the resident's and psychosocial resident's comprehensive care includes measurable meet the resident's and psychosocial resident's comprehensive care includes measurable meet the resident's and psychosocial resident's comprehensive the resident to practicable level of include for discharge restrictive setting barneeds. The assess the active participation resident's guardiant applicable. (Section b) The facility shall processes the section of the facility shall processes the | ly with the Act and this Part. shall be followed in operating I be reviewed at least annually documented by written, signed of the meeting. General Requirements for | \$9999 | DEPICIENCY) | | | | |
| | practicable physical, well-being of the reseach resident's complan. Adequate and care and personal cresident to meet the care needs of the re | mental, and psychological sident, in accordance with prehensive resident care properly supervised nursing are shall be provided to each total nursing and personal sident. Restorative ude, at a minimum, the | | | | T# | | |

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: _ COMPLETED B. WING IL6014401 03/25/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **6277 CENTER GROVE ROAD** RIVER CROSSING OF EDWARDSVILLE **EDWARDSVILLE, IL 62025** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 6 S9999 3) All nursing personnel shall assist and encourage residents so that a resident who is incontinent of bowel and/or bladder receives the appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. All nursing personnel shall assist residents so that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour. seven-day-a-week basis: 2) All treatments and procedures shall be administered as ordered by the physician. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These regulations were not met as evidence by: Based on observation, interview and record review the facility failed to provide incontinent and catheter care in a manner to prevent Urinary Tract Infections (UTI) and discomfort for 5 of 6 residents (R18, R25, R29, R41 and R71) reviewed for Urinary Tract Infections in the sample of 49. This failure resulted in R18, R25,

and R71 requiring hospitalizations for treatment

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ COMPLETED B. WING IL6014401 03/25/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **6277 CENTER GROVE ROAD** RIVER CROSSING OF EDWARDSVILLE **EDWARDSVILLE, IL 62025** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 7 S9999 of their Urinary Tract Infections. Findings include: 1. On 3/22/22 at 9:36 AM, V7 Certified Nursing Assistant (CNA) came in to provide incontinent care after R18 was incontinent of stool. R18 has an indwelling urinary catheter and when V7 pulled R18's jeans off she pulled on R18's catheter which was not secured with a leg strap. R18 cried out when V7 pulled on her catheter when removing jeans. The urine in R18's catheter bag was murky brown. V7 donned gloves without performing hand hygiene, and using disposable wipes, wiped visible fecal material from R18's buttocks and rectum. V7's gloves were visibly soiled, and she changed gloves without performing hand hygiene. V7 then turned R18 onto her back and wiped fecal material from R18's thighs and groin but did not spread R18's labia to cleanse her meatus or the catheter tubing. V7 then wiped R18's catheter from about an inch from insertion site out, still wearing the same gloves that were soiled with fecal material. V7 stated, "I wash my hands out there" and she left R18's room without washing her hands and walked to the soiled utility room and pressed several buttons to unlock the door, dumped her trash in a container, then walked to the nurse's station to wash her hands. On 3/23/22 at 10:38 AM, V27 and V28, CNAs, were providing incontinent care for R18 who had been incontinent of bowel movement (BM), R18 was placed on her side. R18's catheter was pulled from her front, stretched between her legs and sitting between her buttocks, soiled with BM. There was a bottle of body shampoo sitting on R18's bedside table, but no basin of water. V28

turned around and wet a washcloth under the

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R18's Lab Results Report dated 10/18/21 documents she had a UTI and identified the

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incontinent of bowel.

R18's Care Plan dated 9/3/21 documents, "(R18) has indwelling catheter." Interventions for this care plan include: "Retention strap in place to assist in maintaining catheter alignment as tolerated." Another Care Plan focus for R18

(X3) DATE SURVEY

Illinois Department of Public Health

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

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| | • | • | | | | | | | |
| | | ments, "(R18) has a urinary | | 95 | | | | | |
| | | rventions for this care plan ducation as needed to resident | | | | 100 | | | |
| | | ne techniques to avoid cross | | | | | | | |
| | | h hands frequently and | ľ | | | | | | |
| | especially after bow | | | | | | | | |
| 20 | especially after both | ci movements. | | | | | | | |
| | 2. On 3/23/22 at 9:5 | 54 AM R25 stated they do not | | | | | | | |
| 10 | | and do not always clean | | | | | | | |
| | | . He stated he has had UTIs | | | | | | | |
| 35 | the last couple of tir | nes he went to the hospital. | | | | | | | |
| | 0-0/04/00 -440:05 | - DMAYS ONA | | | | | | | |
| | | PM V5, CNA and V37, CNA | | | | l | | | |
| | | his back to perform catheter ng urinary catheter was not | | | | | | | |
| | | rith a leg strap and the | | | | | | | |
| | | taut several times during care | | | | | | | |
| | | d back and forth for care. R25 | | | | | | | |
| | 7 | ne catheter rubs his skin and | | | | | | | |
| : | | a wash basin with water and | | | | | | | |
| | | wash into the water. V37 | | | | | | | |
| | | finished providing R25 | | | | 82 | | | |
| | incontinent care to | clean him after he was | | | | | | | |
| | incontinent of bowel | just before writer entered the | | | | | | | |
| | | e nurse had told her to clean | | | | | | | |
| | • | hanged his dressing. V37 | | | | 100 | | | |
| i | | in soapy water and dabbed | | £2. | | | | | |
| | | enile shaft, then removed | | | | | | | |
| | | new gloves with no hand | | | | | | | |
| | | d around the insertion site of | | | | 100 | | | |
| | | did not retract R25's foreskin | | | | | | | |
| | | penis to thoroughly wash the lely cleanse his catheter tubing. | | | | | | | |
| | | cloths V37 used to clean | | | | | | | |
| | | soiled with fecal material | | | | | | | |
| ii: | | scrotum. V37 removed her | | | | | | | |
| | | not perform hand hygiene | | | | | | | |
| | | w pair of gloves. When | | | | | | | |
| | | side of R25's scrotum, there | | | | | | | |
| | | ount of fecal material noted | | | | | | | |

(X2) MULTIPLE CONSTRUCTION

Illinois Department of Public Health

PRINTED: 05/25/2022 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: __ COMPLETED IL6014401 B. WING 03/25/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **6277 CENTER GROVE ROAD** RIVER CROSSING OF EDWARDSVILLE **EDWARDSVILLE, IL 62025** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) S9999 Continued From page 11 S9999 on the washcloth but V37 did not go back and wipe R25's scrotum a second time to ensure he was completely clean. V37 did not rinse any of the soap from R25's skin, but just patted him dry. V37 put a new diaper under R25, and applied barrier cream to his groin and scrotum, and pulled him up in bed with the same gloves she had used to wipe fecal material from his scrotum. V37 presented the bottle of soap she used to clean R25. The label on the bottle of soap documented the directions: "Skin and Hair Cleanser. Pour a small amount onto a wet washcloth or directly onto hands. Rinse thoroughly." R25's MDS dated 1/19/22 documents he is alert and oriented and has an indwelling catheter. The MDS also documents R25 is always incontinent of bowel, and he has a Stage 4 pressure ulcer. It documents he is dependent on staff for toileting. R25's Care Plan dated 2/12/22 documents the focus, "(R25) has a potential for recurrent urinary tract infections related to: history of UTIs." The interventions include, "Provide education as needed to resident in good clean hygiene techniques to avoid cross contamination, wash hands frequently and especially after bowel movements." Another focus in R25's care plan. dated 1/22/22, documents, "(R25) has an ADL (Activities of Daily Living) self-care performance deficit related to limited mobility, shortness of breath, weakness." The interventions for this care plan include, "Toileting, Maximum assist."

Another focus of R25's Care Plan dated 1/22/22 documents, "(R25) has Indwelling Catheter related to BPH (Benign Prostatic Hyperplasia)." Interventions for this care plan include, "Retention strap in place to assist in maintaining catheter

tubing alignment as tolerated."

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| | | | | | | | |
| | P41's Physician Oss | do (DO) det 1 014400 | | | | - | |
| | desument "Incention | ders (PO) dated 3/1/22 | ļ | | | 1 | |
| | (40 Engage) No. 1 | naintain indwelling catheter | • | | | | |
| | (16 French) No dire | ctions specified for order. | | | | | |
| 1 | Attach leg strap to s | ecure catheter tubing." | | | | | |
| | Didle Dhusisian One | to the takens | | | | | |
| | R41's Physician Ord | ler dated 3/3/22 documents | | | | 1 | |
| 31 | K41 was treated for | a UTI from 3/3/22 to 3/8/22 | | | | | |
| | with Cipro 500 millig | rams (mg) BID (twice daily). | } | | | | |
| | Pitto Physician Ord | lo- date d 0/04/00 d | | | | | |
|] [] | the arder: LIA and C | ler dated 3/24/22 documents | | | | 1 | |
| | the order: UA and C&S (Culture and Sensitivity) | | | | | | |
| | one time only for pre | evious UTI and altered mental | | | | | |
| | status. | ì | | | | | |
| | 2 On 2/22/22 at 0:00 | 3.434.5300.54-4-4.4 | | | | | |
| | Urinary infactions "all | O AM, R29 stated she gets | | | | | |
| | urinary infections "all | i the time." | | | | | |
| | On 3/23/22 at 0:20 A | M, V16, CNA and V17, CNA | | | | | |
| - 1 | nerformed inconting | nt/catheter care on R29. V17 | | | | 1 | |
| ļ | perior med incontine | 220in in authorized by (17 | | | | | |
| | R29 had a bowel mo | R29's incontinence brief and | | | | | |
| | weeholeth wined un | vernent. V17 took a | | | | | |
| | food was noted on t | wards towards R29's urethra, | | | | | |
| | weepoleth and throw | he washcloth, then took the | | | | | |
| | wasticiout and unrew | it on the floor. V16 then took | | | | | |
| | a package or wipes, | getting feces on the outside | | | | . I | |
| | then shapped states | urned R29 onto her left side, | | | | 1 | |
| [| then changed gloves | with no hand hygiene | | | į | 1 | |
| | periorinea. Vio then | wiped feces off of R29's | | | | | |
| | right buttock and arot | und a dressing in place to | | | | | |
| | R29'S left buttock. In | e dressing was loose and | | | | | |
| | Suited with reces. V16 | and V17 turned R29 onto | | | | | |
| | ner back and wiped d | lown the catheter. With dirty | | | | | |
| 1 : | gioves on V16 and V | 17 proceeded to place a | | | | | |
| | clean incontinence br | ief and clean sheet under | | | | | |
| | K29. V16 removed he | er gloves, picked up the | | | | | |
| | package of wipes with | n feces still on the outside of | | | | 1 | |
| 1 | the package and plac | ed them in the hallway. V17 | | | | ı | |
| ١, | with dirty gloves on, th | nen picked up a clean dry | | | | | |
| 1 1 | towel, wiped R29's lef | t front perineal crease and | | | | | |

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On 3/24/22 at 2:05 PM, incontinent care/catheter care was observed with V16, CNA and V17 CNA. V16 pulled back R71's incontinence brief and R71 had a bowel movement. V17 wiped down the right inner thigh area removing a large amount of

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R71's Urine Culture, dated 2/28/22, documents R71 has Proteus Mirabilis with Extended Spectrum Beta Lactamases (ESBL) and Enterococcus Faecalis in the urine.

R71's Treatment Administration Records for January 2022, document catheter care was not

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