

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6002844</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>12/21/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HIGHLIGHT HEALTHCARE OF AURORA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1017 WEST GALENA BOULEVARD AURORA, IL 60506</b>
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S 000	Initial Comments	S 000		
	<p>First Probationary Licensure Survey (CHOW, Change in Ownership).</p> <p>S9999 Final Observations</p> <p>Statement of Licensure Violations:</p> <p>1 of 7 300.615f)</p> <p>Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information</p> <p>f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at <a href="http://www.isp.state.il.us">www.isp.state.il.us</a> and the Illinois Department of Corrections sex registrant search page at <a href="http://www.idoc.state.il.us">www.idoc.state.il.us</a> to determine if the individual is listed as a registered sex offender.</p> <p>This REQUIREMENT was not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure resident sex offender registry checks were completed within 24 hours of admission for newly admitted residents.</p> <p>This applies to 1 of 10 residents (R7) reviewed for criminal background checks in the sample of 14.</p> <p>The findings include:</p> <p>R7's EMR (Electronic Medical Record) showed R7 was admitted to the facility on September 8, 2023, with multiple diagnoses including alcohol abuse, falls, esophageal varices, and lumbar</p>	S9999	<p style="text-align: center;"><b>Attachment A</b> <b>Statement of Licensure Violations</b></p>	

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

TITLE

(X8) DATE

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S9999	<p>Continued From page 1</p> <p>vertebrae fracture.</p> <p>R7's MDS (Minimum Data Set) dated September 15, 2023, showed R7 was cognitively intact. The MDS continued to show R7 required supervision of facility staff for locomotion on and off the unit.</p> <p>The facility does not have documentation to show R7's name was checked on the Illinois Sex Offender Registration website, the Illinois Department of Corrections sex registrant search page, or the National Sex Offender Search.</p> <p>On December 21, 2023, at 10:06 AM, V11 (Business Office Manager) said he did not check R7's name on the sex offender registries prior to R7 admitting to the facility on September 8, 2023.</p> <p>On December 21, 2023, at 10:07 AM, V1 (Administrator) said R7 should have been checked on the sex offender registries when he was admitted to the facility on September 8, 2023.</p> <p>The facility's policy titled "Admission of a Resident" dated September 2023, showed, "Policy: The admission process is intended to obtain all the information possible about the resident, for the development of comprehensive plans of care, and to assist the resident in becoming comfortable in the facility. Residents are admitting to the facility under orders of the attending physician. Policy Explanation and Compliance Guidelines: ...e. The sex offender registry should be checked prior to a resident admitting to the facility and the facility will follow their protocols for determination of admission ..."</p> <p>(C)</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>2 of 7 300.625c)1) 300.625c)2)</p> <p>Section 300.625 Identified Offenders</p> <p>c) If the results of a resident's criminal history background check reveal that the resident is an identified offender as defined in Section 1-114.01 of the Act, the facility shall do the following:</p> <p>1) Immediately notify the Department of State Police, in the form and manner required by the Department of State Police, that the resident is an identified offender.</p> <p>2) Within 72 hours, arrange for a fingerprint-based criminal history record inquiry to be requested on the identified offender resident. The inquiry shall be based on the subject's name, sex, race, date of birth, fingerprint images, and other identifiers required by the Department of State Police. The inquiry shall be processed through the files of the Department of State Police and the Federal Bureau of Investigation to locate any criminal history record information that may exist regarding the subject. The Federal Bureau of Investigation shall furnish to the Department of State Police, pursuant to an inquiry under this subsection (c)(2), any criminal history record information contained in its files.</p> <p>This REQUIREMENT was not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to notify the Department of State Police and arrange a fingerprint based criminal history inquiry for residents whose criminal history</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>background report showed the residents were identified offenders.</p> <p>This applies 3 of 10 residents (R12, R14, and R7) reviewed for criminal background checks in the sample of 14.</p> <p>The findings include:</p> <p>On December 19, 2023, at 10:29 AM, V1 (Administrator) said the facility does not have any identified offenders residing in the facility.</p> <p>1. R12's EMR (Electronic Medical Record) showed R12 was a 47-year-old resident, admitted to the facility on September 29, 2023, with multiple diagnoses including asthma, diabetes, alcohol dependence, psychoactive substance abuse, heart disease, and stroke.</p> <p>R12's MDS (Minimum Data Set) dated October 6, 2023, showed R12 had severe cognitive impairment. The MDS continued to show R12 utilized a wheelchair and could wheel 150 feet with supervision of facility staff.</p> <p>R12's Criminal History Record dated September 15, 2023, showed R12 had felony convictions.</p> <p>On December 20, 2023, at 2:04 PM, V11 (Business Office Manager) said the facility accepted R12 as a resident knowing he had a felony conviction and hits on his criminal background check. V11 continued to say the facility has not arranged for fingerprinting of R12 since he came to reside in the facility.</p> <p>On December 20, 2023, at 2:12 PM, V1 said she was unaware if R12 had fingerprinting done while residing in the facility.</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>The facility did not have documentation to show a fingerprint based criminal history record inquiry had been requested or completed for R12.</p> <p>The facility did not have documentation to show the State Police Department was notified of R12's identified offender status.</p> <p>The facility did not have documentation to show a care plan had been put in place to address R12's criminal history.</p> <p>2. R14's EMR showed R14 was a 63-year-old resident, admitted to the facility on July 6, 2023, with multiple diagnoses including emphysema, stroke, and prostate cancer.</p> <p>R14's MDS dated October 27, 2023, showed R14 was cognitively intact. The MDS continued to show R14 utilized a wheelchair and could wheel 50 feet with supervision of facility staff.</p> <p>R14's Criminal History Record dated July 10, 2023, showed R14 had felony convictions.</p> <p>On December 21, 2023, at 8:45 AM, V1 said no fingerprinting had been ordered for R14.</p> <p>The facility did not have documentation to show a fingerprint based criminal history record inquiry had been requested or completed for R14.</p> <p>The facility did not have documentation to show the State Police Department was notified of R14's identified offender status.</p> <p>The facility did not have documentation to show a care plan had been put in place to address R14's criminal history.</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>3. R7's EMR showed R7 was a 60-year-old resident, admitted to the facility on September 8, 2023, with multiple diagnoses including alcohol abuse, falls, esophageal varices, and lumbar vertebrae fracture.</p> <p>R7's MDS (Minimum Data Set) dated September 15, 2023, showed R7 was cognitively intact. The MDS continued to show R7 required supervision of facility staff for locomotion on and off the unit.</p> <p>R7's Criminal History Record dated September 8, 2023, showed R7 had felony convictions.</p> <p>The facility did not have documentation to show a fingerprint based criminal history record inquiry had been requested or completed for R7.</p> <p>The facility did not have documentation to show the State Police Department was notified of R7's identified offender status.</p> <p>The facility did not have documentation to show a care plan had been put in place to address R7's criminal history.</p> <p>On December 21, 2023, at 12:26 PM, V1 said at this time, the facility had not requested fingerprinting on R7, R12, or R14.</p> <p>(C)</p> <p>3 of 7</p> <p>300.696d)2)</p> <p>Section 300.696</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>d) Each facility shall adhere to the following guidelines and toolkits of the Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services, Agency for Healthcare Research and Quality, and Occupational Safety and Health Administration (see Section 300.340):</p> <p>CDC 2) Guideline for Hand Hygiene in Health-Care Settings; The Core Infection Prevention and Control Practices for Safe Care Delivery in All Healthcare Settings recommendations of the Healthcare Infection Control Practices Advisory Committee (HICPAC) include the following strong recommendations for hand hygiene in healthcare settings. Healthcare personnel should use an alcohol-based hand rub or wash with soap and water for the following clinical indications: "Immediately before touching a patient "Before performing an aseptic task (e.g., placing an indwelling device) or handling invasive medical devices "Before moving from work on a soiled body site to a clean body site on the same patient "After touching a patient or the patient's immediate environment "After contact with blood, body fluids, or contaminated surfaces "Immediately after glove removal <a href="https://www.cdc.gov/handhygiene/providers/guideline.html">https://www.cdc.gov/handhygiene/providers/guideline.html</a></p> <p>This REQUIREMENT was not met as evidenced by:</p> <p>Based on observation, interviews, and record review, the facility staff failed to follow standard</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>infection control practices related to hand hygiene and gloving during provision of incontinence care.</p> <p>This applies to 2 of 3 residents (R4 and R9) sampled for incontinence care in the sample of 14.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>1. On December 19, 2023, at 3:20pm, V7 (CNA - Certified Nursing Assistant) checked R4 for incontinence. At that time, R4 was soiled with urine and feces in an incontinent brief.</li> </ol> <p>On December 19, 2023, at 3:20pm, V7 put on double gloves. While V8 (CNA) assisted by supporting R4, V7 used wet wipes to clean first the peri-vaginal area. V8 on the right of R4 and V7 on the left, turned R4 to the right side to approach the peri-anal area. V7 then cleaned feces from R4. V7 continued with removing the soiled brief. Without changing gloves or performing hand sanitizing, V7 then unfolded the new brief and placed it under R4 then V7 and V8 turned R4 to the left side and V8 pulled the new brief from under R4. V7 then fastened the brief and picked up R4's pants and V7 and V8 pulled the pants onto R4. V7 then removed the double gloves and left the room without sanitizing her hands.</p> <ol style="list-style-type: none"> <li>2. On December 19, 2023, at 2:42 PM, V13 and V14 (Both Certified Nursing Assistant/CNA) rendered incontinence care to R9 who was wet with urine. V13 cleaned R9's frontal perineum. V9 changed her gloves without hand hygiene to complete the care.</li> </ol> <p>On December 20, 2023, at 1:58pm, V2 (Director of Nursing) stated gloves should be removed and</p>	S9999		



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S9999	<p>Continued From page 8</p> <p>hands sanitized after the dirty part of the procedure and before the rest of the procedure.</p> <p>The facility Policy and Procedure titled Hand Hygiene and dated September 1, 2023, shows:</p> <p>Policy: All staff will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors. This applies to all staff working in all locations with the facility.</p> <p>Definitions: "Hand hygiene" is a general term for cleaning your hands by handwashing with soap and water or the use of an antiseptic hand rub, also known as alcohol-based hand rub (ABHR).</p> <p>Policy Explanation and Compliance Guidelines: 6. a. The use of gloves does not replace hand hygiene. If your task requires gloves, perform hand hygiene prior to donning gloves, and immediately after removing gloves.</p> <p>(C)</p> <p>4 of 7 300.1210b)3)</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. Restorative measures shall include, at a minimum, the following procedures:</p> <p>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.</p> <p>This REQUIREMENT was not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to provide incontinence and catheter care in a manner that would prevent urinary tract infection (UTI).</p> <p>This applies to 2 of 3 residents (R8, R9) reviewed for incontinence and catheter care in the sample of 14.</p> <p>The findings include:</p> <p>1. R8 is 65 years-old who has multiple medical diagnoses which include urinary tract infection, benign prostatic hyperplasia (BPH), and unspecified tremor. R8's Quarterly Minimum data set (MDS) dated December 9, 2023, shows that R8 is totally dependent on staff for toileting and hygiene. R8's physician order sheet (POS) shows that he has indwelling urinary catheter related to</p>	S9999		

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S9999	<p>Continued From page 10</p> <p><b>BPH.</b></p> <p>On December 19, 2023, at 1:46 PM, V8 (Certified Nursing Assistant/CNA) transferred R8 from wheelchair to bed. R8 had an indwelling urinary catheter. The catheter drainage bag was inside a privacy bag. V8 raised the urinary bag four times above R8's bladder to adjust the strap of the catheter's privacy bag causing urine in the catheter tube to backflow towards R8. At 2:22 PM, V8 rendered peri-care to R8. V8 cleaned R8 from front to back of the perineum. However, V8 did not clean R8's urinary catheter tube.</p> <p>2. R9 is 46 years-old who has multiple medical diagnoses which include hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, mycosis fungoides, unspecified site, and joint contracture. R9's Quarterly MDS dated November 19, 2023, shows that R9 is totally dependent on staff for toileting and hygiene.</p> <p>On December 19, 2023, at 2:42 PM. V13 and V14 (Both CNAs) rendered incontinence care to R9 who was wet with urine. V13 cleaned R9's frontal perineum but did not open the labia to clean the inner corners including the urethra.</p> <p>On December 20, 2023, at 2:43 PM, V2 (Director of Nursing/DON) stated that staff must clean every part of the resident's peri-rea to keep skin clean, dry, and intact.</p> <p>On December 21, 2023, at 10:49 AM, V2 said that when staff provides peri-care to a resident with indwelling urinary catheter care, the staff should clean the external catheter tube. The staff must also ensure that the urinary bag is always positioned below the resident's bladder to prevent</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>urine backflow. These are done to prevent infection.</p> <p>Facility's Policy and Procedure for Catheter Care dated September 2023 shows:</p> <p>Policy: It is the policy of this facility to ensure that residents with indwelling urinary catheters receive appropriate catheter care and maintain their dignity and privacy when indwelling catheters are in use.</p> <p>Policy Explanation:</p> <p>1. Catheter care will be performed as needed by nursing personnel.</p> <p>9. Ensure drainage bag is located below the level of the bladder to discourage backflow of urine.</p> <p>Facility's Policy and Procedure for Perineal Care dated September 2023 shows:</p> <p>Policy: It is the policy of this facility to provide perineal care to incontinent residents during routine bath and as needed to promote cleanliness and comfort, prevent infection to the extent possible, and to prevent and assess for skin breakdown.</p> <p>Policy Explanation and Compliance Guidelines shows:</p> <p>11. Females:</p> <p>c. Separate the resident's labia with one hand, and cleanse perineum with the other hand by wiping in direction from front to back.</p> <p>d. Repeat on opposite side using separate section of washcloth or new disposable wipe.</p> <p>e. Clean urethral meatus and vaginal orifice using clean portion of washcloth or new disposable wipe with each stroke.</p>	S9999		

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S9999	<p>Continued From page 12</p> <p>(C)</p> <p>5 of 7 300.1210d)1) 300.1210d)2)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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:</p> <p>1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered.</p> <p>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>This REQUIREMENT was not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to follow physician order during administration of medications. There were 3 errors out of 31 medication opportunities during medication pass observation.</p> <p>This applies to 2 of the 7 residents (R6 and R7) reviewed for medication administration in the sample of 14.</p> <p>The findings include:</p> <p>1. On December 20, 2023, at 9:44 AM, V12 (Nurse) administered multiple oral medications to R6 which include Metoprolol Tartrate 50 milligrams (mg) tablet (gave 1 tablet), Duloxetine</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6002844</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>12/21/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HIGHLIGHT HEALTHCARE OF AURORA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1017 WEST GALENA BOULEVARD AURORA, IL 60506</b>
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S9999	<p>Continued From page 13</p> <p>30 mg capsule (gave 1 capsule), Gabapentin 300 mg capsule (gave 3 capsules = 900 mg), Felodipine 10 mg ER tablet (gave 1 tablet), and Vitamin D3, 25 micrograms (mcg) tablet (gave 1 tablet).</p> <p>Physician order sheet (POS) shows that R6 was supposed to receive Vitamin D3 50 mcg. V12 only gave 1 tablet which was equivalent to 25 mcg. In addition, R6 was supposed to receive Lactobacillus 1 tablet related to neuromuscular dysfunction of bladder. However, this medication was not given to R6 but V12 signed it to show that it was given along with the above medications mentioned at the same time.</p> <p>2. On December 20, 2023, at 9:48 AM, V5 (Nurse) administered multiple medications to R7 which include Advair HFA Inhalation Aerosol 115-21 mcg/act (Fluticasone Salmeterol). V5 handed the medication to R7 without shaking the medication prior to administration.</p> <p>The plastic bag container of this Advair HFA has an instruction from the pharmacy which shows to "Shake Well Before Each Use."</p> <p>On December 20, 2023, at 2:38 PM, V2 (Director of Nursing/DON) stated that the nurses must follow the physician's orders, and that during the medication administration they must ensure the right medication, right time, right route, right patient, and right dose.</p> <p>(C)</p> <p>6 of 7 300.1640f)</p>	S9999		

Illinois Department of Public Health

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S9999	<p>Continued From page 14</p> <p>Section 300.1640 Labeling and Storage of Medication</p> <p>f) The label of each individual multi-dose medication container filled by a pharmacist shall clearly indicate the resident's full name; licensed prescriber's name; prescription number, name, strength, and quantity of drug; date this container was last filled; the initials of the pharmacist filling the prescription; the name and address of the pharmacy; and any necessary special instructions. If the individual multi-dose medication container is dispensed by a licensed prescriber from his or her own supply, the label shall clearly indicate all the preceding information and the source of supply; it shall exclude identification of the pharmacy, pharmacist, and prescription number.</p> <p>This REQUIREMENT was not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to ensure that medications are dated of the time that it was opened to determine expiration dates.</p> <p>This applies to 4 of 4 residents (R7, R10, R11, R13) reviewed for medication storage and labeling in the sample of 14.</p> <p>The findings include:</p> <p>On December 20, 2023, at 2:04 PM, the medication cart in unit 2 was checked with V17 (Nurse), and the following were observed:</p> <p>1. R10's Bimatoprost (Lumigan 0.01%) eye drops was open and not dated. There was a label on the container which shows to discard 28 days</p>	S9999		

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S9999	<p>Continued From page 15 after it was opened.</p> <p>2. R11's Insulin Novolog Flex Pen was open and not dated. Pharmacy expiration guideline shows that this medication/product expires 28 days after first use or removal from the refrigerator.</p> <p>3. R7's Incruse Ellipta (Umeclidinium Bromide) 62.5 mcg inhaler was opened and not dated. Manufacturer's guideline indicated to "Safely throw away Incruse Ellipta in the trash 6 weeks after you open the tray or when the counter reads "0", whichever comes first. Write the date you open the tray on the label of the inhaler."</p> <p>4. R13 had 3 opened Fluticasone Furoate (Ellipta), one was dated 8/22/23, one was dated 9/15/23, and the other one had no date at all. Manufacturer's guideline showed to "Safely throw away Incruse Ellipta in the trash 6 weeks after you open the tray or when the counter reads "0", whichever comes first. Write the date you open the tray on the label of the inhaler."</p> <p>On December 20, 2023, at 2:41 PM, V2 (Director of Nursing/DON) stated that staff must label some specific medications such as eye drops, insulin, and inhaler after they were opened to determine expiration dates.</p> <p>(C)</p> <p>7 of 7 300.2100</p> <p>Section 300.2100 Food Handling Sanitation</p> <p>Every facility shall comply with the Department's rules entitled "Food Service Sanitation" (77 Ill.</p>	S9999		



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S9999	<p>Continued From page 16</p> <p>Adm. Code 750).</p> <p>77 Ill. Adm. Code 750</p> <p>Section 750.512 When to Wash Hands</p> <p>Food employees shall clean their hands and exposed portions of their arms immediately before engaging in food preparation, including working with exposed food, clean equipment and utensils, and unwrapped single-service articles, and:</p> <p>a) After touching bare human body parts other than clean hands and clean exposed portion of arms.</p> <p>This REQUIREMENT was not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to ensure a sanitary tray line during breakfast.</p> <p>This applies to all 46 residents who received food from the facility's kitchen.</p> <p>The findings include:</p> <p>On December 21, 2023, at 10:48 AM, V2 (Director of Nursing/DON) stated that 2 of the 48 residents in the facility are NPO (nothing per oral). The remaining 46 residents are served food in the facility.</p> <p>On December 20, 2023, at 9:20 AM, during breakfast observation, the kitchen door was open. There were 2 staff preparing food, V15 (Cook) and V16 (Dietary Aid). V15 who was wearing gloves was plating food. V15 used a ladle or serving utensil to serve eggs and other</p>	S9999		

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S9999	<p>Continued From page 17</p> <p>food on the menu. However, V15 picked the bread and bacon with gloved hands while she did other task such as cooking, carrying plates for plating, wiping her face, and leaning on to the prep table while wearing the same gloves. When V15 noticed that the state representative was watching her, V15 changed her soiled gloves without performing hand hygiene and continued to do her kitchen tasks.</p> <p>On December 20,2023, at 3:43 PM, V3 (Dietary Manager) stated that the staff must change gloves and wash hands in between task during food preparation to ensure sanitary food preparation and prevent potential infection.</p> <p>On December 21, 2023, at 2:26 PM, V15 stated that she was the only one who plated the food for the residents.</p> <p>Facility's Policy and Procedure for Maintaining a Sanitary Tray Line dated September 2023 shows:</p> <p>During tray assembly, staff shall:</p> <ul style="list-style-type: none"> <li>e. Wash hands before and after wearing or changing gloves.</li> <li>f. Change gloves when activities are changed, or when the type of food being handled is changed, or when leaving the workstation.</li> <li>g. Change gloves after sneezing, coughing, or touching face, hands, or hair with gloved hands.</li> </ul> <p>(C)</p>	S9999		