

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 80a005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/22/2021
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NAME OF PROVIDER OR SUPPLIER BRANDYWINE LIVING AT MOUNTAIN RIDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 680 MOUNTAIN BOULEVARD WATCHUNG, NJ 07069
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A 000	<p>Initial Comments</p> <p>Initial Comments: Census: 77</p> <p>A COVID-19 Focused Infection Control Survey was conducted by the State Agency on 2/22/21. The facility was found not to be in compliance with the New Jersey Administrative Code 8:36 infection control regulations standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19.</p>	A 000		
A 310	<p>8:36-3.4(a)(1) Administration</p> <p>(a) The administrator or designee shall be responsible for, but not limited to, the following:</p> <p>1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights;</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview, record review and review of pertinent facility documents, it was</p>	A 310		

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

TITLE

(X6) DATE

04/27/21

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A 310	<p>Continued From page 1</p> <p>determined that the facility Administrator, in Phase 0 of reopening, failed to: 1. ensure that residents were appropriately screened in accordance with the requirements in the New Jersey Department of Health's (NJDOH) Executive Directive No. 20-026¹ and the facility policy for 5 of 5 residents reviewed, Residents #'s 1, 2, 3, 4 and 5. This deficient practice was identified during the COVID-19 Focused Infection Control survey conducted on 2/22/21, and was evidenced by the following:</p> <p>Reference: A review of Executive Directive No. 20-026¹, updated 1/6/21, indicated the following:</p> <p>Under section IV. "Required standards for services during each phase. 1. Phase 0 ... iv. Facilities shall screen all residents, at minimum during every shift, with questions and observations for signs or symptoms of COVID-19 and by monitoring vital signs. Vital signs recorded shall include heart rate, blood pressure, temperature, and pulse oximetry," a test used to measure the oxygen level of the blood with a clamp-like device placed on the finger or earlobe.</p> <p>Review of the facility policy, "COVID 19 Outbreak Response Plan" (Revised 11/2/20) revealed the following:</p> <p>"...All residents will have vital signs taken every shift including pulse ox (New Jersey only)..."</p> <p>"...The community will follow required restrictions listed in each phase of reopening within their state."</p> <p>On 2/22/21 at 10:30 a.m., the surveyor interviewed the Reflections Coordinator/Licensed Practical Nurse, (RC/LPN), who stated that a full</p>	A 310		

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A 310	<p>Continued From page 2</p> <p>set of vital signs, which included a temperature, pulse, blood pressure, respirations and pulse oximetry, were obtained daily and a temperature and signs and symptoms of COVID-19 were to be obtained each shift.</p> <p>At 12:59 p.m., the surveyor interviewed the Executive Director (ED) who stated that the facility experienced a COVID-19 Outbreak which began on 2/13/21 and during the outbreak, nursing staff were required to screen residents for COVID-19 on every shift, three times per day. She further stated that the screening consisted of: a full set of vital signs, which included a temperature, pulse, respirations, blood pressure and pulse oximetry, and an assessment for signs and symptoms of COVID-19.</p> <p>The surveyor requested to review the screenings for Residents #'s 1, 2, 3 4 and 5. The ED provided the surveyor with a document titled, "Resident Vitals History" for Residents #'s 1, 4 and 5 that were dated from 2/13/21 through 2/22/21 which revealed that vital signs were not consistently obtained every shift as required.</p> <p>The ED provided the surveyor with a list of vital signs for Resident #2 that were dated from 2/13/21 through 2/22/21, which consisted of a temperature, pulse, respirations, blood pressure and pulse oximetry, however, they were not consistently obtained every shift as required.</p> <p>The ED provided the surveyor with a list of blood pressures for Resident #3 that were dated from 2/13/21 and 2/22/21, which consisted of a temperature, pulse, respirations, blood pressure and pulse oximetry, however, they were not consistently obtained every shift as required.</p>	A 310		

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A 310	<p>Continued From page 3</p> <p>When interviewed, the ED stated that nursing staff knew that they were required to do a full set of vital signs and screen the residents for signs and symptoms of COVID-19 on every shift during the outbreak.</p> <p>The Wellness Director (WD), who was present during the interview with the ED, stated that nursing was responsible to obtain all vital signs and assess for signs and symptoms of COVID-19. She further stated that on night shift there was only one Nurse in the building and residents were not awakened to perform vital signs.</p> <p>The surveyor questioned gaps in the vital signs on both day and evening shifts that were observed during record review of Residents #'s 1-5. The ED stated that nursing should have obtained vital signs on both day and evening shifts without exception as they knew that the vital signs were required to be obtained three times per day, or on each shift.</p> <p>The WD stated that she was responsible to review the resident's records to ensure that the vital signs and signs and symptoms for COVID-19 were completed and documented as required. She stated that during record review she discovered that the documentation was incomplete and that the vital signs were not done as often as required. She stated that she informed nursing staff that they must consistently obtain vital signs and document them in the resident record on every shift. She further stated that the staff obtained them as often as they were able to.</p> <p>On 2/24/21 at 11:19 a.m., during in a post-survey phone interview, the ED stated that the facility</p>	A 310		

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A 310	Continued From page 4 recently transitioned to Electronic Medical Records to document vital signs. She stated that when the WD printed the vital signs for Resident #2 and Resident #3 she failed to print the "Vital History" for those residents. The ED provided the surveyor with the "Vital History" for Resident #3 and additional documentation titled, "Observations...", which revealed that the facility did not consistently document that a full set of vital signs were obtained on every shift for Resident #3 between 2/13/21 and 2/22/21 as required. The ED provided the surveyor with Resident #2's "Vital History" via e-mail which revealed that the facility did not consistently document that a full set of vital signs were obtained on every shift for Resident #2 between 2/14/21 and 2/22/21 as required.	A 310		
A1271	8:36-18.1(a) Infection Prevention and Control Services (a) The facility shall develop and implement an infection prevention and control program. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, it was determined that the facility failed to implement facility policies to ensure appropriate infection control practices were followed in accordance with the Centers for Disease Control (CDC) guidelines, the New Jersey Department of Health (NJDOH) guidelines and the NJDOH's	A1271		

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A1271	<p>Continued From page 5</p> <p>Executive Directive No. 20-026¹ to prevent the spread of COVID-19. Specifically, the facility failed to: 1. Limit group activities or maintain social distancing of at least six feet between residents while participating in a group activity for 7 of 9 residents reviewed, Resident #'s 1, 6, 7, 8, 9, 10 and 11, and failed to 2. Limit communal dining or maintain social distancing of at least six feet between residents while eating for 6 of 6 residents reviewed, Resident #'s 1, 6, 8, 10, 12 and 13. This deficient practice was evidenced by the following:</p> <p>Reference: A review of the Centers for Disease Control (CDC) guidelines titled, "Preparing for COVID-19 in Nursing Homes", updated 11/20/2020, documented the following:</p> <p>Under "Additional Strategies Depending on the Facility's Reopening Status. These strategies will depend on the stages described in the CMS Reopening Guidance or the direction of state and local officials."</p> <p>Under "Implement Social Distancing Measures: Implement aggressive social distancing measures (remaining at least 6 feet apart from others): Cancel communal dining and group activities, such as internal and external activities. Remind residents to practice social distancing, wear a cloth face covering (if tolerated), and perform hand hygiene. Considerations when restrictions are being relaxed include: Allowing communal dining and group activities for residents without COVID-19, including those who have fully recovered while maintaining social distancing, source control measures, and limiting the numbers of residents who participate".</p> <p>Reference: The NJDOH guideline titled, "Quick</p>	A1271		

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A1271	<p>Continued From page 6</p> <p>Reference: Executive Directive No. 20-026¹ Resumption of Services Guidance in all Long-Term Care Facilities - Infection Prevention & Control", updated 1/21/21, indicated the following: Under "Phase 0. Limit communal dining, encourage residents to stay in their room and/or cohort."</p> <p>Under "Phase 1, 2 and 3. Limit communal dining to COVID-19 negative, asymptomatic and COVID-19 recovered residents only. Residents may eat in the same room while practicing infection prevention and control precautions including social distancing measures. This includes limiting the number of people at tables, keeping residents in the same small dining group, and using barriers and/or maintaining separation of space by at least 6 feet ..."</p> <p>Reference: The New Jersey Department of Health (NJDOH) Executive Directive No. 20-026¹, updated 01/6/21, indicated the following: Under "Phases per this Directive: ...Phase 0: Any facility with an active outbreak of COVID-19, as defined by the Communicable Disease Service (CDS) ... 5. A facility with a COVID-19 outbreak will remain in Phase 0 (maximum restrictions) until their outbreak of COVID-19 has concluded ...iv. Outbreaks are considered concluded when there are no symptomatic/asymptomatic probable or confirmed COVID-19 cases among employees or residents after 28 days (two incubation periods) have passed since the last case's onset date or specimen collection date (whichever is later) ...The determination of an outbreak's conclusion will be made by either NJDOH or local health officers, pursuant to N.J.A.C. 8:57-1.10..."</p>	A1271		

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A1271	<p>Continued From page 7</p> <p>Under "V. Required standards for services during each phase. 1. Phase 0. V. When facilities are experiencing an outbreak, communal dining and all group activities should be limited. Residents shall stay in their rooms as much as possible..."</p> <p>1. On 2/22/21 at 9:45 a.m., in the presence of another surveyor during entrance conference, the Executive Director (ED) stated that the facility was currently in Phase 0.</p> <p>At 10:25 a.m., during tour of the Reflections Unit (a memory care unit), the surveyor observed nine residents who were participating in a group activity in the living room area of the unit. The Activities Assistant (AA) lead the seated residents to participate in an exercise activity. The surveyor observed an armed chair positioned directly next to a three seated couch, and Resident #6 was seated there, and Resident #1, Resident #7 and Resident #8 were seated on a three seated couch. The residents were not wearing face coverings and were not distanced at least six feet apart.</p> <p>At 10:36 a.m., during surveyor interview, the AA stated that every morning after breakfast she leads the residents in an exercise routine and then a trivia activity. The surveyor then asked the AA if the residents wore masks and socially distance. The AA stated that the residents only wear masks when they leave the unit. She further stated that it was challenging to socially distance the residents and that they tried to remove the middle cushion from the sofa but the residents didn't understand and still sat on the area of the couch without the cushion.</p> <p>At 10:40 a.m., the surveyor asked the Reflections Coordinator/Licensed Practical Nurse (RC/LPN) if</p>	A1271		
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A1271	<p>Continued From page 8</p> <p>Resident #'s 1, 6, 7, and 8 were socially distanced at least six feet apart. The RC/LPN stated that the residents were not technically socially distanced and that they were as socially distanced as possible.</p> <p>At 10:47 a.m., the surveyor observed as Resident #9 sat down on another three seated couch where Resident #10 and Resident #11 were already seated. The residents were not wearing face coverings and were not socially distanced at least six feet apart.</p> <p>At 11:00 a.m., the surveyor observed that the seven residents were still seated on the chair and two couches while the AA lead the residents in a trivia activity. The surveyor also observed that at no time did the staff provide the residents with face coverings or attempt to socially distance the residents.</p> <p>At 12:26 p.m., the surveyor asked the Environmental Services Director (ESD) to measure the length of the three seated couches. The ESD measured the first couch and stated that the length of the back of the couch was 80 inches (6 feet and 8 inches). The surveyor then asked what was the length of the area between the three seats, which was the actual area where the residents would be seated. The ESD stated that length of the area was approximately 64 inches (5 feet and 4 inches) between the 2 arms of the couch. The ESD then measured the second couch and stated that the second couch measured the same as the first couch.</p> <p>2. On 2/22/21 at 12:17 p.m., the surveyor observed 6 residents that were seated at 3 tables in the dining room of the Reflections Unit and were being served their drinks for their lunch</p>	A1271		

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A1271	<p>Continued From page 9</p> <p>meal. The surveyor observed that Resident #1 and Resident #13 were seated at Table #1, Resident #6 and Resident #12 were seated at Table #2 and Resident #10 and Resident #8 were seated at Table #3. The two residents at each of the three tables were not wearing masks and the distance between the two residents was not at least six feet.</p> <p>At 12:21 p.m., during surveyor interview, the RC/LPN stated that the residents were seated at their usual seats but were not six feet apart because the unit did not have enough room or enough tables. She further stated that they were doing the best they could and that they previously had four residents to a table and now they limit it to two residents at a table.</p> <p>At 12:24 p.m., the surveyor asked the ESD to measure the length of the dining room table. The ESD measured the table and stated that the table measured 37 inches (3 feet and 1 inch). The surveyor then interviewed the ED at 12:40 p.m., who stated that on the Reflections Unit it was hard to keep the residents apart. She further stated that the unit had two separate seating's for meals.</p> <p>At 12:42 p.m., during surveyor interview, the Wellness Director stated that they try to socially distance the residents on the Reflections Unit, however, there was not enough room to do so, and they could not keep the residents in their rooms.</p> <p>The surveyor reviewed the facility provided policy titled, "COVID 19 Outbreak Response Plan," with a revised date of 11/2/20, which documented the following: "9. There is no communal dining or communal activities in the community (effective</p>	A1271		

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A1271	Continued From page 10 March 20, 2020) Based on state guidance and based on the reopening phase each community is in physically distanced dining may occur-see reopening guidance ...16. On a limited basis, out of room resident activity programs will be offered via social distance practice (6 ft apart) and 6 residents maximum at a time with both staff and residents donning mask. 11/1/20 See reopening guidelines for maximum number of residents, physically distanced wearing mask to participate in activity programs ...34. The Community will follow required restrictions listed in each phase of reopening..." The surveyor then reviewed the undated facility provided policy titled, "New Jersey Outbreak Response Plan," which documented the following: "Social distanced dining and group activities will not be permitted."	A1271		
A1299	8:36-18.3(a)(5) Infection Prevention and Control Services (a) Written policies and procedures shall be established and implemented regarding infection prevention and control, including, but not limited to, policies and procedures for the following: 5. Techniques to be used during each resident contact, including handwashing before and after caring for a resident; This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of pertinent facility documentation, it was	A1299		

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A1299	<p>Continued From page 11</p> <p>determined that the facility staff failed to consistently perform adequate hand hygiene in an effort to control the spread of COVID-19 in accordance with Centers for Disease Controls (CDC) guidelines and facility policy. This deficient practice was identified on 1 of 3 nursing units, the Reflections Unit (a memory care unit). This deficient practice was evidenced by the following:</p> <p>Reference: U.S. CDC guidelines titled, "Hand Hygiene Recommendations, Guidance for Healthcare Providers for Hand Hygiene and COVID-19", updated 5/17/2020, included, "Hands should be washed with soap and water for at least 20 seconds when visibly soiled, before eating, and after using the restroom." The recommendation further documented, "When cleaning your hands with soap and water, wet your hands first with water, apply the amount of product recommended by the manufacturer to your hands, and rub your hands together vigorously for at least 15 seconds, covering all surfaces of the hands and fingers. Rinse your hands with water and use disposable towels to dry. Use a towel to turn off the faucet. Other entities have recommended that cleaning your hands with soap and water should take around 20 seconds. Either time is acceptable."</p> <p>1. On 2/22/21 at 11:34 a.m., during tour of the Reflections Unit, the surveyor observed a Certified Nursing Assistant (CNA) go to a sink located outside the Dining Room area of the unit. The CNA turned the water on and placed soap from the dispenser on her hands, she lathered her hands with the soap outside the flow of water for 10 seconds, and then rinsed her hands inside the flow of water for an additional 10 seconds. The CNA then took a paper towel from the</p>	A1299		

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A1299	<p>Continued From page 12</p> <p>dispenser and dried her hands and turned the faucet off with the same paper towel that she used to dry her hands.</p> <p>The surveyor interviewed the CNA who stated that she usually washed her hands outside the flow of water, most times, for 20 seconds, however, this time the water was too hot. She further stated that she always uses the paper towel that she dried her hands with to turn off the faucet because she doesn't want to contaminate her hands.</p> <p>At 11:46 a.m., the surveyor observed the Reflections Coordinator/Licensed Practical Nurse (RC/LPN) go to a sink located outside the Dining Room area of the unit. The RC/LPN turned the water on and placed soap from the dispenser on her hands and she lathered her hands with the soap for 5 seconds outside the flow of water. The RC/LPN then continued to rub her hands for 8 more seconds inside the flow of water. She then took a paper towel in her right hand and took another paper towel in her left hand and turned off the faucet with the paper towel which was in her right hand. She then threw out the paper towel that was in her right hand and took the paper towel that was in her left hand and proceeded to dry both her hands with the paper towel.</p> <p>At that time the surveyor interviewed the RC/LPN who stated that the handwashing process was 30 seconds and that she also uses alcohol based hand rub after she washes her hands. She further stated that she always shuts the faucet off first with the paper towel before she dries her hands.</p> <p>At 11:58 a.m., the surveyor observed a private</p>	A1299		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 80a005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/22/2021
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NAME OF PROVIDER OR SUPPLIER BRANDYWINE LIVING AT MOUNTAIN RIDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 680 MOUNTAIN BOULEVARD WATCHUNG, NJ 07069
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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) COMPLETE DATE
A1299	<p>Continued From page 13</p> <p>duty Home Health Aide (HHA) go to a sink located outside the Dining Room area of the unit. The HHA turned the water on and placed soap from the dispenser on her hands and she rubbed her hands with the soap inside the flow of water for 10 seconds. The surveyor then interviewed the HHA who stated that she washes her hands for 20 seconds.</p> <p>At 12:55 p.m., the surveyor asked the Wellness Director (WD) what was the process for Handwashing (HW). The WD stated that the process for HW was 20 seconds outside the flow of water and the expectation is to take a new, dry paper towel to turn off the faucet and not to use the same paper towel that was used to dry their hands.</p> <p>The surveyor reviewed the facility provided policy titled, "Handwashing," with a revised date of 3/20/20, which included the following:</p> <p>Under "Procedure: A. Soap and Water Handwashing. 1. Wet hands and wrists with warm water and apply soap from the dispenser ...Wash vigorously with soap for 20-30 seconds then rinse with water. 2. ...Avoid touching sink or faucets as they are considered contaminated. 3. Work up a lather by rubbing your hands together vigorously to lather all surfaces of the fingers and hands including the wrists... Soap and water reduce surface tension and this, aided by friction, removes surface organisms which wash away in the lather. 5. Rinse hands and wrists well ... 6. Use a clean, dry paper towel to dry all surfaces of hands, wrists, and fingers. 7. If the sink is not equipped with a knee or foot control, turn off the faucets using a clean, dry paper towel to avoid recontaminating your hands."</p>	A1299		

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 80a005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/22/2021
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NAME OF PROVIDER OR SUPPLIER BRANDYWINE LIVING AT MOUNTAIN RIDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 680 MOUNTAIN BOULEVARD WATCHUNG, NJ 07069
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A1299	<p>Continued From page 14</p> <p>2. On 2/22/21 at 11:04 a.m., the surveyor observed a Housekeeper in the doorway of a resident room that was adjacent to exit of the memory care unit. The surveyor asked the Housekeeper if she knew the code that was required to be entered into the key pad to exit the locked unit. The Housekeeper, who had on gloves and was holding a rolled up microfiber cloth in her left hand, exited the resident's room and entered the code into the key pad with her right hand.</p> <p>When interviewed, the Housekeeper stated that the microfiber cloth that she held in her left hand was dirty as she had just mopped the floor. She stated that she touched the key pad with her right hand, which was not dirty, because she only held the mop handle with her right hand.</p> <p>The surveyor observed the Housekeeper as she removed her gloves and carried them to a trash can in the hallway just outside of the dining area. She then applied soap to her hands, turned on the faucet and rubbed her hands together under running water for 13 seconds. She turned off the faucet with her bare hands before she obtained a paper towel to dry them. The Housekeeper then obtained alcohol-based hand rub from a dispenser affixed to the wall and rubbed only the palms of her hands together.</p> <p>When interviewed, the Housekeeper stated that she was supposed to wash her hand for ten second under running water. She stated that she turned the faucet off with clean hands before she dried them with a paper towel.</p> <p>At 12:45 p.m., the surveyor interviewed the</p>	A1299		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 80a005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/22/2021
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A1299	Continued From page 15 Wellness Director (WD) who stated that staff were required to wet their hands, apply soap to them and wash them outside the stream of running water for 20 seconds, dry hands with a paper towel, and turn the faucet off with a clean paper towel. The WD further stated that staff were required to remove their gloves and wash their hands in the resident room before leaving. She stated that the Housekeeper should not have left the room before she removed her gloves and performed hand hygiene to prevent the potential for spread of infection.	A1299		