| STATEMEN | TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010136 | | (X2) MULTIPL A. BUILDING: B. WING | E CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
|--------------------------|--|---|---|--|-------------------------------|--------------|
| NAME OF | PROVIDER OR SUPPLIER | | <u> </u> | | 04/1 | 3/2023 |
| 50 KI | | 000 84011 | ENRY AVENU | STATE, ZIP CODE | | 157 |
| CROSSR | ROADS CARE CTR W | | FOCK, IL 600 | | | 9 1 |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | ID PREFIX TAG | ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD | | |
| S 000 | Initial Comments | | S 000 | | 79 | · 44. |
| | Annual Licensure | Survey | | 1 (a 2) ₁₂ 9 | oj sas | |
| S9999 | Final Observations | r 4 ₂ | S9999 | | n . | E1 |
| | Statement of Licer | sure Violations: | | er er | 102 | 12 0 5 |
| Ģ | 300.610a) 300.1210b)3) 300.1220b)3) | | 2) | ** | - 3 | 5 |
| , e = 0 | | e e S | | | | - |
| ÷ | X, s | Resident Care Policies | 13 | · · | | 32 |
| 1000 1000 870 | procedures govern facility. The written be formulated by a | y shall have written policies and ning all services provided by the n policies and procedures shall a Resident Care Policy | 2 | | | |
| . se V. | Committee consist administrator, the medical advisory of | ting of at least the advisory physician or the committee, and representatives | 8 4 9 | ₩ ₩ | (s) | . H |
| EX. (1 | of nursing and other | er services in the facility. The ply with the Act and this Part. | | | 01 | 35 ±2 |
| | the facility. | s shall be followed in operating | | | i .4•• ∉ | () # () ##.) |
| | Section 300.1210 Nursing and Perso | General Requirements for onal Care | | | | ē Si |
| | care and services practicable physica well-being of the re | v shall provide the necessary to attain or maintain the highest al, mental, and psychological esident, in accordance with | # 20 TV | | | |
| | plan. Adequate an care and personal resident to meet the | mprehensive resident care of properly supervised nursing care shall be provided to each total nursing and personal | - A | Attachment A Statement of Licensure Violations | j. | |
| 2 5 4 | care needs of the | resident. | Ø vy | Liconsdie Violadoria | 9 9 | |

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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: IL6010136 **B. WING** 04/13/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **309 MCHENRY AVENUE CROSSROADS CARE CTR WOODSTOCK** WOODSTOCK, IL 60098 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (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 1 S9999 Restorative measures shall include, at a minimum, the following procedures: 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. Section 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. These requirements were not met as evidenced Based on observation, interview, and record review the facility failed to keep an indwelling urinary catheter bag below the level of the bladder, clean the end to the drain on the

catheter bag, and ensure a secure device was in

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 IL6010136 B. WING 04/13/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **309 MCHENRY AVENUE** CROSSROADS CARE CTR WOODSTOCK WOODSTOCK, IL 60098 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 2 S9999 place for 3 of 3 residents (R59, R22, & R6) reviewed for catheters in the sample of 19. This failure resulted in R59 sustaining trauma to the tip of his penis. The findings include: 1. On 4/12/23 at 9:10 AM, R59 was sitting up in bed and had a urinary catheter drainage bag attached to the lower side of his bed. R59 stated V11 LPN (Licensed Practical Nurse) had just recently started putting an anchor on the catheter tubing. R59 stated he doesn't want his catheter to get pulled out on accident. On 4/12/23 at 9:30 AM, V11 LPN (Licensed Practical Nurse) stated R59 has had urogenital damage because the tape that was supposed to secure the catheter tubing kept pulling and coming off. V11 stated it didn't stick to R59's skin like it should. V11 stated the secure tape for the catheter tubing was not efficient enough to keep catheter tubing in place and caused damage to the end of the penis. V11 stated next month R59 must have surgery to get a suprapubic because of the damage. V11 stated she went and bought a different secure device for R59's catheter two weeks go with her own money. V11 stated she told the facility about it and they couldn't order them for some reason. V11 stated she helps the CNA's with care and she does wound care. V11 stated there were times when she would come in and nothing would be in place to secure the catheter. V11 stated R59's catheter has been pulled out before. On 4/12/23 at 9:46 AM, V11 LPN went into R59's room and he did not have a device in place to secure the catheter tubing. V11 stated the catheter secure device they have used doesn't

| Illimois D | epartment of Public | Health | v | CO CONTRACTOR STATE | FORM | APPROVED |
|--|--|--|---------------------|--|--------------------|--------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | A. BUILDING | PLE CONSTRUCTION 3: | | E SURVEY PLETED | |
| IL6010136 | | | B. WING | | | 13/2023 |
| NAME OF I | PROVIDER OR SUPPLIER | STREET AL | DDRESS, CITY, | STATE, ZIP CODE | | 10/2023 |
| CROSSR | ROADS CARE CTR V | VOODSTOCK 309 MCH | ENRY AVEN | (UE | | |
| (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 CORRECTIO | | (X5) COMPLETE DATE |
| S9999 | Continued From p | age 3 | S9999 | # N = 1 | | |
| 15. 14. | comes off. R59 st | eep the tubing anchored and lated his catheter has been | C | | | 25 |
| | penis. | and has caused damage to his | | | = | |
| 2. | Nursing) stated ca anchored so the tu | PM, V2 DON (Director of theter tubing should be ubing doesn't tug or get pulled uma. V2 stated she did not | | | ā . | ā R |
| = 8 | know there was ar catheter until V11 I weeks ago. V2 sta | ny problem with R59 and his brought it to her attention two ited V11 had her go into R59's | | 8 #C *C | 91 | |
| | in place to anchor R59's urinary mea | her R59 did not have anything his catheter tubing. V2 stated tus was torn and the tubing | | 70 12 | | Wa.21 |
| | wasn't anchored. \ discovered together used for R59 was | /2 stated that she and V11 er that the anchor device they not working for him. V2 stated | #00 | | | i i |
| ** | different device bu else to anchor R59 | opping to start looking for a t did not purchase anything o's catheter. V2 stated she | | 2 2 | 9 | E E |
| | tubing. V2 stated, | anges to secure the catheter "I see I should have done that." | | a e e | | 0 |
| | showed she saw h | te dated 3/27/23 for R59 im that day related to his urinary catheter with urogenital | | i. | | 9 |
| #40 V | of R59's penis was discussed the need | ferral. V13's note stated the tip excoriated and splitting. V13 d for a urology appointment | | Section of the sectio | 1,1 | |
| 2 | and the possibility | of a suprapubic catheter. | | d a | | Vi. |
| | Practitioner) stated that was what caus | 0 PM, V13 NP (Nurse I R59 had a catheter in and sed the trauma to his penis. | (B) | | | 1/0 44 |
| | were with anchorin stated, "It is standa | not know how consistent they g R59's catheter tubing. V13 and procedure and common | 12 | 75 12 13 13 13 13 13 13 13 13 13 13 13 13 13 | | (2) |
| | sense to anchor th | e catheter tubing. I would zed for safety to prevent | | · (2 17) | | |

| Illinois D | Department of Public | Health | | e contrata de aprimero de la companione de | FORM APPROVED |
|---|--|--|---------------|--|--|
| STATEMEN | NT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MUII TIE | PLE CONSTRUCTION | The state of the s |
| AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | | 3: | (X3) DATE SURVEY COMPLETED | |
| | | W (A S) | | | OOWIFLETED |
| 3 | | IL6010136 | B. WING | \$ ⁵ | 100 |
| MARKERE | | | | | 04/13/2023 |
| NAMEUF | PROVIDER OR SUPPLIER | OTTICE TABLE | | STATE, ZIP CODE | 4, |
| CROSSE | ROADS CARE CTR W | | ENRY AVEN | | |
| 56 | 8 9 2 | WOODST | OCK, IL. 60 | 098 | |
| (X4) ID PREFIX | SUMMARY ST. | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL | ID | PROVIDER'S PLAN OF CORRECTION | ON (VE) |
| TAG | REGULATORY OR I | LSC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO | D.BE COMPLETE |
| | & 201 g | | 17. IT 22 | DEFICIENCY) | PRIATE DATE |
| S9999 | Continued From pa | age 4 | S9999 | 1/2 | 2 0 |
| 100 | The second secon | | 00000 | * s p . | - F |
| | the injury was nette | er and bladder. I saw him when | | 4 2 | |
| 25 | ordered a project | ced and assessed him. I consult for placement of a | 12 | | 100 |
| 911 | suprapubic cathete | er because of the trauma and | | | 8 |
| D | to prevent future tr | auma. The trauma didn't just | | W 05 | |
| 695 | happen overnight. | I can't say 100 percent that the | 53 | | 5 |
| , (° | trauma was becau | se the tubing wasn't secured | | ur. | 29 Z |
| | but it could have co | ontributed to it." | | | 4, 47 |
| | The Administration | | | 30 (2) | |
| | the Admission Re | cord for R59 printed on 4/12/23 | | N 8 | |
| 3 | inium muscle wee | including cervical spinal cord kness, need for assistance | | | |
| SV | with personal care | C5 - C7 incomplete | | | ¥7 |
| | quadriplegia, hyper | rtension, stage 4 pressure | ļ | | e X |
| | ulcer of the sacrum | n, and neuromuscular | 2 | s a second | |
| J255 | dysfunction of the I | oladder. | | | 27 |
| (*) | The Complete | × 10 | | 3 | 8 |
| 00 E | the Care Plan date | ed 10/17/22 for R59 with a | | G 65 | W 8 |
| | target date of 7/12/ | 23 | 3 | 371 | 37 49 |
| - 28 | The MDS (Minimur | n Data Set) dated 1/20/23 for | | , a to the | |
| 14279 | R59 showed no co | gnitive impairment; total | | ā: | |
| 100 | dependence on sta | iff for bed mobility, transfers | | A, ** | 5, |
| | and toilet use. Exte | nsive assistance needed for | | 14 M | 111 25 |
| - | dressing and bathir | ng. | | E 10.5 | |
| 2 | The facility's Catha | to 0 1: 4-44.45.4 | - 00 | | |
| | showed evaluate r | ter Care policy (7/14/21) need for catheter securement | | | 1205 |
| : " | device and implem | ent if indicated | | 11.5 | 90 |
| 4 6 | // | on indicated. | 2 | | 1,27 |
| | 2. R22's Admission | Record, printed by the facility | | Street Andrews | |
| £: | on 4/13/23, showed | he had diagnoses including | | * | (4 |
| 8.00 | paraplegia, Alzhein | ner's disease, schizoaffective | × | ± ± ± ± | |
| | disorder, anxiety di | sorder and neuromuscular | | | 2. |
| 1 2 34 | dated 1/2/22 above | der. R22's facility assessment | | | 8.8 |
| 10 | cognition (RIMS ex | ed he had moderately impaired ore of 11). The assessment | | 3 | |
| 151 H | showed R22 had a | n indwelling catheter and he | 27 | | |
| | was dependent on | staff for toileting and dressing. | | | |
| 3 | R22's Order Summ | ary Report for active orders as | | 20 - 10 - 15 - 15 - 15 - 15 - 15 - 15 - 1 | 3 22 |
| nala Desart | 4 6 7 1 1 1 1 1 | | | | |

PRINTED: 05/24/2023 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 IL6010136 B. WING 04/13/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 309 MCHENRY AVENUE CROSSROADS CARE CTR WOODSTOCK WOODSTOCK, IL 60098 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES 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 TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 5 S9999 of 4/13/23 showed an order for an indwelling urinary catheter. R22's ADL (activities of daily living) plan of care, with a revision date of 1/15/21, showed he has an ADL self-care deficit related to paraplegia, anxiety disorder. contracture of unspecified knee, and chronic pain. The plan of care showed R22 requires total dependence of one staff for toileting. R22's Indwelling Suprapubic Catheter plan of care, with a revision date of 1/15/21, showed he had an indwelling suprapubic catheter related to neuromuscular dysfunction of bladder and paraplegia. On 4/11/23 at 1:45 PM, V17 (Certified Nursing Assistant-CNA) was emptying R22's urinary drainage bag. V17 was having difficulty closing the lock on the tubing for the urinary drainage bag, to stop the flow of urine into the cylinder that she was emptying the urine into for disposal. The spout at the end of the tubing was immersed in the urine as it was overflowing from the cylinder. After emptying the cylinder and emptying more urine from the urinary drainage bag into the cylinder. V17 reattached the tubing to the urinary drainage bag without disinfecting the end of the tubing. On 4/12/23 at 1:36 PM, V17 (CNA) said she should have used alcohol to clean the end of the tubing after emptying the catheter bag, to prevent infection. On 4/12/23 at 1:46 PM, V16 (CNA) said after emptying a catheter bag, the tubing should be cleaned with alcohol before closing and reconnecting the tubing to the bag. On 4/12/23 at 3:12 PM, V2 (Director of

Illinois Department of Public Health

Nursing-DON) said the catheter tubing should

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: IL6010136 B. WING 04/13/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **309 MCHENRY AVENUE** CROSSROADS CARE CTR WOODSTOCK WOODSTOCK, IL 60098 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5)PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 6 S9999 have been cleaned with alcohol before closing the tubing and reconnecting it back to the catheter bag for infection control. The facility's policy and procedure titled Urinary Drainage Bag-Emptying, with a revision date of 4/2005, showed the purpose of the policy was to empty the resident's urinary drainage bag without contamination, and measure and record amount of intake/output record. The policy showed "3. Bacteria grows rapidly inside the urinary drainage bag. If urine from the drainage bag is allowed to flow back into the bladder, it can cause a bladder infection which can travel up the urinary system to the kidneys...8. Make sure that the drainage spout and the tubing are kept off of the floor ... " The procedure showed "4. Detach the spout and point it into the center of the measuring container, not letting the tubing touch the sides of the container (to prevent contamination of the tubing). 5. Unclamp the spout and drain the urine. Use the alcohol pad to wipe off the spout, Re-clamp the spout and replace it in the holder ... "The rationale listed on the procedure for step 5 was that it decreases the amount of bacteria left on the spout after opening to empty. 3. R6's face sheeted printed on 4/13/23 showed diagnoses including but not limited to diabetes mellitus with chronic kidney disease. neuromuscular dysfunction of the bladder, and chronic respiratory failure with hypoxia. R6's facility assessment showed no cognitive impairment and extensive staff assistance needed for dressing, toilet use, personal hygiene, and transfers. R6's April 2023 physician's order summary showed an order started on 12/8/21 for a

suprapubic catheter and a second order started

PRINTED: 05/24/2023 FORM APPROVED

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: IL6010136 B. WING 04/13/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **309 MCHENRY AVENUE** CROSSROADS CARE CTR WOODSTOCK WOODSTOCK, IL 60098 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 7 S9999 on 3/23/23 for catheter care every shift. The same order summary showed an order started on 4/4/23 for doxycycline hyclate (antibiotic) 100 milligrams every morning and at bedtime for 10 days. On 4/11/23 at 11:56 AM, R6 said she has a UTI (urinary tract infection) and is being treated for it with an antibiotic. At 1:25 PM, V9 (Certified Nurse Aide) donned a pair of gloves and got supplies to empty R6's urinary drainage bag. V9 opened the drainage tube and wiped it off with several peri wipes (incontinence wipes). V9 allowed the urine to flow into a collection beaker and again wiped the tubing off with the peri wipes. V9 reinserted the tubing back into the closure device. V9 preformed peri care to R6 and placed the drainage bag on the mattress, near the foot of the bed. R6 was rolled several times from side to side while the bag remained on top of the bed. At 1:45 PM, V7, V8, and V9 (Certified Nurse Aides) transferred R6 from the bed to a wheelchair using a mechanical lift. R6's drainage bag was held above the bladder several times during the transfer. On 4/13/23 at 10:06 AM, V9 said we need to wipe the tubing with alcohol pads or peri wipes. Either one is okay to use. It is important to cleanse the tubing properly to prevent UTIs or bladder infections. Drainage bags should remain below the level of the bladder during care. If it is above the stomach, urine can drain the wrong way and hurt the resident. Germs could travel up the tubing and get into the bladder. On 4/13/23 at 10:14 AM, V2 (Director of Nurses) said the aides should be using alcohol wipes to cleanse catheter tubing before and after emptying the bag. It is important to remove contamination

Illinois Department of Public Health

| Illinois D | epartment of Public | Health | AT THE STREET | 100000000000000000000000000000000000000 | | 3.39 | 6 17 F (4) 10 10 10 10 10 10 10 10 10 10 10 10 10 |
|--------------------------|--|-------------------------------------|-----------------------|---|---|-------------------|---|
| | T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUP IDENTIFICATION | PLIER/CLIA NUMBER: | (X2) MULTIPL A. BUILDING: | LE CONSTRUCTION | (X3) DATE COMP | SURVEY LETED |
| | 10 | 21 | | | | | |
| | | IL6010136 | N | B. WING | | 04/1 | 3/2023 |
| NAME OF F | PROVIDER OR SUPPLIER | | STREET AD | DRESS, CITY, | STATE, ZIP CODE | ii 0 | |
| CROSSR | OADS CARE CTR W | OODSTOCK | 309 MCHE | ENRY AVEN | UE | 50: | |
| (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 CORRI (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY) | IOULD BE | (X5) COMPLETE DATE |
| \$9999 | Continued From pa | ge 8 | 30 (4 | S9999 | 37 | tās | |
| | or anything it poten | tially touched at e | mptying. Peri | | .09 | | |
| | wipes should not be | e used. It does no | t have the | 42 | /# | | • |
| .12 | sanitization propert | ies that alcohol ha | s. There is | | 73 | E 785 CG |] |
| | the potential for bac into the bladder, ca | | | | 8. 8. | | ± 1 |
| Ş+ | should be always b | | | 1.5 | | | |
| | Placing them on the | e foot of bed is no | t low | | 34 85 | | |
| | enough. Staff shou | | | | | | |
| | bladder at transfers | | | | 25 | | (c) |
| 1 | R6 was currently or tract infection. | n an antibiotic to t | reat a urinary | | | | F |
| | Trace in moduloi. | | | | 100 | | |
| | The facility Urinary | | | 19 | | | 21.00 |
| 14 | revision dated 4/20 | | | | 31 33 | | |
| | always hang below prevent the flow of | | | 102 | 44 | | |
| 96 | and to allow gravity | | | | | | |
| | states under the pr | ocedure section: 1 | "5. Unclamp | | 10 20 | | 7 |
| 15 | the spout and drain | | | | | | 00 00 |
| | pad to wipe off the | | | | ÷ | | |
| 236 | replace it in the hol amount of bacteria | | | | D W | | |
| 10 | to empty." (B) | ieit on the spout | arter opening | | | | 5.00 |
| e: | lv ÷ | | | | - | | |
| | . 350 10 | 15 | | | = | | |
| 91 0 | 8 | | | 10 | 13 | | |
| 0.1 | | | | | | | |
| | | 34 | | | 2 | 90 | |
| 35 | . 4 | | | 15 | | 9 | . 6 |
| | | | | | | F | - 38 |
| | H. | | | | | | \$ B |
| | | | | | CC | | 00 |
| 56 | 4 | | | | 1000 E | | |
| | 22 | | | | 20 | | |
| 64 | iv. | * 7 | 852 | | 18 | | |
| * | 35 | | | | 100 | 220 | |