

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195529	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/18/2024
NAME OF PROVIDER OR SUPPLIER The Oaks Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 50 Pinecrest Drive Pineville, LA 71360	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>Based on interview and record review, the facility failed to ensure services were provided to residents according to accepted standards of clinical practice for 2 (Resident #97 and Resident #102) out of a total sample of 30 residents. The facility failed to notify the physician when:</p> <ol style="list-style-type: none"> 1. Resident #102 had blood glucose levels greater than 451 mg/dL as ordered. 2. Resident #97 had an unwitnessed fall. <p>Findings:</p> <p>Review of a facility policy titled Change in Condition Policy and Procedure dated 08/27/2018 revealed in part . Procedure: 2. The licensed nurse will assess the resident and note any signs and symptoms, including physical and mental changes in condition. Assessment may include but is not limited to: physical assessment findings, vital signs, blood glucose, oxygen saturation, etc. The licensed nurse will document assessment findings in the electronic medical record. 3. The resident's primary physician or designated alternate will be contacted promptly of a significant change in the resident's status. a. If unable to contact primary physician or designated alternate, the medical director is to be contacted. b. Document notification and any instructions/orders received in the electronic medical record and on the physician order as appropriate.</p> <p>Resident #102</p> <p>Review of Resident #102's clinical record revealed an admission date of 04/23/2024 with diagnoses that included: Type 2 Diabetes Mellitus with Hyperglycemia; Hemiplegia And Hemiparesis following Cerebral Infarction Affecting Right Dominant; Unspecified Glaucoma; Apraxia following Cerebral Infarction; Aphasia following Cerebral Infarction; Dysarthria following Cerebral Infarction; and Hypertensive Heart And Chronic Kidney Disease with Heart Failure.</p> <p>Review of Resident #102's Quarterly MDS with an ARD of 06/29/2024 a BIMS score of 9, indicating moderate cognitive impairment. Resident #97's MDS revealed she required moderate assistance with eating and received seven days of insulin injections.</p> <p>Review of Resident #102's Care Plan with a Target Date of 10/16/2024 revealed in part .I have a diagnosis of Diabetes. Interventions: Administer my diet as ordered. Monitor my nutritional intake. Obtain my finger stick blood sugars as ordered. Administer my oral hypoglycemic agents as ordered. Observe me for signs of hypo/hyperglycemia. Monitor my blood sugar as ordered. Administer my insulin as ordered. Assess my response to the insulin changes and report to MD.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #102's 08/2024 Medication Administration Record revealed in part .</p> <p>Order: Admelog Injection Solution. Inject as per sliding scale: if 60 - 200 = 0 units; 201 - 300 = 4 units; 301 - 400 = 8 units; 401 - 450 = 15 units; 451 - 999 = 20 units; 451-500 or above notify MD.</p> <p>Blood Glucose Levels:</p> <p>08/01/2024 11:00 a.m. - 491 mg/dL</p> <p>08/02/2024 11:00 a.m. - 492 mg/dL</p> <p>08/02/2024 4:00 p.m. - 515 mg/dL</p> <p>08/03/2024 11:00 a.m. - 471 mg/dL</p> <p>08/04/2024 11:00 a.m. - 518 mg/dL</p> <p>08/05/2024 11:00 a.m. - 543 mg/dL</p> <p>08/06/2024 11:00 a.m. - 526 mg/dL</p> <p>08/07/2024 11:00 a.m. - 490 mg/dL</p> <p>08/07/2024 4:00 p.m. - 520 mg/dL</p> <p>08/09/2024 4:00 p.m. - 503 mg/dL</p> <p>Review of Resident #102's 09/2024 Medication Administration Record revealed in part .</p> <p>Order: Admelog Injection Solution. Inject as per sliding scale: if 60 - 200 = 0 units; 201 - 300 = 6 units; 301 - 400 = 8 units; 401 - 450 = 15 units; 451 - 999 = 20 units; 451-500 or above notify MD.</p> <p>Blood Glucose Levels:</p> <p>09/03/2024 11:00 a.m. - 464 mg/dL</p> <p>09/04/2024 11:00 a.m. - 460 mg/dL</p> <p>09/05/2024 11:00 a.m. - 467 mg/dL</p> <p>09/05/2024 4:00 p.m. - 466 mg/dL</p> <p>09/08/2024 11:00 a.m. - 466 mg/dL</p> <p>09/09/2024 4:00 p.m. - 454 mg/dL</p> <p>09/11/2024 11:00 a.m. - 455 mg/dL</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>09/11/2024 8:00 p.m. - 464 mg/dL</p> <p>09/16/2024 11:00 a.m. - 456 mg/dL</p> <p>Review of Resident #102's Nursing Progress Notes from 08/01/2024 through 09/17/2024 revealed on the dates listed above there were no progress notes for notification of Resident #102's MD when her blood glucose levels were greater than 451 mg/dL.</p> <p>Interview on 09/18/2024 at 10:27 a.m. with S2 DON confirmed on the above listed dates when Resident #102's blood glucose levels were above 451 mg/dL the nurses did not document Resident #102's MD was notified, but they should have. S2 DON reported the nurses should have made a progress note in Resident #102's clinical record that the MD was notified.</p> <p>Resident #97</p> <p>Review of the facility's policy and procedure dated 05/08/2018, and titled Incident and Accident read in part .</p> <p>Policy: Accidents are to be reported, investigated and followed up in a timely manner.</p> <p>Procedure:</p> <p>1. Reporting of Incidents and Accidents:</p> <p>a. Any employee who witnesses or becomes aware of an incident or accident must report it to the designated departmental supervisor.</p> <p>3. Medical attention (nurse)</p> <p>a. Assess all incident and accident victims.</p> <p>b. Notify Physician</p> <p>c. Notify family/ responsible party</p> <p>4. Investigative Action:</p> <p>a. The nurse conducts an immediate investigation of any Incident and Accident. The nurse collects pertinent data and completes an incident entry form (including taking vital signs).</p> <p>5. Incident and Accident Report:</p> <p>a. Complete an incident and accident report on any incidents or accidents, regardless of how minor the incident or accident may be.</p> <p>c. Documentation in the nurse's note must clearly define the incident and record the resident's vital signs.</p> <p>6. Instructions for responding nurse:</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>a. Incident or accident without head injury</p> <p>i. Notify family/ responsible party and physician, then document in the electronic medical record (EMR)</p> <p>ii. Complete incident and or accident report.</p> <p>iii. Document incident or accident follow-up notes in the electronic medical record (EMR) including vital signs for 72 hours.</p> <p>Equipment:</p> <p>1.</p> <p>Incident and Accident Report</p> <p>2.</p> <p>Vital Signs if applicable</p> <p>3.</p> <p>Resident Chart</p> <p>4.</p> <p>Electronic medical record (EMR)</p> <p>Review of Resident #97's clinical record revealed an admit date of 09/01/2023, with diagnoses which included other lack of coordination; hereditary and idiopathic neuropathy; muscle weakness, repeated falls, spondylolisthesis, vitamin D deficiency; osteomyelitis and other muscle spasms.</p> <p>Review of Resident #97's Quarterly MDS with an ARD/ Target date of 07/16/2024, revealed a BIMS score of 15; Cognitively intact. Resident #97 uses a wheelchair and requires substantial/maximal assistance with wheeling 150 feet, and wheeling 50 feet with two turns. Resident #97 requires partial/moderate assistance with chair/bed to chair transfers and changing from a sitting to standing position.</p> <p>Review of Resident #97's Care Plan revealed in part The resident is at risk for falls r/t Fall Hx, COPD, SOB, Anemia, Depression, Neuropathy, OA, and Psychotropic drug use. Interventions included: Place me on the fall program as appropriate; monitor for changes in my condition that may warrant increased supervision/ Assist and Notify MD and remind me to ask for assist with all ambulation. The resident requires staff assistance with ADL's related to Anemia, COPD, Depression, Neuropathy and OA. Interventions included: I require assistance with ambulation. I use a wheelchair for mobility and assist me with locomotion.</p> <p>Interview with Resident #97 on 09/16/2024 at 09:50 a.m., revealed that Resident #97 had a fall on Saturday, 09/14/2024 at the front of the facility. Resident #97 stated that she was outside visiting with her son. Resident #97 stated that her son left and she was sitting outside when her phone fell and as she attempted to reach down and pick it up, she slid out of the wheelchair onto her left</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>shoulder. Resident #97 stated that she was outside on the ground for about 5 minutes when a visitor saw her on the ground and alerted staff. Resident #97 stated that about 5 nurses came outside to help her. The nurses checked her out and she had no injuries and was not in any pain. She was wheeled back into the facility. Resident #97 stated that she joked with staff that she would never reach for her phone again.</p> <p>Review of Resident #97's clinical record revealed no documentation of a fall on Saturday 09/14/2024; no Physician notification and no responsible party notification.</p> <p>Requested Incident report of resident's fall on Saturday, 09/14/2024 from S1Administrator.</p> <p>Interview with S2 DON on 09/17/2024 at 12:14 p.m. revealed that she was unaware that Resident #97 had a fall. She started the procedure to open an investigation. S2 contacted S8 LPN who was on duty Saturday via phone for more information concerning Resident #97's fall.</p> <p>Interview with S2 DON and S5 Regional QI Nurse on 09/18/2024 at 11:21 a.m. revealed that the physician and responsible party were not notified of Resident #97's fall and confirmed they should have. S2 DON stated that she was made aware of fall when it was brought to her attention by S1 Administrator after request for Incident report from this surveyor.</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>FACILITY</p> <p>Based on observation and interview, the facility failed to ensure menus were followed in order to meet the nutritional needs of residents who required a puree diet. The facility failed to follow the recipe in regard to ingredients and portion size to ensure the nutritional adequacy of the meal for all 9 residents who received a puree diet.</p> <p>Findings:</p> <p>Review of the facility's policy titled: Preparation and Service of Pureed Diets read in part .Procedure 5: Follow recipes provided .Procedure: 6.A food thickener may be added to pureed foods to thicken the food to its desired consistency.</p> <p>In an interview during the initial kitchen tour at 8:43 a.m. on 09/16/2024, S3 Dietary Manager stated the facility had 9 residents being served a puree diet.</p> <p>In an observation on 09/16/2024 at 9:13 a.m., S4 Dietary [NAME] prepared puree pot roast and placed $\frac{1}{2}$ of a roast in the blender with 6 pieces of bread, and approximately $\frac{1}{2}$ pan of water in the blender to puree the roast. In an observation at 9:20 a.m., S4 Dietary [NAME] added 3 small cartons of whole milk to the 40 yam patties she placed in puree mixer and turned on the blender. At 9:30 a.m., S4 Dietary [NAME] put some cabbage in the blender. This surveyor asked how much cabbage she put in and she said, I just scooped some up. S4 Dietary [NAME] stated she used some of the juice the cabbage cooked in and then put some water in a pan and added it to the blender with the cabbage. During these observations, S4 Dietary [NAME] never measured the water before adding it to the pan and later the blender.</p> <p>Review of the recipe for puree pot roast revealed it required the use of water and food thickener bulk and did not require the use of bread. Review of the recipe for puree cabbage revealed it required the use of food thickener bulk and did not require the use of water.</p> <p>In an interview on 09/16/2024 at 4:10 p.m., S3 Dietary Manager confirmed S4 Dietary [NAME] did not follow the puree recipes, did not measure portion sizes according to puree recipe, and did not use food thickener bulk for recipes and should have.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, record review, and interview the facility failed to maintain an effective infection prevention and control program and ensure staff practices were consistent with current infection control principles and practices to prevent possible cross contamination for 1 (#109) of 30 sampled residents. The facility failed to implement appropriate infection control precautions for Resident #109.</p> <p>Findings:</p> <p>Review of the facility's policy and procedure dated 04/01/2024, and titled Enhanced Barrier Precautions read in part .</p> <p>Policy:</p> <p>To follow CMS guidelines related to Enhanced Barrier Precautions,</p> <p>Enhanced Barrier Precautions (EBP) refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and glove use during high contact resident care activities.</p> <p>Procedure:</p> <p>1. EBP are indicated for residents with any of the following:</p> <p>b. Wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with an MDRO.</p> <p>i. Wounds generally include chronic wounds, not short-lasting wounds such as skin breaks or skin tears covered with an adhesive bandage (e.g., Band-Aid) or similar dressing.</p> <p>1. Examples of chronic wounds include, but are not limited to, pressure ulcers, diabetic foot ulcers, unhealed surgical wounds, and venous stasis ulcers.</p> <p>ii. Indwelling medical device examples include central lines, urinary catheters, feeding tubes, and tracheostomies.</p> <p>2. EBP should be used for any resident who meets the above criteria, wherever they reside in the facility (resident room not in common area such as hallway, dining, or activity rooms).</p> <p>a. Outside the resident's room, EBP should be followed when performing transfers or assisting during bathing in a shared/ common shower room and when working with residents in the therapy gym.</p> <p>4. For residents for whom EBP are indicated, EBP is employed when performing the following high contact resident care activities:</p> <p>a. Dressing</p> <p>b. Bathing/Showering</p> <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>c. Transferring</p> <p>d. Providing Hygiene</p> <p>e. Changing Linens</p> <p>f. Changing briefs or assisting with toileting</p> <p>g. Device care or use (central line, urinary catheter, feeding tube, tracheostomy)</p> <p>h. Chronic Wound Care: any skin opening requiring a dressing.</p> <p>5. PPE is to be applied prior to performing the high-contact resident activity according to below and before moving on to another resident:</p> <p>a. Perform hand hygiene</p> <p>b. Put on a gown and gloves</p> <p>c. After resident care, throw away gown and gloves in trash receptacle</p> <p>d. Perform hand hygiene</p> <p>Equipment:</p> <p>1.</p> <p>EBP sign</p> <p>2.</p> <p>Gloves and gown</p> <p>3.</p> <p>Hand Sanitizer</p> <p>Review of Resident #109's clinical record revealed an admit date of 06/05/2024, with diagnoses which included encounter for other orthopedic aftercare; other acute osteomyelitis, right ankle and foot; aftercare following joint replacement surgery; local infection of the skin and subcutaneous tissue; and other fracture of right lower leg, subsequent encounter for closed fracture with routine healing.</p> <p>Review of Resident #109's Significant Change MDS with an ARD date of 08/09/2024, revealed a BIMS score of 15, which indicated the resident was cognitively intact. Resident #109 required supervision or touching assist with personal hygiene, upper body dressing; oral hygiene; and eating. Resident was Dependent for toileting. Resident required partial or moderate assistance for showering/ bathing; lower body dressing and putting on and taking off footwear. Resident had a surgical wound.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #109's Care Plan revealed in part The resident has a leg infection (07/02/2024). Interventions included: Administer my medication as prescribed by my physician; monitor me for signs and symptoms of my infection getting worse and provide me treatment as ordered by my physician. The resident has a surgical site to right lateral malleolus (06/27/2024). Interventions included: I need wound care as ordered by my physician; monitor for changes in my skin status that may indicate worsening of my wound and notify the physician and turn and reposition me as appropriate.</p> <p>Review of Resident #109's Wound Assessment report dated 08/04/2024 revealed the resident had a non-pressure wound-surgical incision to right lower leg.</p> <p>Review of Resident #109's physician's orders dated 09/18/2024 at 8:20 a.m. revealed no order for Enhanced Barrier Precautions.</p> <p>Review of Resident #109's Care Plan dated 08/03/2024 revealed no care plan for Enhanced Barrier Precautions.</p> <p>Observation of Resident #109 on 09/16/2024 at 9:30 a.m. revealed Resident #109 sitting in wheelchair. PICC line noted to right arm, dressing clean, dry and intact, dated 09/12/2024 and wound vac on and connected to right ankle hanging on back of wheelchair. No Enhanced Barrier Precaution signage noted on door or near room.</p> <p>Observation of Resident #109 on 09/17/2024 at 9:06 a.m. revealed Resident #109 sitting up in bed. PICC line noted to right upper arm, dressing clean, dry and intact, dated 9/16/2024. Wound Vac on and connected to right ankle. No Enhanced Barrier precautions posted on room door, in room or near room.</p> <p>Observation of Resident #109 on 09/17/2024 at 1:42 p.m. revealed Resident #109 in bed. PICC line noted to right arm and wound vac on floor next to bed, on and connected to ankle. No Enhanced Barrier Precautions on door, in room or outside room door noted.</p> <p>Interview with S7 CNA on 09/17/2024 at 2:24 p.m. revealed she was aware of residents that are on Enhanced Barrier Precautions by orange sign on the resident's door.</p> <p>Observation and interview with Resident #109 on 09/18/2024 at 8:50 a.m. revealed Resident #109 lying in bed. PICC line observed to right arm, dressing clean dry and intact and wound vac sitting on floor, on and connected to right ankle. Resident #109 stated CNA's have not been wearing gowns when transferring resident to and from wheelchair or when performing toileting hygiene. Resident #109 stated tubing was disconnected by CNAs from wound vac during transfers. Enhanced Barrier Precaution sign now on resident's door.</p> <p>Interview with S6 LPN on 09/18/2024 at 9:04 a.m. revealed that she placed the sign on the Resident #109's door at some point on Tuesday, 09/17/2024.</p>		