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	125023	A. BUILDING: _____ B. WING _____	08/11/2022

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4 000	Initial Comments A state relicensure survey was conducted by the Office of Health Care Assurance on 08/08/22 -08/11/22. The facility was found not to meet the requirements at Hawaii Administrative Rules, Title 11, Chapter 94.1, Nursing Facilities.	4 000		
4 115	11-94.1-27(4) Resident rights and facility practices Written policies regarding the rights and responsibilities of residents during the resident's stay in the facility shall be established and shall be made available to the resident, resident family, legal guardian, surrogate, sponsoring agency or representative payee, and the public upon request. A facility must protect and promote the rights of each resident, including: (4) The right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility; This Statute is not met as evidenced by: Based on observation and record review, the facility failed to protect and promote quality of life for three residents (Residents 3, 6, and 5) in the sample by ensuring that they were treated with respect and dignity. Specifically, the facility failed to ensure staff provided feeding assistance in a manner that promoted independence and dignity. As a result of this deficient practice, these residents had their dignity compromised and were placed at risk of a decreased quality of life. This deficient practice has the potential to affect all residents in the facility who receive assistance with feeding.	4 115	WHAT CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE: On 8/9/2022, just in time education was provided to (CNA)1 and (CNA)2 regarding the need to sit next to the resident while assisting with eating. HOW THE FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE AND	8/26/22

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4 115	Continued From page 1 Findings include: 1) On 08/08/22 at 11:40 AM, observed certified nurse aide (CNA)1 standing over Resident (R)3 while assisting him with eating. A review of his Minimum Data Set (MDS) Quarterly Review Assessment with an Assessment Reference Date (ARD) of 07/05/22 noted that R3 was totally dependent on staff for eating. 2) On 08/08/22 at 11:45 AM, observed CNA2 standing over R6 as she assisted her with eating. A review of her MDS Quarterly Review Assessment with an ARD of 04/25/22 noted that R6 was totally dependent on staff for eating. 3) On 08/08/22 at 11:56 AM, observed CNA2 standing over R5 as she fed him three (3) spoonfuls of his prune pudding before returning the spoon to him and allowing him to feed himself the remainder. The prune pudding was the only item left on his lunch tray after independently feeding himself the rest of his lunch. A review of his MDS Quarterly Review Assessment with an ARD of 07/07/22 noted that R5 had been determined to require "Limited assistance - resident highly involved in activity [eating]; staff provide guided maneuvering of limbs or other non-weight-bearing assistance" for eating.	4 115	WHAT CORRECTIVE ACTION WILL BE TAKEN: All residents requiring assistance with eating have the potential to be affected. On 8/11/22, just in time education provided to all care staff regarding the need to sit next to the resident while assisting with eating. WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES YOU WILL MAKE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR: By 8/26/22, education provided to all care staff regarding Resident Rights and Dignity. HOW THE CORRECTIVE ACTION WILL BE MONITORED TO ENSURE THE DEFICIENT PRACTICE WILL NOT RECUR: The Charge Nurse will perform a weekly observational audit of care staff assisting with eating to ensure care staff are seated next to the resident while assisting with eating. Results of the audits will be reviewed at the monthly QAPI meeting to ensure the corrective action is sustained. Ongoing validation by the Administrator at the monthly QAPI meeting	
4 118	11-94.1-27(7) Resident rights and facility practices Written policies regarding the rights and responsibilities of residents during the resident's stay in the facility shall be established and shall be made available to the resident, resident family,	4 118		8/17/22

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4 118	Continued From page 2 legal guardian, surrogate, sponsoring agency or representative payee, and the public upon request. A facility must protect and promote the rights of each resident, including: (7) The right to refuse treatment, to refuse to participate in experimental research, and to formulate an advance directive; □ This Statute is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure one resident (R) diagnosed with dementia, received the appropriate treatment and services to attain or maintain his highest practicable physical, mental, and psychosocial well-being. Specifically, the resident was administered psychiatric medication mixed into his food and was being monitored in his room via a live video monitor, both without his consent or knowledge, despite explicitly expressing paranoia and anxiety about those events. As the resident had been receiving dementia care services for previously diagnosed psychiatric issues such as paranoid delusions, the psychosocial harm and potential for negative effects as a result of this deficient practice cannot be fully determined, however, it is known that this deficient practice has the potential to affect all the residents at the facility receiving dementia care. Findings include: Resident (R)4 is a 90-year-old male admitted to the facility on 04/02/21. His diagnoses include failure to thrive, major depressive disorder, anxiety disorder, and dementia with behavioral disturbance.	4 118	WHAT CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE: On 8/12/22, a detailed care plan was implemented for the resident (R4). The resident□s care plan now reflects that the resident is accepting of taking liquid medications via PO syringe. The resident□s medication is no longer mixed in his food. Resident(R4) has been determined by his physician to be non-decisional for healthcare. On 8/17/22, consent was obtained from the resident□s(R4) designated POA to allow for the use of video monitoring for the resident□s safety. On 8/17/22, a detailed care plan was implemented for resident (R4) regarding the use of video monitoring. The care plan addresses the problem of the resident□s paranoia of being watched on camera. HOW THE FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE	

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4 118	Continued From page 3 On 08/08/22 at 03:38 PM, a review of his Minimum Data Set (MDS) Quarterly Review Assessment with Assessment Reference Dates (ARD) of 04/11/22 and 07/11/22 noted that R4's Brief Interview for Mental Status (BIMS) exams had evaluated him with a score of 14. A score of 13-15 indicates the interviewee is "cognitively intact." Both assessments also documented no acute changes in mental status. Further review of R4's medical record at this time revealed the following physician order from 12/06/21: "Start monitoring... Delusion of Grandeur, e.g. believing that he is an Archangel who can save others ... 2. Delusion of Persecution, e.g. believing that some staff are devil and demons who will hurt him... 3. Paranoid, e.g. thinking that someone is monitoring him and setting up cameras and bugs on some items in his room or wherever he's located ... someone must have added poison on his food or drink, hence prefers sealed bottled water and not to take medication." On 08/10/22 at 02:36 PM, during an observation and concurrent interview with Charge Nurse (CN)1, observed a video camera/monitor that had been set up in R4's room. The camera/monitor faced R4's bed and transmitted a live video feed to a receiver at the Nurses' Station (NS). CN1 stated the camera/monitor had been set up as an intervention to reduce falls for R4. CN1 confirmed at this time that R4 was still being monitored for, and exhibiting signs of, paranoia that he was being monitored/watched without his consent. A copy of R4's signed consent for the video monitoring was requested. On 08/10/22 at 03:02 PM, an interview was done with the Director of Nursing (DON) in the	4 118	POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE AND WHAT CORRECTIVE ACTION WILL BE TAKEN: On 8/12/22, all resident care plans reviewed to ensure detailed interventions are in place and appropriate consent obtained for any other residents that have medication mixed into their food or have video monitoring. No other residents were identified as having their medications mixed into their food or having video monitoring. WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES YOU WILL MAKE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR: Monthly, the Interdisciplinary Team (IDT) will perform a detailed review of the comprehensive care plans to ensure detailed interventions are in place for any residents that have their medication mixed into their food and that an informed consent has been obtained from the resident or POA. By 8/26/22, education provided to all nurses regarding the development of a comprehensive care plan. HOW THE CORRECTIVE ACTION WILL BE MONITORED TO ENSURE THE DEFICIENT PRACTICE WILL NOT RECUR: Monthly, the Director of Nursing will audit all residents that have their medication mixed into their food and/or video monitoring to ensure a care plan with detailed interventions is in place and that	

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4 118	Continued From page 4 Treatment/Activity Room. The DON acknowledged R4's history of and continued monitoring for paranoid delusions related to being monitored by cameras and explained that the camera/monitor had begun in January 2022 to help prevent falls. A review of the Nursing Progress Notes in R4's medical record confirmed a 01/21/22 Progress Note (PN) documenting "baby monitor placed in his room." Another PN on 01/22/22 noted "His POA [Power of Attorney] is aware of the monitor in the room." Review of the medical record could find no documentation that R4 was aware of the monitor in his room. On 08/10/22 at 03:10 PM, during a brief discussion in the area between the NS and the Emergency Room, the Administrator confirmed that there was no other documentation found indicating that signed or verbal consent had been obtained. On 08/10/22 at 04:55 PM, an observation was done of Registered Nurse (RN)1 preparing to administer the following psychiatric medications to R4: Aripiprazole [an antipsychotic] 1mg/ml [milligram per milliliter] liquid, 2 mls [milliliters], may mix with food or drinks. Citalopram [an antidepressant] 10mg/5ml solution, 2.5 mls, may mix with food or drinks. After preparing the colorless liquids/solutions, observed RN1 pour both doses all over the main dish (chicken with a thin gravy) in R4's partitioned dinner plate. RN1 then handed the dinner tray to Certified Nurse Aide (CNA)4, who delivered the dinner tray to R4. Neither RN1 nor CNA4 informed R4 that there was medication in his	4 118	an informed consent is in place when either practice is being performed. Results of the audits will be reviewed at the monthly QAPI meeting to ensure the corrective action is sustained. Ongoing validation by the Administrator at the monthly QAPI meeting.	

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4 118	Continued From page 5 food. When asked, RN1 stated that R4 could feed himself and that the medications were poured onto his food "because he thinks his medicine is a poison." RN1 then proceeded to continue his afternoon medication pass, moving on to the next resident. On 08/10/22 at 05:11 PM, observed R4 inform the Director of Nursing (DON) that he was done with his dinner tray. The DON took R4's dinner tray from him and placed it on the meal cart to go back to the kitchen. An inspection of the dinner tray at this time noted all but one small piece of minced chicken was gone from the main dish section of the plate, however thin gravy still remained in the bottom of the partition. Despite it being impossible to determine how much of each medication R4 received (whether he accidently dropped some of the food, shared some of the food with another resident, diverted food into his napkin, or how much medication may or may not have been left in the plate), RN1 documented both medications as fully administered. On 08/11/22 at 07:45 AM, during a review of his medical record, it was noted that R4 was informed of and allowed to refuse other medications that were not psychiatric.	4 118		
4 123	11-94.1-27(12) Resident rights and facility practices Written policies regarding the rights and responsibilities of residents during the resident's stay in the facility shall be established and shall be made available to the resident, resident family, legal guardian, surrogate, sponsoring agency or representative payee, and the public upon request. A facility must protect and promote the	4 123		8/26/22

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4 123	Continued From page 6 rights of each resident, including: (12) The right to be fully informed in advance about care and treatment and of any changes in that care and treatment and the right to participate in planning care and treatment, unless adjudged incompetent or incapacitated; This Statute is not met as evidenced by: Based on observation, interview, and record review, the facility failed to respect the right to personal privacy for one resident (R) in the sample (R4). Specifically, the facility installed a baby monitor camera in his room, placing him under continuous video monitoring, without his consent. As a result of this deficient practice, R4 had his privacy compromised and was placed at risk of a decreased quality of life and psychosocial harm. This deficient practice has the potential to affect all the residents at the facility. Findings include: Resident (R)4 is a 90-year-old male admitted to the facility on 04/02/21. His diagnoses include failure to thrive, major depressive disorder, anxiety disorder, and dementia with behavioral disturbance. On 08/08/22 at 03:38 PM, a review of his Minimum Data Set (MDS) Quarterly Review Assessment with Assessment Reference Dates (ARD) of 04/11/22 and 07/11/22 noted that R4's Brief Interview for Mental Status (BIMS) exams had evaluated him with a score of 14. A score of 13-15 indicates the interviewee is "cognitively intact." Both assessments also documented no acute changes in mental status.	4 123	WHAT CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE: Resident(R4) has been determined by his physician to be non-decisional for healthcare. On 8/17/22, consent was obtained from the resident's(R4) designated POA to allow for the use of video monitoring for the resident's safety. The room privacy curtain will be drawn to block the camera during times of personal care or if the resident is engaging in sexual activity. The video camera being utilized does not connect to an outside network or the internet. Therefore, it would require any unauthorized users to be in the same proximity (in the building) due to the short range of the video camera transmission. This eliminates the possibility of anyone remotely accessing the video monitoring. HOW THE FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE AND WHAT CORRECTIVE ACTION WILL BE TAKEN:	

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4 123	Continued From page 7 Further review of R4's medical record at this time revealed the following physician order from 12/06/21: "Start [behavior] monitoring... 3. Paranoid, e.g. thinking that someone is monitoring him and setting up cameras and bugs on some items in his room or wherever he is located ..." The behavior monitoring was in relation to a psychiatric medication ordered for R4. On 08/10/22 at 02:36 PM, during an observation and concurrent interview with the Charge Nurse (CN)1, observed a video camera/monitor that had been set up in R4's room. The camera/monitor faced R4's bed and transmitted a live video feed to a receiver at the Nurses' Station (NS). CN1 stated the camera/monitor had been set up as an intervention to reduce falls for R4. CN1 confirmed at this time that R4 was still being monitored for, and exhibiting signs of, paranoia that he was being monitored/watched without his consent. A copy of R4's signed consent for the video monitoring was requested. On 08/10/22 at 03:02 PM, an interview was done with the Director of Nursing (DON) in the Treatment/Activity Room. The DON acknowledged R4's history of and continued monitoring for paranoid delusions related to being monitored by cameras and explained that the camera/monitor had begun in January 2022 to help prevent falls. A review of the Nursing Progress Notes in R4's medical record confirmed a 01/21/22 Progress Note (PN) documenting "baby monitor placed in his room." Another PN on 01/22/22 noted "His POA [Power of Attorney] is aware of the monitor in the room." Review of the medical record could find no documentation that R4 himself was aware of the monitor in his	4 123	On 8/12/22, a review of all other residents was performed. No other residents were identified with video monitoring in their rooms WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES YOU WILL MAKE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR: By 8/26/22, education was provided to all care staff regarding Personal Privacy. HOW THE CORRECTIVE ACTION WILL BE MONITORED TO ENSURE THE DEFICIENT PRACTICE WILL NOT RECUR: Monthly, the Charge Nurse will review all residents with video monitoring to ensure a consent is in place for the video monitoring. Result of the audits will be reviewed at the monthly QAPI meeting to ensure the corrective action is sustained. Ongoing validation by the Administrator at the QAPI meeting.	

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4 123	Continued From page 8 room. On 08/10/22 at 03:10 PM, during a brief discussion in the area between the NS and the Emergency Room, the Administrator confirmed that there was no other documentation found indicating that signed or verbal consent had been obtained.	4 123		
4 175	11-94.1-43(c) Interdisciplinary care process (c) The overall plan of care shall be reviewed periodically by the interdisciplinary team to determine if goals have been met, if any changes are required to the overall plan of care, and as necessitated by changes in the resident's condition. This Statute is not met as evidenced by: Based on record review and interview with staff member, the facility failed to revise a care plan to reflect change in a resident's (Resident 2) need for passive range of motion services. Findings include: Resident (R)2 was admitted to the facility on 05/20/10 from a hospital. Diagnoses include progressive supranuclear palsy, diabetes mellitus (Type II), osteoarthritis, chronic obstructive pulmonary disease, and dysphagia. A review of the quarterly Minimum Data Set (MDS) with assessment reference date of 07/11/22 noted in Section G0400. Functional Range of Motion, R2 is coded with impairment to upper and lower extremities, both sides (right and left). Review of R2's care plan for contractures	4 175	WHAT CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE: On 8/12/22, the care plan for resident (R2) was updated to be in alignment with physician orders and the Maintenance Exercise Program (MEP). HOW THE FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE AND WHAT CORRECTIVE ACTION WILL BE TAKEN: All residents have the potential to be affected. On 8/18/22, all resident charts were reviewed to ensure the mobility care	8/26/22

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4 175	Continued From page 9 include a "description" for the resident to wear bilateral elbow wedge throughout the day 2 hours on/2 hours off as tolerated and to provide passive range of motion (PROM) to bilateral upper extremities before and after donning/doffing (putting on/removing) wedge. The interventions include, observe for and document any noted further contractures, perform range of motion exercises as ordered, and keep resident's hands clean and dry, nails trimmed and filed. The start date for this care plan was 07/01/21 with an expected end date of 09/30/22. On 08/10/22 at 03:00 PM an interview and concurrent record review was conducted with the Charge Nurse (CN)1. Requested to review documentation of staff members providing passive range of motion. CN1 provided documentation of staff members providing range of motion (ROM) daily. Reviewed the care plan with CN1 that indicates for staff to provide PROM to bilateral upper extremities before and after donning/doffing of wedge. CN1 replied that they are providing ROM services as ordered by the physician. Review of R2's physician orders for August 2022 with CN1 include placing a wedge to right and left elbows for 2 hours or as tolerated (dated 03/11/20) and maintenance exercise program PROM upper extremities/lower extremities 5 (five) times per week (dated 06/05/19). CN1 acknowledged R2's care plan needs revision to match the physician's orders.	4 175	plan is in alignment with current physician orders and MEP. WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES YOU WILL MAKE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR: At the monthly IDT meeting, the IDT will review the mobility care plans to ensure they are in alignment with current physician orders and MEP. By 8/26/22, all nurses provided education on the need to update care plans when there are changes to physician orders and MEP. HOW THE CORRECTIVE ACTION WILL BE MONITORED TO ENSURE THE DEFICIENT PRACTICE WILL NOT RECUR: Monthly, the Charge Nurse will perform an audit of all resident mobility care plans to ensure they are in alignment with current physician orders and MEP. Results of the audits will be reviewed at the monthly QAPI meeting to ensure the corrective action is sustained. Ongoing validation by the Administrator at the monthly QAPI meeting.	
4 197	11-94.1-46(n) Pharmaceutical services (n) Discontinued and outdated prescriptions and containers with worn, illegible, or missing labels shall be disposed of according to facility policy.	4 197		8/11/22

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4 197	Continued From page 10 This Statute is not met as evidenced by: Based on observation and interview, the facility failed to ensure pharmacy services included a thorough process to assure the accurate reconciliation and proper disposition of all drugs and biologicals necessary to meet the potential needs of the residents. As a result of this deficient practice, the safety and efficacy of Emergency Kit (E-Kit) medications and devices were compromised. This deficient practice had the potential to affect any patient who required immediate use of a medication or device in the E-Kit. Findings include: On 08/09/22 at 02:57 PM, an inspection of the long-term care medication cart was done. In the bottom drawer of the cart, a sealed E-Kit (Emergency Kit) labeled COVID-19 EKIT EXPIRES: 9/30/21, was found. Labeling indicated that the E-Kit had been restocked in October 2020. The E-Kit inventory sheet attached to the sealed container listed the following contents: 2 - Aerochamber Plus Flow-Vu (a valved holding chamber that helps residents inhale metered dose inhaler medications correctly), with an expiration date of 09/21. 2 - Ventolin HFA 90 mcg (micrograms) Inhaler (used to prevent and treat wheezing and shortness of breath), with an expiration date of 12/21. 2 - 24-count Dexamethasone 2 mg (milligrams) Tablets (a steroid used to prevent the release of	4 197	WHAT CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE: No residents were identified as being affected by the deficient practice. On 8/10/22, the expired E- kit was immediately removed. HOW THE FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE AND WHAT CORRECTIVE ACTION WILL BE TAKEN: No residents were identified as being affected by the deficient practice. On 8/10/22, all e-kits were inventoried and evaluated to ensure none were expired. WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES YOU WILL MAKE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR: Every shift, the RN will perform an audit of all e-kits to ensure none are expired. This audit will be documented on their shift assignment record. HOW THE CORRECTIVE ACTION WILL BE MONITORED TO ENSURE THE DEFICIENT PRACTICE WILL NOT RECUR:	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	125023	A. BUILDING: _____ B. WING _____	08/11/2022

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4 197	Continued From page 11 substances in the body that cause inflammation), with an expiration date of 09/21. On 08/09/22 at 03:26 PM, an interview was done in the Treatment/Activity Room with the Administrator and the Director of Nursing (DON). The Administrator stated the E-Kit was "for COVID only" and they never would have used it. Both the Administrator and DON confirmed that the facility Nurses are responsible to check the cart for outdated medications on a daily basis and that the facility Pharmacist should also be checking the cart every month. The Administrator agreed that someone should have pulled the expired E-Kit out and either sent it back to the Pharmacy or destroyed it.	4 197	Monthly the Charge Nurse will perform a validation audit of all e-kits to ensure none are expired. Results of the audits will be reviewed at the monthly QAPI meeting to ensure the corrective action is sustained. Ongoing validation by the Administrator at the monthly QAPI meeting.	
4 203	11-94.1-53(a) Infection control (a) There shall be appropriate policies and procedures written and implemented for the prevention and control of infectious diseases that shall be in compliance with all applicable laws of the State and rules of the department relating to infectious diseases and infectious waste. This Statute is not met as evidenced by: Based on observation and interview, the facility failed to ensure appropriate protective and preventive measures for COVID-19 and other communicable diseases and infections, as evidenced by the facility failing to ensure staff followed standard precautions in relation to hand hygiene and glove use. As a result of this deficient practice, resident safety was compromised. This deficient practice has the potential to affect all residents in the facility.	4 203	WHAT CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE: On 8/12/22, immediate just in time education was provided to staff (RN1) regarding proper hand hygiene. HOW THE FACILITY WILL IDENTIFY	9/25/22

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4 203	Continued From page 12 Findings include: On 08/08/22 at 12:15 PM observed (Registered Nurse)1 put on gloves, remove a wiping cloth from the container and wipe the top surface of the medication cart. RN1 removed the gloves and put on another pair of gloves. No hand hygiene was observed after glove removal and prior to putting on a new pair of gloves. On 08/08/22 at 12:19 PM, an observation of a gastric tube dressing change was done. During the process of Registered Nurse (RN)1 conducting the dressing change on Resident (R)10, observed RN1 change his gloves three times without any hand hygiene in between. When asked, RN1 acknowledged and apologized that he did not perform hand hygiene in between changing gloves.	4 203	OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE AND WHAT CORRECTIVE ACTION WILL BE TAKEN: By 8/26/22, all care staff provided education on performing hand hygiene. WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES YOU WILL MAKE TO ENSURE THAT THE DEFICIENT PRACTICE WILL NOT RECUR: By 9/25/22, all staff were educated on the following Centers for Disease Control (CDC) video modules: c) Clean Hands - https://youtu.be/xmYMUly7qiE d) Keep COVID-19 Out! - https://youtu.be/7srwrF9MGdw By 9/25/22, all staff received in person training by Director of Nursing, Administrator, Medical Director or Infection Preventionist on: c) Module 6A: Principles of Standard Precautions d) Module 7: Hand Hygiene HOW THE CORRECTIVE ACTION WILL BE MONITORED TO ENSURE THE DEFICIENT PRACTICE WILL NOT RECUR: Weekly, the Charge Nurse will perform observational audits for compliance to appropriate hand hygiene. Results of all weekly audits will be reviewed at the monthly QAPI meeting to ensure the corrective action is sustained. Ongoing validation by the Administrator at monthly QAPI meeting.	

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