STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535031	A. BUILDING _____ B. WING _____	pp 07/18/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINDRED NURSING AND REHABILITATION - WIND RIVER	1002 FOREST DRIVE RIVERTON, WY 82501

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The following common abbreviations are used throughout this document: MDS - Minimum Data Set RN - Registered Nurse MAR - Medication Administration Record OT - Occupational Therapy PT - Physical Therapy NHA - Nursing Home Administrator DON - Director of Nursing ROM - Range of Motion CNA - Certified Nurse Aide Less commonly used abbreviations will be annotated in each deficiency.	F 000	This plan of correction is the Facility's credible allegation of compliance. Preparation and/or execution of this Plan of Correction does not constitute admission of agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The Plan of Correction is prepared and/or executed solely because it is required by the provision of Federal and State law.	
F 225 SS=E	483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities. The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law	F 225	F225 The facility will ensure the Healthcare Licensing and Surveys nurse aide registry is check for all CNA staff . This will be accomplished by: Healthcare Licensing and Surveys nurse aide registry will be checked for CNAs #1, #2, #3, #4, #5, #6, #7, by the Staff Development Coordinator (SDC) Healthcare Licensing and Surveys nurse aide registry will be checked for all CNAs employed at the facility by the SDC. This registry	9.01.13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

EXECUTIVE DIRECTOR 8-10-13

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation. 9/3/13 @ 9:39/am POC accepted c revisions per telephone call with Joann Aldrich.

P Rnn

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F 225	Continued From page 1 through established procedures (including to the State survey and certification agency). The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress. The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on review of personnel files and staff interview, the facility failed to check the State nurse aide registry for findings of abuse, neglect, or misappropriation of resident property for 7 of 38 currently employed CNAs (#1, #2, #3, #4, #5, #6, #7). The findings were: Review of the personnel files for the following employees revealed no evidence the Healthcare Licensing and Surveys (HLS) nurse aide registry was checked: CNAs #1, #2, #3, #4, #5, #6, #7. When interviewed on 7//18/13 at 9:45 AM, LPN #1 verified the State nurse aide registry checks had not been done.	F 225	F225 cont'd; will be checked for all future CNAs hired by the SDC. SDC will be educated relating to obtaining registry validation for all CNAs. A quality improvement monitoring tool will be implemented by the Executive Director to ensure the registry is check for F225 cont'd: CNA staff. This monitor will be completed monthly and reported at least quarterly at the QAPI meeting. Appropriate follow-up actions will be initiated by the QAPI committee.	
F 241 SS=D	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a	F 241	F241 The facility will ensure personal dignity is maintained for Residents relating to assisting them into bed. This will be accomplished by: 1.a. Resident #52 will be assisted by CN A staff to bed in a timely manner from the time of the request.	9.01.13

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F 241	Continued From page 2 manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Based on observation, medical record review, and staff and resident interview, the facility failed to ensure personal dignity was maintained for 2 of 13 sample residents (#15, #52). The findings were: 1. Review of the medical record for resident #52 showed s/he had diagnoses including chronic airway obstruction, transient cerebral ischemia, bundle branch block, chronic ischemic heart disease, and debility. Further review of the medical record showed the resident was placed on hospice care. Review of the 3/21/13 significant change and the 6/15/13 quarterly MDS assessments showed the resident required limited assistance with transfers. Review of the 6/28/13 care plan for this resident showed an intervention to "assist [resident] to lay down per [his/her] request..." The following concerns were identified: a. Observation on 7/15/13 at 7 PM showed the resident requested to go to bed because s/he was "really tired". At 7:40 PM on 7/15/13 the resident asked the surveyor to assist him/her to bed; again because s/he was "really tired'. The surveyor asked a staff member to assist the resident, however, the resident was told it would be a few minutes before they had time to assist him/her. The resident was observed to again ask a staff member to help him/her to bed at 8 PM and at 8:20 PM. Finally, observation showed the resident was assisted to bed at 8:35 PM, 1 hour	F 241	F241 cont'd: 1.b. Hospice volunteer will be notified that Resident #52 will be assisted to bed in a timely manner from the time of the request. 1.c. LPN #2 will find assistance for Resident #52 in transferring to bed and/or assist Resident #52. 2. Resident #15 will be assisted to bed in a timely manner from the time of her request. All Residents requiring assistance with getting into bed could be affected. The Charge Nurse will observe those Residents needing assistance into bed and wishing to get into bed for timeliness from the time of the request to the time they are assisted to bed. Any delay will be addressed immediately. The SDC will provide education to nursing staff emphasizing the importance of ensuring Residents are assisted to bed in a timely manner. A quality monitoring tool will be implemented by the DNS to ensure Residents are assisted to bed timely. This monitor will be	

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F 241	Continued From page 3 and 35 minutes after s/he first asked, stating she was very tired. b. Review of a hospice volunteer visit note dated 6/28/13 and timed at 7:30 PM showed the resident "...said that no one was helping [him/her] get into bed." Further review of this note showed the volunteer asked a CNA to assist the resident but was told by the CNA that "...she had to go to another [resident] first". During the volunteer's visit the resident stated s/he was tired all of the time anymore. c. Interview with LPN #2 on 7/18/13 at 9:10 AM verified having the resident wait so long to go to bed after his/her request did not maintain his/her dignity. 2. Review of the medical record for resident #15 revealed the resident required extensive assistance with transfers. Observation of the resident on 7/16/13 from 6:35 PM to 8:15 PM revealed the resident sat in the wheelchair in the doorway of his/her room. At 6:35 PM the resident stated s/he was waiting for staff to assist him/her to bed. Continued observation revealed at 7:15 PM LPN #3 assured the resident the CNAs would assist him/her to bed. At 7:35 PM and 8:05 PM, CNA #8 repeated the assurance to the resident that someone would help him/her soon. Observation at 8:15 PM showed CNA #8 assisted the resident to the bathroom, then to bed. Interview on 7/17/13 at 4:20 PM with the resident revealed staff's delayed response to the request for assistance made the resident feel uncomfortable because the resident was tired. The resident further said sitting for the long period of time was painful.	F 241	F241 cont'd; completed monthly and reported quarterly at the QAPI meeting. Appropriate follow-up actions will be initiated by the QAPI committee. F281 The facility will ensure the staff will follow physician's orders. This will be accomplished by: 1. Resident #64 has been assessed and no negative outcomes found. Resident #64 will be monitored for bowel movements. If Resident #64 does not have a bowel movement for two days, the protocol will be implemented. 2.a. Resident #67 has been assessed and no negative outcomes found. Resident #67 will have finger stick blood sugar F281 cont'd: (FSBS) performed 4 times per day as per physician order and results documented by professional nurse.	9.01.13
F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS	F 281	2.b. Resident #67 will have insulin given per the sliding scale per	

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F 281	Continued From page 4 The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on staff interview, medical record review, and review of facility protocols, the facility failed to ensure staff followed physician's orders in a variety of areas for 3 of 13 sample residents (#20, #64, #67). The findings were: 1. Review of the medical record for resident #64 showed an order to follow the facility's bowel protocol. Review of the physician approved facility bowel protocol showed orders to administer prunes, prune juice or Natural Fruit Laxative after 2 days without a bowel movement. In addition, for 3 days without a bowel movement, the resident should receive a Dulcolax suppository or MOM (milk of magnesia). After 4 days without a bowel movement, the orders were for a Fleets enema and if no results from the Fleets to administer a large warm water enema. Review of the July 2013 bowel flow sheet record showed this resident had no bowel movement from 7/11/13 through 7/16/13 (6 days). Review of the bowel protocol record showed it was not followed during that time. The resident received no treatment for his/her bowels until 7/16/13 (6 days). Interview with LPN #2 on 7/18/13 at 9:10 AM revealed the protocol should have been followed and verified there was no evidence it was. 2. Review of the medical record for resident #67 showed s/he had diagnoses including diabetes. The following concerns with diabetes management were identified:	F 281	F281 cont'd: physician order and documentation completed by professional nurse. 3.a,, Resident #20 will receive medication for nervousness per physician orders. 3.b. Resident #20 will have medication for nervousness per physician orders available at prescribed times. All Residents receiving sliding scale insulin regimen, having a need for implementation of the bowel protocol, and receiving medications could be affected. The Charge Nurse will observe the bowel movement documentation to ensure the protocol is implemented as needed. The DNS will observe the insulin documentation to ensure the FSBS is completed per physician order and insulin given per sliding scale order. The DNS will observe the medications to ensure medication are available. If any observation indicates additional education/action needs, education/action will be immediate. SDC and /or DNS will provide education to CNA and professional	

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F 281	Continued From page 5 a. Review of the medical record for the resident showed a physician's order dated 6/5/13 for a finger stick blood sugar (FSBS) reading 4 times per day. Review of the June 2013 MAR showed the resident had no FSBS performed on 6/7/13 at 4 PM, on 6/27/13 at 11 AM and 4 PM, and on 6/28/13 at 11 AM and 4 PM. In addition, review showed no evidence the resident refused to have the FSBS performed. Interview with LPN #2 on 7/18/13 at 9:10 AM verified there was no evidence the FSBS was performed on these dates and times. b. Review of the July 2013 MAR showed the FSBS reading was 253 mg/dl (milligrams per deciliter) on 7/4/13 at 4 PM. According to the physician ordered sliding scale insulin algorithm, the resident should have been administered 6 units of insulin. However, review of the July 2013 MAR showed no evidence the resident received any insulin for this blood sugar reading. Also, on 7/11/13 the 9 PM FSBS reading was 285 and on 7/12/13 at 9 PM the FSBS reading was 286. On both of these occasions, the resident should have received 6 units of insulin but did not, according to the MAR. Interview with LPN #2 on 7/18/13 at 9:10 AM verified insulin was not administered as ordered. 3. Review of the medical record for resident #20 revealed the physician ordered Xanax 0.25 milligrams two times a day for nervousness. Review of the April, May and June 2013 MARs showed the medication was administered as ordered. However, review of the July 2013 nursing notes showed the resident did not receive the Xanax from 7/9/13 to 7/13/13 because it was not available (5 consecutive days). During an interview on 7/17/13 at 10:25 AM, RN #1 stated the resident did not receive the Xanax because	F 281	F281 cont'd: nursing staff pertaining to daily bowel movement monitoring and implementing bowel protocol if necessary. SDC and/or DNS will provide education to professional nurses pertaining to FSBS and insulin sliding scale being provided. SDC and/or DNS will provide education to professional nurses relating to the protocol for contacting pharmacy in the event a medication is not available. A quality improvement monitoring tool will be implemented by the DNS to ensure the bowel protocol is followed, the FSBS are performed per physician orders, insulin is given per sliding scale and medication is available. This monitor will be completed monthly and reported quarterly at the QAPI meeting. Appropriate follow-up actions will be initiated by the QAPI committee. F282 The facility will ensure care plans are followed. This will be accomplished by:	9.01.13

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F 281	Continued From page 6 staff had been unable to get the physician to respond to repeated requests to renew the expired prescription. Interview on 7/17/13 at 4 PM with the pharmacist revealed the staff did not communicate this problem to the pharmacy department until 7/13/13. The pharmacist stated when the nurse contacted the pharmacist, the pharmacist was able to communicate to the physician and the medication was reordered within hours. The pharmacist also stated if the nurses had contacted the pharmacist sooner, the resident would not have been without the medication for 5 days. Interview with the DON on 7/17/13 at 4:30 PM revealed she had no explanation for why the nurses did not follow the appropriate procedures for renewing prescriptions in a timely manner. According to the Wyoming Nursing Practice Act of July 2005 and the Administrative Rules and Regulations of November 2003, page 3-6, nursing must function under the direction of a licensed physician.	F 281	F282 cont'd: and #57 pp 1. Resident #64 and #57 will have assistance with toileting and personal hygiene assistance 282from CNA staff in accordance with the care plan. Resident #64 will have assistance from CNA staff with AM and PM care including oral care and washing Resident's face and hands. Resident #64 and #57 will have restorative nursing three times per week by the Restorative Aide per recommendations from the therapy department.	
F 282 SS=D	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Based on observation, staff and resident interview, and medical record review, the facility failed to ensure staff followed the care plan in a variety of areas for 4 of 13 sample residents (#52,	F 282	2. Resident #67 will have assistance with toileting and personal hygiene assistance from CNA staff in accordance with the care plan. Resident #67 will have assistance from CNA staff with AM and PM care including oral care and washing Resident's face and hands. Resident #67 will receive restorative assistance per the restorative plan. Program will be	

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F 282	Continued From page 7 #57, #64, #67). The findings were: 1. Review of the 3/22/13 quarterly and the 6/15/13 annual MDS assessments for resident #64 showed the resident was totally dependent upon staff for toileting and required extensive assistance with personal hygiene and was always incontinent of urine. Interview with CNA #9 on 7/16/13 at 7:12 PM confirmed the resident was always incontinent of urine and that s/he was a check and change every 2 hours in addition to checking before and after meals and at bedtime. Observation on 7/16/13 from 5:35 PM to 8:09 PM showed the resident was not checked or toileted every 2 hours, was not checked and changed after the evening meal and was not checked during rounds made at 6:45 PM. At 8:09 PM, observation showed the CNA assisted the resident to bed and checked his/her incontinence brief which was wet with urine. The time that elapsed between checks for the resident was 2 hours and 34 minutes. Review of the 6/20/13 care plan showed the resident should be toileted every AM, every PM, before and after meals, PRN, and with rounds. In addition, review of the 6/20/13 care plan for this resident showed staff should provide AM and PM care. Observation of bedtime care showed CNA #9 did not provide or offer assistance with oral care or with washing the resident's face and hands. Finally, review of the 3/22/13 quarterly and the 6/15/13 annual MDS assessment showed the resident had limited range of motion in one upper extremity and in both lower extremities. Review of the 6/20/13 care plan showed the resident should be in the restorative nursing program for passive range of motion (ROM) to the upper extremity 3 to 5 times per week. In addition, review of the	F 282	F282 cont'd: reviewed by therapy to ensure appropriateness. Program will be offered three times per week by Restorative Aide. 3.a. Resident #52 will be assisted to bed in a timely manner from the time of the request. 3.b. Hospice volunteer will be notified that Resident #52 will be assisted to bed in a timely manner from the time of the request. 3.c. LPN #2 will be notified to find assistance for Resident #52 in transferring to the bed. All Residents requiring assistance with toileting, personal hygiene, AM and PM care and restorative services could be affected. The Charge Nurse will observe Residents requiring assistance with toileting, personal hygiene assistance, assistance with AM and PM care including oral care, hand and face washing to ensure staff is providing such care. The DNS will observe the restorative program to ensure services are provided in accordance with the restorative plans.	

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F 282	Continued From page 8 restorative referral dated 1/29/12 showed the resident was post CVA (stroke) with left sided hemiparesis, and had decreased posture and positioning. Further review of this document showed the resident required neck exercises by utilizing a forehead strap for 1 to 2 hours beginning in September 2013. Review showed no frequency was indicated, however, interview with the PT, OT, DON, and NHA on 7/17/13 at 3:30 PM revealed any type of therapeutic exercises or program should be provided a minimum of 3 times per week to have an impact on the resident's condition. Review of the restorative flow sheets from January 2013 through June 2013 showed the resident received restorative exercises an average of 2 times per week. During the weeks of 3/31/13 through 4/6/13, 6/16/13 through 6/21/13, and 6/23/13 through 6/29/13 the resident was only provided restorative exercises 1 time per week. 2. Review of the medical record for resident #67 showed s/he had diagnoses including diabetes, congestive heart failure, schizophrenia, hypertension, and history of CVA. Review of the 2/23/13 quarterly and 5/25/13 annual MDS assessments showed the resident was totally dependent upon staff for toileting, required extensive assistance with personal hygiene, and was always incontinent of urine and bowel. Interview with CNA #9 on 7/16/13 at 7:12 PM confirmed the resident was always incontinent of urine and that s/he was a check and change every 2 hours in addition to checking before and after meals and at bedtime. Observation on 7/16/13 from 5:35 PM to 8:50 PM showed the resident was not toileted, checked, or changed after the evening meal or during rounds made at 7:05 PM. At 8:50 PM, observation showed CNAs	F 282	F282 cont'd: The SDC will educate Professional Nurses and CNA staff with emphasis on assisting Residents with toileting, personal hygiene and AM, PM care including washing hands and face and oral care. The SDC will educate the Restorative Aide with emphasis on providing restorative services the number of times per week per the restorative plan. A quality improvement monitoring tool will be implemented by the DNS to ensure services are provided per the nursing care plan and the restorative plan. This monitor will be completed monthly and reported quarterly at the QAPI meeting. Appropriate follow-up actions will be initiated by the QAPI committee. F309 The facility will ensure services are provided to attain or maintain the highest practicable physical, mental and psychosocial well-being. This will be accomplished by:	9.01.13

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F 282	Continued From page 9 #9 and #8 assisted the resident to bed and checked his/her incontinence brief which was wet with urine. The time that elapsed between checks for the resident was 3 hours and 30 minutes. Review of the 4/2/13 care plan showed the resident should be toileted every AM, every PM, before and after meals, PRN, and with rounds. In addition, review of the 4/2/13 care plan for this resident showed staff should provide AM and PM care. Observation of bedtime care showed CNA #9 did not provide or offer assistance with oral care or with washing the resident's face and hands. Finally, review of the 2/23/13 quarterly and the 5/25/13 annual MDS assessment showed the resident had limited ROM in both upper and lower extremities. Review of the 4/2/13 care plan showed the resident should be in the restorative nursing program for passive ROM. In addition, review of the July 2013 physician's recapitulation of orders showed the resident should be in the nursing restorative program for active and passive ROM therapeutic exercises 3 to 5 times per week. Review of the restorative flow sheets dated 5/5/13 showed the resident had been performing exercises on the hand and leg bike but had to be discharged from the program because of a fall. However, all restorative exercises including active and passive ROM, were discontinued despite the fact that physician's orders for active and passive ROM continued during May, June, and July 2013. Review of all restorative records showed no evidence the resident was provided active and passive ROM after 5/5/13. Interview with the restorative CNA on 7/17/13 at 3 PM verified the resident had not received any restorative therapy of any kind since 5/5/13.	F 282	F309 cont'd: 1. Resident #64 will be monitored for bowel movements. If Resident #64 does not have a bowel movement for two days, the protocol will be implemented. 2.a. Resident #67 will have finger stick blood sugar (FSBS) performed 4 times per day as per physician order and results documented by professional nurse. 2.b. Resident #67 will have insulin given per the sliding scale per physician order and documentation completed by professional nurse. 3.a,, Resident #20 will receive medication for nervousness per physician orders. 3.b. Resident #20 will have medication for nervousness per physician orders available at prescribed times. All Residents receiving sliding scale insulin regimen, having a need for implementation of the bowel protocol, and receiving medications could be affected. The Charge Nurse will observe the bowel movement documentation to ensure the protocol is implemented	

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F 282	Continued From page 10 3. Review of the medical record for resident #52 showed s/he had diagnoses including chronic airway obstruction, transient cerebral ischemia, bundle branch block, chronic ischemic heart disease, and debility. Further review of the medical record showed the resident was placed on hospice care. Review of the 6/28/13 care plan for this resident showed an intervention to "assist [resident] to lay down per her request..." The following concerns were identified: a. Observation on 7/15/13 at 7:00 PM showed resident #52 requested to go to bed because s/he was "really tired". At 7:40 PM on 7/15/13 the resident asked the surveyor to assist him/her to bed; again because s/he was "really tired." The surveyor asked a staff member to assist the resident, however, the resident was told it would be a few minutes before they had time to assist him/her. The resident was observed to again ask a staff member to help him/her to bed at 8 PM and at 8:20 PM. Finally, observation showed the resident was assisted to bed at 8:35 PM, 1 hour and 35 minutes after s/he first asked, stating she was very tired. b. Review of a hospice volunteer visit note dated 6/28/13 and timed at 7:30 PM showed the resident "...said that no one was helping [him/her] get into bed." Further review of this note showed the volunteer asked a CNA to assist the resident but was told by the CNA that "...she had to go to another [resident] first." During the volunteer's visit the resident stated s/he was tired all of the time anymore. c. Interview with LPN #2 on 7/18/13 at 9:10 AM verified the care plan was not followed. 4. Review of the 3/9/13 annual and 6/1/13 quarterly MDS assessments for resident #57 showed s/he had diagnoses including multiple	F 282	F309 cont'd: as needed. The DNS will observe the insulin documentation to ensure the FSBS is completed per physician order and insulin given per sliding scale order. The DNS will observe the medications to ensure medication are available. If any observation indicates additional education/action needs, education/action will be immediate. SDC and /or DNS will provide education to CNA and professional nursing staff pertaining to daily bowel movement monitoring and implementing bowel protocol if necessary. SDC and/or DNS will provide education to professional nurses pertaining to FSBS and insulin sliding scale being provided. SDC and/or DNS will provide education to professional nurses relating to the protocol for contacting pharmacy in the event a medication is not available. A quality improvement monitoring tool will be implemented by the DNS to ensure the bowel protocol is followed, the FSBS are performed per physician orders, insulin is given per sliding scale and medication is available. This monitor will	

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F 282	Continued From page 11 sclerosis. Review also showed the resident had ROM impairment in both upper and lower extremities. Review of the 7/16/13 care plan showed the resident had impaired physical mobility and interventions included restorative nursing to include upper extremity and lower extremity strengthening and active ROM 3 to 5 times per week. Review of the restorative care flow records for June 2013 and July 2013 showed the resident was provided restorative therapy only 1 to 2 times per week. Interview with the restorative CNA on 7/17/13 at 3 PM verified the resident had not received the number of restorative therapy sessions according to the care plan.	F 282	F309 cont'd: be completed monthly and reported quarterly at the QAPI meeting. Appropriate follow-up actions will be initiated by the QAPI committee.	
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and medical record review, the facility failed to ensure the necessary care was provided to 3 of 13 sample residents (#20, #64, #67). The facility failed to ensure the sliding scale insulin regimen was followed as ordered by the physician for resident #67. The facility failed to ensure the bowel protocol was followed for resident #64. Finally, the facility failed to ensure medication	F 309	F312 The facility will ensure bedtime care is provided. This will be accomplished by: 1. Resident #64 will have assistance from CNA staff with AM and PM care including oral care and washing Resident's face and hands. 2. Resident #67 will have assistance from CNA staff with AM and PM care including oral care and washing Resident's face and hands. 3. Residents #20 will have assistance from CNA staff with oral hygiene prior to being transferred to bed. 4. CNA staff will follow the policy and procedure with PM Care	9.01.13

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F 309	Continued From page 12 orders were followed for resident #20. The findings were: 1. Review of the medical record for resident #64 showed an order to follow the facility's bowel protocol. Review of the physician approved facility bowel protocol showed orders to administer prunes, prune juice or Natural Fruit Laxative after 2 days without a bowel movement. In addition, for 3 days without a bowel movement, the resident should receive a Dulcolax suppository or MOM (milk of magnesia). After 4 days without a bowel movement, the orders were for a Fleets enema and if no results from the Fleets to administer a large warm water enema. Review of the July 2013 bowel flow sheet record showed this resident had no bowel movement from 7/11/13 through 7/16/13 (6 days). Review of the bowel protocol record showed it was not followed during that time. The resident received no treatment for his/her bowels until 7/16/13 (6 days). Interview with LPN #2 on 7/18/13 at 9:10 AM revealed the protocol should have been followed and verified there was no evidence it was. The resident was without a bowel movement for 6 days. 2. Review of the medical record for resident #67 showed s/he had diagnoses including diabetes. The following concerns with diabetes management were identified: a. Review of the medical record for resident #67 showed a physician's order dated 6/5/13 for a finger stick blood sugar (FSBS) reading 4 times per day. Review of the June 2013 MAR showed the resident had no FSBS performed on 6/7/13 at 4 PM, on 6/27/13 at 11 AM and 4 PM, and on 6/28/13 at 11 AM and 4 PM. In addition, review showed no evidence the resident refused to have the FSBS performed. Interview with LPN #2 on	F 309	F312 cont'd: "by assisting Resident, as need, to wash face and hands...assisting Resident, as needed, with oral hygiene". SDC will educate CNA staff concerning AM and PM care emphasizing oral care and washing Residents' face and hands. A quality improvement monitoring tool will be implemented by the DNS to ensure PM and PM care includes Residents receiving oral care and face and hand washing assistance. This monitor will be completed monthly and reported quarterly at the QAPI meeting. Appropriate follow-up actions will be initiated by the QAPI committee. F315 The facility will ensure appropriate care and services for incontinence is provided. This will be accomplished by: 1. Resident #64 will be assisted with personal hygiene relating to urine incontinence per care plan "every AM, every PM, before and	9.01.13

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F 309	Continued From page 13 7/18/13 at 9:10 AM verified there was no evidence the FSBS was performed on these dates and times. b. Review of the July 2013 MAR showed the FSBS reading was 253 mg/dl (milligrams per deciliter) on 7/4/13 at 4 PM. According to the physician ordered sliding scale insulin algorithm, the resident should have been administered 6 units of insulin. Review showed no evidence the resident received any insulin for this blood sugar reading. Also, on 7/11/13 the 9 PM FSBS reading was 285 and on 7/12/13 at 9 PM the FSBS reading was 286. On both of these occasions, the resident should have received 6 units of insulin but did not, according to the MAR. Interview with LPN #2 on 7/18/13 at 9:10 AM verified that insulin was not administered as ordered. 3. Review of the 4/11/12 Care Area Assessment for resident #20 showed the resident "required the use of antipsychotropic" medications and was "at risk for ineffective treatment and decreased quality of life". Review of the care plan, revised 7/11/13, showed the resident had behavior disturbance related to hopelessness, negative statements, repetitive health care complaints, repetitive non-health related complaints and had sad/pained/worried facial expressions. Further review revealed interventions to address the behavior disturbance included administering medication as ordered. According to the May 2013 recapitulation of physician's orders showed the physician ordered Xanax 0.25 milligrams to be administered twice daily for nervousness. Review of the May and June 2013 behavior monitoring form showed staff were monitoring the resident for verbal aggression, increased anxiety, and side effects related to daily Xanax use. This review also showed there were no behavioral	F 309	F315 cont'd: after meals, PRN and with rounds" by CNA staff. 2. Resident #67 will be assisted with personal hygiene relating to urine and bowel incontinence per care plan "every AM, every PM, before and after meals, PRN and with rounds" by CNA staff. SDC will educate CNA staff concerning personal hygiene relating to urine and bowel incontinence every AM and PM, before and after meals, PRN and with rounds. A quality improvement monitoring tool will be implemented by the DNS to ensure PM and PM care includes Residents receiving oral care and face and hand washing assistance. This monitor will be completed monthly and reported quarterly at the QAPI meeting. Appropriate follow-up actions will be initiated by the QAPI committee. All Residents will have assistance with personal hygiene relating to urine and/or bowel incontinence per individual care plan "every AM, PM, before and after meals,	

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F 309	Continued From page 14 episodes in May and June 2013. The following concerns were identified: a. Review of the July 2013 nursing notes showed the resident did not exhibit these behaviors until 7/13/13. Review of the "Determining Causes of Disruptive Behavior" form dated 7/13/13 revealed two CNAs documented the resident's behavior that day, CNA #3 documented the resident "Keeps cussing at me", saying staff are "ignoring [him/her]" and "everything triggers this behavior", CNA #10 documented the resident was "yelling and screaming" and during the provision of care the resident accused the CNAs of "being mean". CNAs #3 and #10 were observed during the provision of care on 7/16/13 at 8:50 AM. CNA #8 was observed on 7/16/13 at 6:45 PM during the provision of care. At the time of the observations the resident's behavior was documented by the CNAs. During an interview with CNA #8 on 7/16/13 at 7:35 PM, she stated the resident's behavior was worse than usual. Review of the social service designee's documentation, dated 7/13/13, revealed the resident's behavior was due to not receiving the daily doses of Xanax from 7/9/13 to 7/13/13. b. Review of the documentation in the July 2013 nursing notes showed the resident did not receive the Xanax because it was not available. During an interview on 7/17/13 at 10:25 AM, RN #1 stated the resident did not receive the Xanax because staff had difficulty getting the physician to respond to repeated requests to renew the expired prescription. Interview on 7/17/13 at 4 PM with the pharmacist revealed the staff did not communicate this problem to the pharmacy department until 7/13/13. At that time the pharmacist stated when the nurses contacted the pharmacist, the pharmacist was able to	F 309	F315 cont'd: PRN and with rounds" per individual care plan. F318 The facility will ensure restorative services are provided as planned. This will be accomplished by: 1. Resident #64 will have restorative nursing three times per week by the Restorative Aide following the plan from the therapy department. 2. The Restorative plan for Resident #15 will be reviewed and up-dated as required, by Physical Therapy. The restorative services for Resident #15 will be provided per the reviewed/up-dated plan by the Restorative Aide. If the Restorative Aide is assigned other duties, a trained designee will provide services during that time. 3. Resident #~~64~~ 67 will have restorative services three times per week by the Restorative Aide per	9.01.13

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F 309	Continued From page 15 communicate to the physician; and the medication was reordered within hours. The pharmacist also stated if the nurse had contacted the pharmacy sooner, the resident would not have been without the medication for five days. Interview with the DON on 7/17/13 at 4:30 PM revealed she had no explanation for why the nurses did not follow the appropriate procedures for renewing prescriptions in a timely manner.	F 309	F318 cont'd: recommendations from the therapy department. 4. Resident #57 will receive restorative services the number of times recommended in the restorative plan by the Restorative Aide.	
F 312 SS=D	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, medical record review, and review of facility policies and procedures, the facility failed to ensure staff provided bedtime care for 3 of 13 sample residents (#20, #64, #67) who were dependent upon staff for activities of daily living. The findings were: 1. Review of the 3/22/13 quarterly and the 6/15/13 annual MDS assessments for resident #64 showed the resident was totally dependent upon staff for dressing and bathing, required extensive assistance with personal hygiene, and was always incontinent of urine. In addition, review of the 6/20/13 care plan for this resident showed staff should provide AM and PM care. Interview with CNA #9 on 7/16/13 at 7:12 PM	F 312	All Residents receiving Restorative services could be affected. The DNS and/or designee will review the restorative services log weekly to ensure services are being provided per restorative plan. The SDC will educate the Restorative Aide relating to following the restorative plan and reporting any difficulties with providing restorative services to the DNS and/or designee. A quality improvement monitoring tool will be implemented by the DNS to ensure restorative services are being provided per the restorative plan. This monitor will be completed monthly and reported quarterly at the QAPI meeting. Appropriate follow-up actions will be initiated by the QAPI committee.	

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F 312	Continued From page 16 confirmed the resident required assistance with all care. Observation on 7/16/13 at 8:09 PM, showed CNA #9 assisted the resident to bed for the night. Further observation showed the CNA did not provide or offer assistance with evening care including oral care and washing the resident's face and hands. 2. Review of the medical record for resident #67 showed s/he had diagnoses including diabetes, congestive heart failure, schizophrenia, hypertension, and history of CVA. Review of the 2/23/13 quarterly and 5/25/13 annual MDS assessments showed the resident was totally dependent upon staff for bathing and dressing. Review also showed the resident required extensive assistance with personal hygiene and was always incontinent of urine and bowel. In addition, review of the 4/2/13 care plan for this resident showed staff should provide AM and PM care. Interview with CNA #9 on 7/16/13 at 7:12 PM verified the resident required total assistance with activities of daily living. Observation on 7/16/13 at 8:50 PM showed CNAs #8 and #9 assisted the resident to bed for the night. Continued observation showed CNA #8 left the room and CNA #9 did not provide or offer assistance with evening care including oral care and washing the resident's face and hands. 3. According to the 6/26/13 quarterly MDS assessment and corresponding care plan, resident #20 required assistance with oral hygiene and personal care. Observation on 7/16/13 from 7:15 PM to at 7:30 PM revealed CNA #8 did not provide oral hygiene before or after she used the mechanical lift to transfer the resident to bed.	F 312	F371 The facility will ensure proper hand hygiene while preparing plates for Residents. This will be accomplished by: a. The observed cook and dietary aide will use proper hand washing after going in and out of the walk-in refrigerator and prior to donning gloves relating to food handling. b. The observed dietary aide will remove soiled gloves, use proper hand washing and put on new gloves after touching the side door to the walk-in refrigerator and prior to handling food and beverages. c. The observed cook will remove soiled gloves, use proper hand washing and put on new gloves after handling the main door of the walk-in refrigerator and prior to dish up Resident meals. d. The observed cook and dietary aide will be inserviced in proper hand washing and proper glove use while working in the dietary area of the facility. All dietary staff could be affected. Dietary Manager will observe plate	9.01.13

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F 312	Continued From page 17 4. Review of the facility's policy and procedure on "P.M. Care (Bedtime/HS Care)" reviewed 5/28/09, page 1, showed "Assist resident, as needed, to wash face and hands. ...Assist resident, as needed, with oral hygiene..."	F 312	F371 cont'd: preparation relating to proper hand washing and proper glove use by dietary staff. Any observed improper hand washing and glove use will be immediately corrected.	
F 315 SS=D	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER Based on the resident's comprehensive assessment, the facility must ensure 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; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. This REQUIREMENT is not met as evidenced by: Based on observation, medical record review, and staff interview, the facility failed to ensure appropriate care and services for incontinence was provided for 2 (#64, #67) of 9 sample residents with bladder and/or bowel incontinence. The findings were: 1. Review of the 3/22/13 quarterly and the 6/15/13 annual MDS assessments for resident #64 showed the resident was totally dependent upon staff for toileting, required extensive assistance with personal hygiene, and was always incontinent of urine. Interview with CNA #9 on 7/16/13 at 7:12 PM confirmed the resident was always incontinent of urine and that s/he was a	F 315	Registered Dietician will educate dietary staff in proper hand washing and glove use while preparing Residents' plates. A quality improvement monitoring tool will be implemented by the Dietary Manager to ensure proper hand washing and proper glove use while preparing Residents' plates. This monitor will be completed monthly and reported quarterly to the QAPI meeting. Appropriate follow-up actions will be initiated by the QAPI committee. F441 The facility will ensure staff will follow acceptable hand hygiene practices during meal service. As the observed C NA staff was unidentified, the SDC/Infection Control Nurse will educate all staff assisting in meal service relating to	9.01.13

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F 315	Continued From page 18 check and change every 2 hours in addition to checking before and after meals and at bedtime. Observation on 7/16/13 from 5:35 PM to 8:09 PM showed the resident was not checked or toileted after the evening meal or during rounds made at 6:45 PM. At 8:09 PM, observation showed CNA #9 assisted the resident to bed and checked his/her incontinence brief which was wet with urine. The time that elapsed between checks for the resident was 2 hours and 34 minutes. Review of the 6/20/13 care plan showed the resident should be toileted every AM, every PM, before and after meals, PRN, and with rounds. CNA #9 said the resident should be checked and changed every 2 hours. 2. Review of the medical record for resident #67 showed s/he had diagnoses including diabetes, congestive heart failure, schizophrenia, hypertension, and history of CVA. Review of the 2/23/13 quarterly and 5/25/13 annual MDS assessments showed the resident was totally dependent upon staff for toileting, required extensive assistance with personal hygiene, and was always incontinent of urine and bowel. Interview with CNA #9 on 7/16/13 at 7:12 PM verified the resident was always incontinent of urine and further stated s/he was a check and change every 2 hours in addition to checking before and after meals and at bedtime. Observation on 7/16/13 from 5:35 PM to 8:50 PM showed the resident was not toileted, checked or changed after the evening meal or during rounds made at 7:05 PM. At 8:50 PM, observation showed CNAs #8 and #9 assisted the resident to bed and checked his/her incontinence brief which was wet with urine. The time that elapsed between checks for the resident was 3 hours and 30 minutes. Review of the 4/2/13 care plan	F 315	F441 cont'd: infection control techniques while serving Resident meals in the dining room. The SDC and/or designee will observe meal service relating to washing hands after touching face, hair, teeth, wheelchairs, or other objects. If any inappropriate hand hygiene is observed, it will be corrected immediately. A quality improvement monitoring tool will be implemented by the SDC to ensure proper hand hygiene is used in the dining room. This monitor will be completed monthly and reported quarterly at the QAPI meeting. Appropriate follow-up actions will be initiated by the QAPI committee.	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 315	Continued From page 19 showed the resident should be toileted every AM, every PM, before and after meals, PRN, and with rounds.	F 315		
F 318 SS=E	483.25(e)(2) INCREASE/PREVENT DECREASE IN RANGE OF MOTION Based on the comprehensive assessment of a resident, the facility must ensure that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. This REQUIREMENT is not met as evidenced by: Based on medical record review and staff and resident interview, the facility failed to ensure 3 of 11 sample residents (#15, #64, #67) and 1 non-sample resident (#57) who were prescribed restorative services received the services as planned. The findings were: 1. Review of the 3/22/13 quarterly and the 6/15/13 annual MDS assessment for resident #64 showed the resident had ROM impairment in one upper extremity and in both lower extremities. Review of the 6/20/13 care plan showed the resident should be in the restorative nursing program for passive ROM to the left upper extremity 3 to 5 times per week. In addition, review of the restorative referral dated 1/29/12 showed the resident was post CVA (stroke) with left sided hemiparesis, and had decreased posture and positioning. Further review of this document showed the resident required neck exercises by utilizing a forehead strap for 1 to 2	F 318		

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	535031	A. BUILDING _____ B. WING _____	pp 07/18/2013

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F 318	Continued From page 20 hours beginning in September 2013. Review showed no frequency was indicated, however, interview with the PT, OT, DON, and NHA on 7/17/13 at 3:30 PM revealed any type of therapeutic exercises or program should be provided a minimum of 3 times per week to have an impact on the resident's condition. Review of the restorative flow sheets from January 2013 through June 2013 showed the resident received restorative exercises an average of 2 times per week. During the weeks of 3/31/13 through 4/6/13, 6/16/13 through 6/21/13, and 6/23/13 through 6/29/13 the resident was only provided restorative exercises 1 time per week. 2. Review of the 6/28/13 quarterly MDS assessment showed resident #15 had ROM functional limitations due to left upper and lower extremity impairment. According to the 6/28/13 care plan, the resident was to ambulate with a quad cane and contact guard assistance with the restorative CNA (RA). During an interview on 7/17/13 at 4:20 PM the resident stated the RA was unable to provide weekly restorative ambulation and range motion exercises due to additional assigned duties. At that time the resident further stated the restorative ambulation made him/her feel like s/he was making progress and the lack of restorative activities made him/her "feel weak". Review of the restorative care flow records showed restorative ambulation was provided for the resident three times each month in April, May and June 2013. This review also showed restorative ambulation had not been provided from 7/1/13 to 7/18/13. During periodic observations of the resident from 7/15/13 to 7/18/13, there were no observations of the resident receiving restorative services. Review of the most current restorative plan completed by	F 318		

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F 318	Continued From page 21 the physical therapist was dated 12/7/11 and at that time the physical therapist determined the resident's restorative needs included restorative ambulation and transfer exercise three to five times weekly. During an interview on 7/17/13 at 1:50 PM the RA confirmed the lack of restorative services and need for an updated restorative plan for this resident. 3. Review of the 2/23/13 quarterly and the 5/25/13 annual MDS assessment for resident #67 showed the resident had ROM impairment on both upper and lower extremities. Review of the 4/2/13 care plan showed the resident should be in the restorative nursing program for passive ROM exercises. In addition, review of the July 2013 physician's recapitulation of orders showed the resident should be in the nursing restorative program for active/passive ROM for therapeutic exercises 3 to 5 times per week. Review of the care progress notes dated 5/5/13 showed the resident had been performing exercises on the hand and leg bike but had to be discharged from the program because of a fall. However, all restorative exercises were discontinued, including the active and passive ROM exercises, despite the fact the physician's orders for active and passive ROM continued during May, June, and July 2013. Review of all restorative records showed no evidence the resident was provided active and passive ROM after 5/5/13. Interview with the restorative CNA on 7/17/13 at 3 PM verified the resident had not received any restorative therapy of any kind since 5/5/13. 4. Review of the 3/9/13 annual and 6/1/13 quarterly MDS assessments for resident #57 showed s/he had diagnoses including multiple sclerosis. Review also showed the resident had	F 318		

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F 318	Continued From page 22 ROM impairment in both upper and lower extremities. Review of the 7/16/13 care plan showed the resident had impaired physical mobility and interventions included restorative nursing to include upper extremity and lower extremity strengthening and active range of motion 3 to 5 times per week. Review of the restorative care flow records for June 2013 and July 2013 showed the resident was provided restorative therapy only 1 to 2 times per week. Interview with the restorative CNA on 7/17/13 at 3 PM verified the resident had not received the ordered number of restorative therapy sessions.	F 318		
F 371 SS=D	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and review of staff education, the facility failed to ensure proper hand hygiene while preparing plates for residents in 1 of 3 dining rooms. The findings were: During observation of food preparation on 7/17/13 from 11:40 AM to 12:10 PM proper hand hygiene was noted to be problematic with 2 of 2 kitchen	F 371		

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F 371	Continued From page 23 employees working that shift. The following concerns were noted: a. At 12 PM both the cook and the dietary aide were getting items ready for the meal service. The staff had been in and out of the walk-in refrigerator, the store room, and dish room, and without first washing their hands, both staff members donned gloves and began to place food on plates for the residents. b. At 12:03 PM the dietary aide handled the side door of the walk-in refrigerator to retrieve items with her gloved hands. Without removing the soiled gloves the aide continued to handle resident food and beverages. c. At 12:10 PM the cook was observed to handle the main door of the walk-in refrigerator with her gloved hands and then without changing the soiled gloves, she continued to dish up resident meals. During the 10 minute observation, 4 resident meals were dished up. d. Interview and observation with the Certified Dietary Manager on 7/17/13 at 12:10 PM verified while she watched with the surveyor, that the cook did not use proper hand hygiene. She stated touching handles and doors was considered a reason to wash hands and change gloves. She further stated she last educated the kitchen staff of proper hand hygiene on 2/28/13. Review of the attendance rosters from hand hygiene education verified the date. According to Food Code 2009, U.S. Public Health Service, 2-301.14 When to Wash: FOOD EMPLOYEES shall clean their hands and exposed portions of their arms ... " (E) After handling soiled EQUIPMENT or UTENSILS ... (H) Before donning gloves for working with FOOD; and (I) After engaging in other activities that contaminate the hands. "	F 371		

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F 441 SS=E	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.	F 441		

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F 441	Continued From page 25 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure staff followed acceptable hand hygiene practices during 1 of 2 meal observations. The findings were: During a meal observation in the main dining room on 7/15/13 at 5:52 PM, an unidentified CNA was seen to touch her hair then pick up a dinner plate for a resident without cleansing or sanitizing her hands. This same staff member then touched her mouth with her left hand prior to delivering a meal to a resident; again without cleansing or sanitizing her hands. After delivering the dinner meal to the resident the staff member again touched her hair with her left hand then picked up a plate of cookies, touching them with her fingers on the left hand. After delivering the cookies to a resident, the staff member re-positioned a resident in a wheelchair and, again without cleansing or sanitizing her hands, returned to delivering meals. At 5:57 PM the staff member was observed to place the fingers on her left hand into her teeth prior to picking up another plate of cookies which she delivered to a resident. At 6 PM this same staff member was observed to again pull her left hand through her hair and then returned to delivering dinner plates. At 6:03 PM the staff member left the dining room to obtain more cookies. No further observations were made. Interview with the infection control practitioner on 7/18/13 at 8:25 AM revealed staff members should always cleanse or sanitize their hands after touching any portion of their own body.	F 441		