

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>j6tdgc</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/12/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CLARE ESTATE, THE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>201 CROSSWICKS STREET BORDENTOWN, NJ 08505</b>
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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
A 000	<p>Initial Comments</p> <p>Initial Comments: CENSUS: 27</p> <p>A COVID-19 Focused Infection Control Survey was conducted by the State Agency on 11/12/2020. 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> <p>The facility must submit a plan of correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.</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>	A 310		

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

TITLE

(X6) DATE

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A 310	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, staff interviews, and review of pertinent facility documents on 11/12/2020, it was determined that the facility Administration failed to have a complete Outbreak Response Plan and failed to post the Outbreak Response Plan on the facility's website, as well as failed to follow the State of New Jersey Department of Health Executive Directive 20-26-1, dated 10/20/2020, for Outbreak Plans. The deficient practice occurred during the COVID-19 pandemic and is evidenced by the following:</p> <p>Reference: NJDOH Outbreak Response Plan memo dated 03/06/2020, indicated; "This memorandum is a reminder that pursuant to N.J.S.A. 2H-12.87 ("Act") long-term care facilities, defined in the Act as nursing homes, assisted living residences, comprehensive personal care homes, residential health care facilities and dementia care homes are required to have an outbreak response plan ("Plan"). The Act took effect on August 15, 2019 and gave facilities until February 11, 2020 to develop the Plan."</p> <p>Reference: EXECUTIVE DIRECTIVE NO. 20-026-1 Directive for the Resumption of Services in all Long-Term Care Facilities licensed pursuant to N.J.A.C. 8:43, N.J.A.C. 8:39, N.J.A.C. 8:36 and N.J.A.C. 8:37, revised date 10/20/2020...3. Facilities are required to have a documented "Outbreak Plan" as required by N.J.S.A. 26:2H-12.87. In order for the facility to meet the requirements of this Directive and no later than October 30, 2020, the facility must</p>	A 310		

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A 310	<p>Continued From page 2</p> <p>submit to the Department via email to LTC.DiseaseOutbreakPlan@doh.nj.gov an Infection Control Contract Attestation on facility letterhead from the facility administrator with the facility name and license number.</p> <p>1. On 11/12/2020 at 4:50 PM, an interview was conducted with the Executive Director (ED) related to the review of the Outbreak Response Plan. A review of the plan indicated it to be an outline for construction of the plan or checklist of things to include in a response plan, and it did not address areas such as staff and resident testing, or work exclusion for those staff who refused the test. The ED stated he did not see it to be an outline, and that was the plan. However, there were no specific details of the procedures or process.</p> <p>Reference: New Jersey Department of Health Issued Executive Directive 20-026-1, dated 10/20/2020... Item I.4., The outbreak plan must be posted on the facility's website for public view by 10/30/2020.</p> <p>2. On 11/12/2020 at 9:12 AM, an interview was conducted with the Executive Director (ED). The ED stated he was not able to post to the facility's website and acknowledged the Outbreak Response Plan was not on the website.</p>	A 310		
A 891	<p>8:36-10.5(a) Dining Services</p> <p>(a) The facility and personnel shall comply with the provisions of N.J.A.C. 8:24, Retail Food Establishments and Food and Beverage Vending Machines Chapter XII of the New Jersey Sanitary Code.</p>	A 891		

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A 891	<p>Continued From page 3</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews, and the Chapter 24 of the New Jersey Sanitary Code on 11/12/2020, it was determined that the facility failed to change gloves and perform hand hygiene between handling dirty dishes and clean dishes for one of one staff observed (Kitchen Aide #1); and also failed to wear a hair net to fully cover the hair for two of two staff observed (Kitchen Aide #1 and Dietary Supervisor) in the kitchen. This deficient practice occurred during the COVID-19 pandemic and had the potential to affect all residents.</p> <p>Findings included:</p> <p>Reference: Chapter 24 New Jersey Sanitary Code, "Sanitation in Retail Food Establishments and Food and Beverage Vending Machines," Section 8:24-2.3(f), 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 and single-use articles, and: 5. After handling soiled equipment or utensils.</p> <p>1. On 11/12/2020 at 12:50 PM, an observation was conducted with Kitchen Aide (KA #1) while he was washing dishes. KA #1 rinsed a large rectangular pan of food debris in the sink with a large water sprayer, and loaded it on a rack and put in the dishwasher. When the dishwasher had</p>	A 891		
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A 891	<p>Continued From page 4</p> <p>completed the wash, KA #1 went to the other side of the dishwasher, took out the clean tray without changing his gloves or performing hand hygiene, took the clean pan off the tray and stood it up on another tray to dry. Kitchen Aide #1 went back to the sink, sprayed another dirty pan, and repeated the process three times without changing his gloves or performing hand hygiene when handling the clean dishes.</p> <p>Immediately following the observations, an interview was conducted with KA #1. He stated he had washed his hands and changed gloves. Upon explanation of going from the dirty side to the clean side (handling dirty, then clean dishes), KA #1 stated he had forgotten to change his gloves.</p> <p>On 11/12/2020 at 1:08 PM, an interview was conducted with the Dietary Supervisor (DS). The DS stated KA #1 should have changed his gloves between washing the dirty dishes and handling the clean dishes. The DS stated she would have the pans rewashed.</p> <p>Reference: Chapter 24 New Jersey Sanitary Code, "Sanitation in Retail Food Establishments and Food and Beverage Vending Machines," Section 8:24-2.4, (c)(1)-Hygienic Practices, indicated the following, "...food employees shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed food, clean equipment, utensils, linens; and unwrapped single-service and single-use articles."</p> <p>2. On 11/12/2020 at 12:50 PM, during an observation of the high-temperature dishwasher, KA #1 was observed with no hair net on while</p>	A 891		

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A 891	<p>Continued From page 5</p> <p>handling clean dishes.</p> <p>On 11/12/2020 at 1:08 PM, an interview was conducted with the Dietary Supervisor (DS) in the kitchen. The DS had a hair net on with only a partial amount of hair covered, with both sides and most of the back of her hair outside of the hairnet. The DS stated staff were expected to wear hair nets, but KA #1 would not wear one. The DS stated she knew her hair fell out of the hairnet, but she was not in the kitchen a lot.</p> <p>On 11/12/2020 at 5:02 PM, an interview was conducted with the Director of Nursing (DON) who stated she was aware staff needed to have a hairnet covering their hair while in the kitchen or serving food. The DON stated the DS had been told to cover her hair with the hairnet.</p>	A 891		
A1271	<p>8:36-18.1(a) Infection Prevention and Control Services</p> <p>(a) The facility shall develop and implement an infection prevention and control program.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, interviews, and review of pertinent facility documents on 11/12/2020, it was determined that the facility failed to hire or enter a contract with an Infection Control Preventionist by 10/30/2020. The facility also failed to ensure health care workers wore surgical masks when working in patient care areas for three of three staff observed (Certified Medication Aide, Dietary Aide, and the Director of Nursing), and failed to</p>	A1271		

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A1271	<p>Continued From page 6</p> <p>ensure masks covered the nose for three of three staff observed (Dietary Supervisor, Therapeutic Recreation Coordinator, and the Social Worker). The facility also failed to provide evidence of having an emergency stockpile of personal protective equipment (PPE) of two months. This emergency stockpile would be in addition to the daily inventory. The facility also failed to conduct weekly staff testing for COVID-19. There were 28 total staff tested on either 10/30/2020, 11/04/2020, or 11/10/2020, out of 46 to 48 total staff. The facility also failed to follow the State of New Jersey Department of Health (NJDOH) issued Executive Directive 20-26-1, dated 10/20/20, for the above. This deficient practice occurred during the COVID-19 pandemic.</p> <p>Findings included:</p> <p>Reference: NJDOH issued Executive Directive 20-026-1, dated 10/20/2020, Item II.1.iv.b.2.b., 1) above facilities will have until October 30, 2020 to enter into a contract for infection control services. Facilities must have at a minimum a contract, by October 30, 2020, in preparation for the start of the flu season in the fall of 2020. In order for the facility to meet the requirements of this Directive and no later than October 30, 2020, the facility must submit to the Department via email to LTC.DiseaseOutbreakPlan@doh.nj.gov an Infection Control Contract Attestation on facility letterhead from the facility administrator with the facility name and license number.</p> <p>1. On 11/12/2020 at 9:12 AM, an interview was conducted with the Executive Director (ED). The ED stated the Director of Nursing (DON) was the Infection Control Preventionist (ICP) and that he had not signed a contract with anyone. The ED indicated the DON did not have Infection Control (IC) certification, but she was told to enroll in the</p>	A1271		

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A1271	<p>Continued From page 7</p> <p>classes.</p> <p>On 11/12/2020 at 9:45 AM, an interview was conducted with the DON. The DON indicated she was not IC certified and was not currently signed up for the classes, but she had planned to because the facility wanted her to.</p> <p>Reference: NJDOH issued Executive Directive 20-026-1, dated 10/20/2020, Item III.3.i. All staff must wear all appropriate Personal Protective Equipment (PPE) when indicated. Staff may wear cloth face coverings if facemask is not indicated, such as for administrative staff or while in non-patient care areas (e.g. breakroom).</p> <p>2. On 11/12/2020 at 8:33 AM, an interview was conducted with Certified Medication Aide (CMA #1) in a resident hallway at the medication cart. CMA #1 wore a colored cloth face mask. The CMA stated the facility had enough PPE, but she preferred to wear a cloth one and had not been told not to wear it. The CMA stated she was passing medication, but if she had to give care, she would put another mask over it.</p> <p>On 11/12/2020 at 9:07 AM, an observation was conducted of a Dietary Aide (DA #1) passing out breakfast containers in residents' rooms with a black cloth face mask on.</p> <p>On 11/12/2020 at 9:45 AM, an interview was conducted with the Director of Nursing (DON) who was wearing a white cloth mask. The DON stated she preferred to wear a cotton face mask, and some of the staff wore cotton because their face broke out from the plastic ones. The DON stated she would give the staff an in-service about wearing the surgical masks when in the resident areas.</p>	A1271		



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A1271	<p>Continued From page 8</p> <p>On 11/12/2020 at 10:42 AM, an interview was conducted with the Dietary Supervisor (DS) who wore her face mask up to, but not including over her nose. The DS stated she had attended meetings for signs and symptoms, and prevention of COVID-19. The DS stated she had been told to wear her mask over her nose, but it did not stay up.</p> <p>On 11/12/2020 at 11:04 AM, an interview was conducted with the Therapeutic Recreation Coordinator (TRC), who wore her mask below her nose, and slipped to her mouth often. The TRC stated she took a new mask with her as she left the building so she would have a clean one to wear into work the following day.</p> <p>On 11/12/2020 at 11:59 AM, an interview was conducted with the Social Worker (SW) who wore her mask up to, but not including her nose. The SW stated there was plenty of PPE in the facility and she was wearing a new mask. The SW indicated she had been told very often to cover her nose with her mask by the DON.</p> <p>On 11/12/2020 from 2:04 PM to 2:15 PM, an observation was conducted in the memory care unit. The TRC was reading to a group of residents in the large common area with her mask below her chin. There were approximately [redacted] residents who were sitting in chairs or wandering in the common area. One resident repeatedly came up to the TRC and talked with her closely. Some of the residents had masks on over their mouth, or their mouth and nose, and some had masks below their chin.</p> <p>On 11/12/2020 at 5:02 PM, an interview was conducted with the DON who stated she had repeatedly told staff to pull their masks up daily. The DON stated she expected staff to wear their</p>	A1271		

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A1271	<p>Continued From page 9</p> <p>mask over their nose and mouth.</p> <p>Reference: NJDOH Executive Directive 20-026-1, dated 10/20/2020, Item II.3.i., Facilities that do not belong to a system with eight (8) or more facilities will be required to have two (2) months of PPE in stock. D. The PPE in stock is only to be used in the event of an emergency and not for daily use.</p> <p>3. On 11/12/2020 at 9:12 AM, an interview was conducted with the Executive Director (ED). The ED stated he had a list of PPE inventory and the facility had more than two months supply. The ED stated he checked his par level every other week because they had an ample supply. The ED stated he would supply the inventory list.</p> <p>On 11/12/2020 at 3:26 PM, the surveyor observed the facility's inventory in three different places. A PPE inventory list was again requested. The inventory list was not given to the surveyor by the end of the survey. The PPE inventory amount was unable to be verified.</p> <p>Reference: New Jersey Department of Health issued Executive Directive 20-026-1, dated 10/20/2020, Item 1.9.i. Ongoing weekly testing of all staff until guidance from the NJDOH changes based on epidemiology and data about the circulation of virus in the community.</p> <p>4. On 11/12/2020 at 9:12 AM, an interview was conducted with the Executive Director (ED). The ED stated all staff were tested for COVID-19 on Tuesdays and Thursdays by his Licensed Practical Nurse (LPN) and his Registered Nurse (RN).</p> <p>On 11/12/2020 at 1:20 PM, an interview was conducted with the DON who stated she was only</p>	A1271		

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A1271	Continued From page 10  testing staff every other week because she could not get staff to come to her office to get tested. The DON indicated the results took three to five days to return from the laboratory. The DON stated she was aware the tests were supposed to be conducted weekly.  On 11/12/2020 at 2:24 PM, review of the staff testing was conducted with the DON. Records revealed 28 total staff were tested on either 10/30/2020, 11/04/2020, or 11/10/2020, out of 46 to 48 total employees. The DON stated the facility had been told by the County Health Department they did not have to test their staff, but recently the Health Care Association had been out and told them to test weekly. She had begun the testing and was hoping to get all staff tested by the beginning of next week.	A1271		
A1273	8:36-18.1(b) Infection Prevention and Control Services  (b) The licensed professional nurse, in coordination with the administrator, shall be responsible for the direction, provision, and quality of infection prevention and control services. The health care services director, in coordination with the administrator, shall be responsible for, but not limited to, developing and maintaining written objectives, a policy and procedure manual, and an organizational plan for the infection prevention and control service.	A1273		

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A1273	<p>Continued From page 11</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, staff interviews, and review of pertinent facility documents on 11/12/20, it was determined that the facility failed to develop and maintain written objectives, a policy and procedure manual, and an organizational plan for the infection prevention and control service, that were in accordance with the State of New Jersey Executive Directive No. 20-026-1, with a revised date of 10/20/2020, issued by the Commissioner of the New Jersey Department of Health (NJDOH). This affected all residents in the facility, and occurred during the COVID-19 pandemic.</p> <p>Findings included:</p> <p>Reference: NJDOH issued Executive Directive No 20-026-1, dated October 20, 2020 revealed the following:</p> <p>ii. Required Core Practices for Infection Prevention and Control:</p> <p>1. Regardless of a facility's current reopening phase, core infection prevention and control practices must be in place at all times. Maintaining core infection prevention and control practices is key to preventing and containing outbreaks and is crucial in ensuring the delivery of quality, safe care.</p> <p>1. On 11/12/2020 at 9:12 AM, an interview was conducted with the Executive Director (ED). The ED stated the Director of Nursing (DON) was the Infection Control Preventionist (ICP). The ED indicated the DON did not have infection control (IC) certification, but she was told to enroll in the classes. The ED stated the DON would have the IC policies and procedures available for review.</p> <p>On 11/12/2020 at 9:45 AM, an interview was</p>	A1273		

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NAME OF PROVIDER OR SUPPLIER  <b>CLARE ESTATE, THE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>201 CROSSWICKS STREET BORDENTOWN, NJ 08505</b>
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A1273	<p>Continued From page 12</p> <p>conducted with the DON. The DON indicated she was not IC certified and was not currently signed up for the classes, but she had planned to because the facility wanted her to. The DON stated she did not have a book on IC Policies and Procedures, but would bring what she had.</p> <p>On 11/12/2020 at 2:44 PM, a request was made again to the DON for infection control policies and procedures related to personal protective equipment (PPE) use for glove changes/handwashing and mask wearing, staff testing of COVID-19, and resident monitoring of COVID-19. The DON printed a 2-page document titled, "Infection Prevention and Control Program 2020" (IPCP) which outlined the Authority and the Responsibilities for the IPCP for the ED and DON. A Resident Handwashing policy and procedure, and hand hygiene procedure, both undated, were reviewed. The policies did not address glove or mask use.</p>	A1273		
A1297	<p>8:36-18.3(a)(4) Infection Prevention and Control Services</p> <p>(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:</p> <p>4. Surveillance techniques to minimize sources and transmission of infection;</p> <p>This REQUIREMENT is not met as evidenced by: Based on the record review, staff and resident interviews, and review of pertinent facility</p>	A1297		

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A1297	<p>Continued From page 13</p> <p>documents on 11/12/20, as well as New Jersey Department of Health (NJDOH) issued Executive Directive 20-26-1, dated 10/20/20, it was determined that the facility failed to screen all residents, at minimum during every shift, with questions and observations for signs or symptoms of COVID-19 and by monitoring vital signs. The facility was in Phase 0 of reopening. This deficient practice occurred during the COVID-19 pandemic.</p> <p>Findings included:</p> <p>Reference: NJDOH issued Executive Directive 20-026-1, dated 10/20/2020, Item IV. -1- 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 (VS) recorded shall include heart rate, blood pressure, temperature, and pulse oximetry.</p> <p>1. On 11/12/2020 at 9:12 AM, an interview was conducted with the Executive Director (ED). The ED stated the facility was in Phase 0. He stated he had submitted paperwork recently to go to Phase 1 since they had not had any COVID-19 in the building since 04/2020. The ED stated residents were screened with temperature checks and VS daily by the aide who got them up in the morning and that would be documented in their medical record.</p> <p>On 11/12/2020 at 8:32 AM, an interview was conducted with Nurse #1. The nurse stated she thought if residents had any signs or symptoms of COVID-19, they would be checked with a temperature. She indicated she was new to the facility and was not sure what VS were taken.</p> <p>On 11/12/2020 at 10:25 AM, an interview was</p>	A1297		

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NAME OF PROVIDER OR SUPPLIER  <b>CLARE ESTATE, THE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>201 CROSSWICKS STREET BORDENTOWN, NJ 08505</b>		
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A1297	Continued From page 14  conducted with the Home Health Aide (HHA #1). HHA #1 stated the resident's temperature and VS would be taken by the nurse or medication aides.  On 11/12/2020 at 11:27 AM, an interview was conducted with Resident #1. Resident #1 stated he/she did not get a temperature taken or asked questions about COVID-19 symptoms that the resident could remember.  On 11/12/2020 at 2:24 PM, a review of Resident #1's medical record was conducted with the Director of Nursing (DON). The DON stated the staff were taking residents temperatures but were not documenting in the medical record. The staff would let the DON know if a temperature was out of the normal range. The DON indicated she would make up a log for staff to document the VS.	A1297		
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 observations and staff interviews, it was determined that the facility staff failed to change gloves and perform hand hygiene	A1299		

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A1299	<p>Continued From page 15</p> <p>between resident rooms for two of two staff observed (Dietary Aide #1 and Housekeeper #1). This deficient practice occurred during the COVID-19 pandemic and had the potential to affect all residents.</p> <p>Findings included:</p> <ol style="list-style-type: none"> <li>On 11/12/2020 at 9:07 AM, during an initial tour of the facility, Dietary Aide (DA #1) was observed with her gloves on going into Room [REDACTED] with a breakfast container. DA #1 assisted with the tray in the room then came out of the room, picked up breakfast items and a container, and then took them into Room [REDACTED] without changing gloves or performing hand hygiene.</li> </ol> <p>On 11/12/2020 at 2:04 PM, an observation was conducted of Housekeeper #1 coming out of Room [REDACTED] with gloves on and a black plastic bag of trash. The housekeeper put the black plastic bag in her larger trash liner, pulled an empty black plastic bag off her cart, and went into Room [REDACTED] with her gloves still on. The housekeeper talked to the resident in the room, rubbed her knee, picked up the trash from the bathroom, straightened the resident covers on her bed, and helped the resident put her sweater on. The housekeeper then came out of the resident room, dropped the trash in her larger container, and took her gloves off. The housekeeper washed her hands and got a glass of ice for the resident.</p> <p>Immediately following, an interview was conducted with Housekeeper #1. The housekeeper stated she had worked at the facility for 1½ years and had infection control training during her orientation. The housekeeper indicated she had gloves on from handling the previous resident's trash and should have changed them</p>	A1299		



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A1299	Continued From page 16  prior to entering another room.  On 11/12/2020 at 5:02 PM, an interview was conducted with the Director of Nursing (DON) who stated she expected staff to change gloves between residents and would have to do an in-service for them.	A1299		