

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>235050</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/09/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>HAROLD AND GRACE UPJOHN COMMUNITY CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2400 PORTAGE ST KALAMAZOO, MI 49001</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0880  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Many	<p><b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to maintain adequate infection control practices during a COVID-19 infection control survey. Findings include: Review of a Facility Policy Respiratory Care, last reviewed 10/23/18, revealed: Policy Statement: It shall be the policy of (name of facility) to provide respiratory care for our residents in a safe and effective manner according to current standards of practice. Procedure/Guidelines: . 4. Include maintenance orders, such as changing tubing once per week on oxygen. 5. Follow Decontamination of Medical Equipment policy for equipment. 6. Store tubing in a clean sanitary manner . Review of a Facility Policy Decontamination of Medical Devices/Disinfectant last reviewed 10/24/18, revealed: Policy Statement: It is the policy of (name of facility) to prevent transmission of infection through decontamination of items used in healthcare. Procedure/Guidelines for Decontamination . Decontamination of items related to items considered critical, semi-critical, and non-critical are to follow facility guidelines . 5. Resident Lifts, Resident Sit to Stands (a piece of equipment that allows staff to assist resident to be lifted from a sitting to a standing position) will be cleaned and decontaminated weekly . and wiped . after each use and prn (as needed). 6. Wheelchairs will be washed weekly on the first bath/shower day of the week for the resident using (indicating the wheelchair is used only for the assigned resident) . 8. Oxygen concentrator filters will be rinsed and patted dry and returned to the concentrator weekly. 9. Oxygen concentrators will be wiped down with the facility approved decontamination wipes weekly and prn. They must remain moist per manufacturers' contact time recommendations. 10. Oxygen concentrator humidifier bottle will be changed weekly and prn . Note no verbiage specific to soiled or contaminated oxygen tubing or nasal cannula (a flexible tube that contains two open prongs that go inside the nostrils). Resident #101 Review of a Face Sheet revealed Resident #101 was an [AGE] year-old female, originally admitted to the facility on [DATE], with pertinent [DIAGNOSES REDACTED]. In an observation/interview on 4/8/20 at 12:00 PM, Resident #101 was seated in a wheelchair at a table in a common area across from the Unit W nurses station. Resident #101 had an oxygen tank on the back of her wheelchair and oxygen was running at 1 Liter. The part of Resident #101's oxygen tubing with the nasal cannula (the part that goes inside the nose) was lying on the floor beside her wheelchair (indicating that the resident had removed her oxygen). Physical Therapy Assistant (PTA) K approached Resident #101 and indicated to Resident #101 that she needed to have her nasal cannula back on her nose so that she could get her oxygen. PTA K then picked the oxygen tubing and nasal cannula up off the floor and began to place the nasal cannula in Resident #101's nostrils. Just prior to placement into the nostrils, this surveyor asked PTA K if there was anything that should be done before placing the nasal cannula into Resident #101's nostrils. PTA K indicated there was not. This surveyor then asked PTA K if the oxygen tubing and nasal cannula should be cleaned or changed before placing in Resident #101's nostrils since it had been on the floor. PTA K indicated that was a good point and should be changed because it was probably dirty. In an interview on 4/8/20 at 12:37 PM, Director of Nursing (DON) B indicated that if that part of oxygen tubing with the nasal cannula is found on the floor, it should be cleaned, if not changed, because of contamination and risk of infection. In an observation on 4/8/20 at 9:42 AM, observed a wheelchair (labeled for a specific resident) unattended and empty located in the common area of the W unit. The wheelchair had an oxygen tank on the back. Oxygen tubing dated 3/30/20 was on the seat of the wheelchair. In an interview on 4/8/20 at 10:28 AM, Certified Nurse Assistant (CNA) L approached this surveyor and indicated that the wheelchair was just taken care of, and explained it was cleaned and sanitized and put away in the wheelchair room. CNA L then indicated unsure why the wheelchair had remained in the common area because the resident who used it was discharged on [DATE]. CNA L indicated that wheelchairs labeled for specific resident use should be cleaned and sanitized and put in the wheelchair room after a resident is discharged . In an interview on 4/8/20 at 11:00 AM, Registered Nurse (RN) M indicated the wheelchair that CNA L cleaned and sanitized was assigned to and used by a resident who was discharged home on [DATE]. RN M indicated unsure why the wheelchair was sitting in the common area because it should have been cleaned and sanitized right after the resident using it was discharged . On 4/8/20 at 10:12 AM, observed Registered Nurse (RN) M and Certified Nurse Assistant (CNA) J entering a resident room. CNA J wheeled a Sit to Stand (a piece of equipment that allows staff to assist resident to be lifted from a sitting to a standing position) from the hallway into the resident room. Neither RN M nor CNA J wiped down (cleaned) the Sit to Stand before it was taken into the resident room. On 4/8/20 at 10:28 AM, observed Registered Nurse (RN) M and Certified Nurse Assistant (CNA) J exit the resident room. CNA J wheeled the Sit to Stand out of the resident room. Neither RN M nor CNA J wiped down (cleaned) the Sit to Stand after it was removed from the resident room. In an interview on 4/8/20 at 10:32 AM, Certified Nurse Assistant (CNA) J confirmed the Sit to Stand was not cleaned before or after use and revealed not knowing that needed to be done. In an interview on 4/8/20 at 11:00 AM, Registered Nurse (RN) M indicated that Certified Nurse Assistants (CNAs) are supposed to clean the shared medical equipment (such as Sit to Stands) on the night shift. RN M indicated there is a cleaning schedule for that equipment. RN M indicated she was not sure if the shared equipment should be cleaned between resident use and referred this surveyor to the Nurse Supervisor. In an interview on 4/8/20 at 11:12 AM, Nurse Supervisor (NS) C indicated that shared medical equipment should be cleaned after each use. In an interview on 4/8/20 at 2:25 PM, Director of Nursing (DON) B indicated that shared medical equipment should be cleaned in between each resident use with purple disinfect wipes to prevent the possible spread of infection.</p> <p>Review of the Centers for Disease Control and Prevention website: (<a href="https://www.cdc.gov/handhygiene/providers/guideline.html">https://www.cdc.gov/handhygiene/providers/guideline.html</a>) last reviewed: January 30, 2020 revealed, Healthcare personnel should use an alcohol-based hand rub or wash with soap and water for the following clinical indications: Immediately before touching a patient .Before moving from work on a soiled body site to a clean body site on the same patient .after touching a patient or the patient's immediate environment, after contact with blood, body fluids, or contaminated surfaces, immediately after glove removal. Healthcare facilities should: require healthcare personnel to perform hand hygiene in accordance with Centers for Disease Control and Prevention (CDC) recommendations .ensure that supplies necessary for adherence to hand hygiene are readily accessible in all areas where patient care is being delivered . Review of facility policy, Donning and Doffing of PPE ORIGINAL EFFECTIVE DATE: 3/13/2020, revealed, POLICY STATEMENT This facility promotes appropriate use of personal protective equipment to prevent the transmission of pathogens to residents, visitors, and other staff. PROCEDURE/GUIDELINES Definitions: Personal protective equipment, or PPE, refers to a variety of barriers used alone or in combination to protect mucous membranes, skin, and clothing from contact with pathogens. It includes gloves, gowns, face protection (facemasks, goggles, and face shields), and respiratory protection (respirators) . Policy Explanation and Compliance Guidelines: All staff who have contact with residents and/or their environments must wear personal protective equipment as appropriate during resident care activities and at other times in which exposure to blood, body fluids, or potentially infectious materials is likely. PPE will be utilized as part of standard precautions regardless of a resident's suspected or confirmed infection status .4. b . Perform hand hygiene immediately after removing all PPE .5. Staff will receive training on the why, what, and how of PPE upon hire, annually, when new products are introduced, and as needed.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

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.

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F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p>(continued... from page 1)</p> <p>Review of facility policy, Wound Care/ Clean Dressing Change LAST REVIEWED/REVISION DATE: 4/8/2020, revealed, POLICY STATEMENT It is the policy of this facility to provide wound care in a manner to decrease potential for infection and/or cross-contamination. PROCEDURE/GUIDELINES .8. Place a barrier cloth or pad next to the resident, under the wound to protect the bed linen and other body sites . Loosen the tape and remove the existing dressing. If needed to minimize skin stripping or pain, moisten with prescribed cleansing solution or use adhesive remover to remove tape. 9. Loosen the tape and remove the existing dressing. If needed to minimize skin stripping or pain, moisten with prescribed cleansing solution or use adhesive remover to remove tape. 10. Remove gloves, pulling inside out over the dressing. Discard into appropriate receptacle. 11. Wash hands and put on clean gloves. 12. Cleanse the wound as ordered, taking care to not contaminate other skin surfaces or other surfaces of the wound (i.e. clean outward from the center of the wound). Pat dry with gauze .14. Wash hands and put on clean gloves . Review of facility policy, SUBJECT: Airborne, Droplet, Contact Isolation LAST REVIEWED/REVISION DATE: 3/15/2020, revealed, POLICY STATEMENT Transmission based isolation is designed to prevent transmission of highly transmissible or epidemiologically important infections that warrant strict control. PROCEDURE/GUIDELINES Specification for Transmission Based Isolation . Masks are indicated with droplet precautions for those who come close to the resident. PROCEDURE/GUIDELINES Enforce Body Fluids Precautions and Universal Precautions and monitor for compliance . Enforce proper hand washing technique and monitor for compliance . According to <a href="https://www.cdc.gov/surveillance/nrevss/hmpv/clinical.html">https://www.cdc.gov/surveillance/nrevss/hmpv/clinical.html</a>, Human metapneumovirus (HMPV) can cause upper and lower respiratory disease in people of all ages, especially among young children, older adults, and people with weakened immune systems . Clinical symptoms of HMPV infection may progress to [MEDICAL CONDITION] or pneumonia and are similar to other viruses that cause upper and lower respiratory infections .HMPV is most likely spread from an infected person to others through secretions from coughing and sneezing, close personal contact, such as touching or shaking hands, and touching objects or surfaces that have [MEDICAL CONDITION] on them then touching the mouth, nose, or eyes . cleaning possible contaminated surfaces (such as doorknobs and shared toys) may potentially help stop the spread of HMPV . Resident #102 Review of a Face Sheet revealed Resident #102 was a [AGE] year-old female, originally admitted to the facility on [DATE], with pertinent [DIAGNOSES REDACTED]. Review of Resident #102's Order Summary start date 2/12/2020, revealed, Santyl Ointment 250 UNIT/GM ([MEDICATION NAME]) Apply to left heel topically every day shift for wound Cleanse with saline, pat dry, apply to wound bed, then cover with bordered foam and change every day. During an observation and interview on 4/8/2020 at 2:08 PM, Licensed Practical Nurse (LPN) T gathered wound dressing supplies for Resident #102 and entered her room. LPN T stated, Resident #102 has a pressure related wound on her left heel. LPN T placed supplies on a barrier on top of bedside table then washed hands for 20 seconds and donned clean gloves. LPN T removed Resident #102's dressing from left heel without placing a barrier underneath. The wound had blood-tinged drainage. LPN T removed gloves and donned clean gloves without performing hand hygiene. Opened gauze and used package as a barrier on top of resident's bottom sheet while he cleaned wound with normal saline and gauze. LPN T removed gloves and donned clean gloves without performing hand hygiene then opened bandage package. LPN T with clean gloves on, reached into shirt pocket and took a pen out, labeled bandage, and put pen back into shirt pocket. With same gloves on, LPN T placed prescribed ointment on a tongue depressor and applied it to wound. LPN T removed gloves and without performing hand hygiene placed Resident #102's protective boot back on left foot, positioned the foot on top of a pillow, and covered resident with blankets. Resident #103 Review of a Face Sheet revealed Resident #103 was a [AGE] year-old male, originally admitted to the facility on [DATE], with pertinent [DIAGNOSES REDACTED].#103. CNA L washed hands for 20 seconds and donned a pair of clean gloves. CNA L rolled Resident #103's brief down to between legs. Brief had urine and bowel movement in it. CNA L cleaned urine from resident's genitals. Without changing gloves and performing hand hygiene, CNA L rinsed and dried resident. Without changing gloves and performing hand hygiene, CNA L lathered another cloth and cleaned glans of penis. Without changing gloves and performing hand hygiene, CNA L proceeded to rinse and dry glans and penis. Without changing gloves or performing hand hygiene, CNA L rolled resident onto left side and removed soiled brief. CNA L then cleaned bowel movement from resident. Without changing gloves and performing hand hygiene, CNA L rinsed and dried resident then changed out the soiled barrier pad for a clean pad underneath resident without changing gloves and performing hand hygiene. CNA L then applied barrier cream to Resident #103's buttocks and applied a new brief. CNA L stated, Gloves should be changed when they are visibly soiled. Resident #104 Review of a Face Sheet revealed Resident #104 was a [AGE] year-old female, originally admitted to the facility on [DATE], with pertinent [DIAGNOSES REDACTED]. Review of Resident #104's Order Summary dated 4/4/2020, revealed, Isolation: Droplet Precautions every day and night shift for Metapneum. Virus (meta-pneumovirus). During an observation and interview on 4/8/2020 at 1:45 PM, Resident #104 did not have an isolation bag or signage on door. Sitting on a chair outside of Resident #104's room was a box of gloves and gowns. No masks, yellow or clear bags, goggles or face shields were in the vicinity. Outside of Resident #104's room, CNA P was wearing a mask and donned a gown and 3 pairs of gloves without performing hand hygiene. CNA P stated, I washed my hands at the wash room down the hall before I put on these gloves. I want extra protection so I'm wearing all these in case one tears. The hand wash room CNA P referred to was located in the alcove of another resident's room down the hall from Resident #104. There was no mention of using hand sanitizer in place of hand washing. During an interview on 4/8/2020 at 2:01 PM LPN T stated, (Resident #104) is on isolation precautions because she has meta-pneumovirus. The DON (Director of Nursing) wanted signage and isolation bags for every resident that is on isolation precautions. I believe the signage is to designate isolation precautions and an isolation bag is to hold the isolation supplies. Resident #105 Review of a Face Sheet revealed Resident #105 was a [AGE] year-old female, originally admitted to the facility on [DATE], with pertinent [DIAGNOSES REDACTED]. Review of Resident #105's Order Summary dated 4/3/2020, revealed, Droplet isolation every shift for metapneumovirus. During an observation and interview on 4/8/2020 at 1:41 PM, Resident #105 was in her wheelchair in the hall next to the nursing station then asked Housekeeper Y to help her in her room. On the door of Resident #105's room was a yellow isolation bag and isolation signage. Housekeeper Y while wearing a mask, donned a gown and gloves without performing hand hygiene and enter Resident #105's room. Upon exiting Resident #105's room, Housekeeping Y stated, (Resident #105) is on isolation precautions. Before entering her room, staff must wear gloves, gown, masks and face shield. I'm supposed to wear a facility issued face shield before entering her room for my protection, but I didn't when I first went in her room. Hand hygiene, like hand sanitizer, needs to be used before putting on gloves. During an interview on 4/8/2020 at 2:00 PM, LPN Q stated, (Resident #105) has meta-pneumovirus and should not be out of her room. She should have a mask on when she is out of her room. Staff has had training on all isolation precautions. During an interview on 4/8/2020 at 2:05 PM, LPN T stated, (Resident #105) has meta-pneumovirus and should not be out of her room. The door to the resident's rooms that are on isolation precautions should always be closed. If a resident comes out into the hallways, they should be wearing a mask. Resident #106 Review of a Face Sheet revealed Resident #106 was an [AGE] year-old female, originally admitted to the facility on [DATE], with pertinent [DIAGNOSES REDACTED].#106's Order Summary dated 3/30/2020, revealed, Isolation: Droplet precautions. every day and night shift. Resident #107 Review of a Face Sheet revealed Resident #107 was a [AGE] year-old female, originally admitted to the facility on [DATE], with pertinent [DIAGNOSES REDACTED]. Review of Resident #107's Order Summary dated 3/30/2020, revealed, Isolation: Droplet precautions every day and night shift for isolation. Observed on 4/ at 9:57 AM on door of room shared by Resident #106 and Resident #107, a yellow isolation bag and signage that indicated droplet precautions. The isolation bag contained 2 boxes of gloves, no gowns, yellow and clear bags, along with goggles. During an observation and interview on 4/8/2020 at 10:03 AM, Medical Records Assistant (MRA) N went to enter shared room of Resident #106 and Resident #107. Before entering the room, MRA N took gloves out of the isolation bag and donned them without performing hand hygiene, then looked for a gown. No gown was found in the isolation bag. MRA N removed gloves, keeping them in her left hand, and entered AB East hall through double doors, then took a gown from an isolation bag that was hanging on another resident's room. MRA N then placed gloves in a medication cart garbage bin and exited through the double doors. As she went through the double doors, MRA N dropped the gown to the floor and stated, You didn't see that and then smiled. Without performing hand hygiene, she donned the gown, mask, and gloves before entering the droplet isolation room. MRA N did not don goggles or a face shield. During an observation and interview on 4/8/2020 at 10:10 AM, hospice CNA W left the shared room of Resident #106 and Resident #107 removing her PPE. CNA W did not perform hand hygiene after removing gloves. She exited the droplet isolation room, crossed the hall and entered the clean utility room of AB East hall. After 2 minutes, CNA W exited the clean utility room drying her hands with a paper towel and stated, I didn't perform hand hygiene after giving care to (Residents #106 &amp; #107) and before I left their room. Should I have done hand hygiene before I left the room? I went across the hall to the clean utility room and washed my hands in there. During an observation on 4/8/2020 at 9:10 AM, Dietary Server (DS) R walked towards and into the bathroom of the main corridor swinging a white towel at her right side. Upon</p>		

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F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p>(continued... from page 2)</p> <p>entering bathroom, she placed the towel on her left shoulder. During an observation and interview on 4/8/2020 at 9:44 DS R had a white towel on her left shoulder and stated, The towel is to just wipe my hands, I use it when in the dish room too. I just take it with me wherever I go to wipe my hands on. During an interview on 4/8/2020 at 11:30 AM DON B stated, (Residents #104, #105, #106, and #107) have tested positive for meta-pneumonia and are on droplet isolation. The facility is following CDC guidelines for isolation precautions. The facility has the locked double doors on AB East Hall to keep the residents in that area as much as possible. There are nine residents total that have the meta-pneumovirus. Residents are to stay in their rooms as much as possible. Every now and then we get a resident that wanders and goes through the doors, either out of or into that hall. Staff must redirect the residents back to their room. Employees should always have a mask on. Resident might not be oriented enough to keep mask on when out of rooms. Residents don't wear masks. I want the residents to stay in their rooms as much as possible. During an interview on 4/8/2020 at 2:19 PM Unit Manager (UM) C stated, The DON said residents do not have to wear masks if on droplet precautions. Residents on isolation precautions should have signage placed on their room door right when they are [DIAGNOSES REDACTED]. The resident's nurse should place the signage and isolation bag on the door. All resident rooms should have signage designating them as isolation precautions to protect staff, visitors, and other residents. During an interview on 4/8/2020 at 2:26 PM CNA S stated, Administration told staff in a big meeting a week ago that staff were to wear mask but not the residents. Most of the residents will not leave a mask on that were actively coughing. During an interview on 4/8/2020 at 2:59 PM DON B stated, If a resident is on isolation precautions a sign and isolation bag should be on their door. During an interview on 4/9/2020 at 12:00 PM Nursing Home Administrator (NHA) A stated, The DON and I followed up with medical directorship regarding moving the residents on isolation precautions to the same rooms or area. The facility didn't have the rooms to move the resident to. The facility designated 10 beds in C hall in preparation for COVID-19. When residents came down with the HMPV (human meta pneumovirus) the construction for the COVID unit was already in progress. We talked with the medical director and nurse practitioner because some residents had already been exposed and nursing staff would monitor them. Positive HMPV residents were placed on droplet precautions. The majority of the HMPV residents were in AB East Hall. There were 2 other residents on droplet precautions on C hall in private rooms. They were isolated to their rooms. Resident #105 would be redirected by staff back to her room when she wandered and tried to get her to wear a mask but she would take it off. During an interview on 4/9/2020 at 12:21 PM, DON B stated, The towel carried by dietary staff in the resident areas should not be done; it is an infection control violation. Isolation signage is important for information for staff and visitors to let them know what appropriate PPE to don. A nurse, an aide, or the medical records person can place the isolation precaution signage on a resident's door. The signage should be placed on the door when isolation bag is placed. The isolation bags that are hung on resident doors now is for droplet precautions. The bags would need to be supplied with goggles/face shield, gloves, gown, and masks. These are the supplies needed to be used for droplet precautions. The isolation bags should also have specific yellow bags, clear bags, stickers for bio-hazard waste, and clear disposable laundry bags. There should be a bin for garbage for disposing PPE and one for contaminated laundry. Goggles or face shield should be on when going in an isolation room. Upon exiting the goggles and face shields should be disinfected at doorway after leaving the room with either Vindicator (disinfectant) spray or the purple wipes, Sani-cloth. These disinfectants are located in nurse's medication cart or soiled utility room. The wipes can also go in the isolation bags. If no disinfectant is in the isolation bag, the goggles or face shield should be placed in a clear bag and taken to soiled utility to be cleaned with the Vindicator spray and put back out in the isolation bag. Replacement PPE can be taken from another isolation bag. It is the responsibility of the CNAs and nurses to make sure supplies are in the isolation bags. If in anticipation of being within 6 feet of a contagious resident, staff should be wearing goggles or face shield. Wearing these PPEs are to protect staff from droplets that could infect staff. In patient care areas, all employees should be wearing a mask at all times per CDC recommendations. Residents who are on isolation precautions should have their room doors shut as much as possible. Most residents will not tolerate wearing a mask. A gown that was dropped to the floor should not be used; it could be contaminated. Hand hygiene should be done before donning gloves. Hand hygiene should be done after removing gloves. When doing peri-care gloves should be removed after removing soiled brief, going from dirty to clean, if they become soiled or compromised during the pericare. Gloves worn during wound dressing change should be changed and do hand hygiene after removing the soiled dressing. Hand hygiene and don clean gloves should be done if gloves become soiled or compromised. Gloves should be changed and hand hygiene performed before donning and after removing gloves. A barrier should be put between the wound and the linen when changing a dressing. Hospice should do hand hygiene after removing PPE so as not to spread the disease. If there is not hand sanitizer or soap and water available, staff should go to where there is a way to perform hand hygiene.</p>		