

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 05/28/2025  
Form Approved OMB  
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675002	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/06/2024
NAME OF PROVIDER OR SUPPLIER  Retama Manor Nursing Center/San Antonio West		STREET ADDRESS, CITY, STATE, ZIP CODE  636 Cupples Rd San Antonio, TX 78237	
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)		
F 0698  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39251</b></p> <p>Based on interviews and record reviews, the facility failed to ensure that residents who required dialysis received such services, consistent with professional standards of practice for 1 of 2 residents (Resident #1) reviewed for dialysis.</p> <p>1. The facility failed to ensure Resident #1 had a complete set of vital signs assessed prior to leaving for dialysis on (8) occasions.</p> <p>2. The facility failed to ensure Resident #1 had a complete set of vital signs and access site assessed upon returning to the facility after dialysis on (9) occasions.</p> <p>These deficient practices could affect residents who receive dialysis treatments at risk for inadequate care and/or decline in health.</p> <p>Findings included:</p> <p>1. Record review of Resident #1's Admission Record, dated 12/5/24, revealed the resident was admitted to the facility on [DATE] with diagnoses that included: Chronic Kidney Failure (condition in which kidneys are unable to filter waste from blood), Type 2 Diabetes (condition in which the body has trouble controlling blood sugar and using it for energy), ESRD (kidneys can longer function due to permanent damage), and Hypertension (high blood pressure).</p> <p>Record review of Resident #1's Care Plan , initiated 9/4/24, revealed: CKD with Dialysis .Assess shunt for any redness, swelling, or pain .Take to dialysis as scheduled .</p> <p>Record review of Resident #1's Order Summary, dated 11/28/24, revealed an order for dialysis treatment, dated 9/18/24. Further review revealed Monday, Wednesday, Friday dialysis at 11:30 am.</p> <p>Record review of Resident #1's Dialysis Pre &amp; Post Assessment, completed by LVN E, revealed the Dialysis Pre-Evaluation were not complete on the following dates: 10/2/24, 10/7/24, 10/11/24, 10/14/24, 10/18/24, 10/23/24, 10/28/24, and 11/13/24. Further review revealed LVN E documented vital signs from previous dates on the mentioned dates.</p> <p>Record review of Resident #1's Progress notes revealed:</p> <p>10/2/24 - there was no pre dialysis assessment documented.</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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675002	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/06/2024
NAME OF PROVIDER OR SUPPLIER  Retama Manor Nursing Center/San Antonio West		STREET ADDRESS, CITY, STATE, ZIP CODE  636 Cupples Rd San Antonio, TX 78237	
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>10/14/24 - there was no pre dialysis assessment documented.</p> <p>10/18/24 - there was no pre dialysis assessment documented.</p> <p>10/28/24 - there was no pre dialysis assessment documented.</p> <p>11/13/24 - there was no pre dialysis assessment documented.</p> <p>Record review of Resident #1's Dialysis Pre &amp; Post Assessment, completed by LVN E, revealed the Dialysis Post-Evaluation was not complete on 10/2/24, 10/7/24, 10/11/24, 10/14/24, 10/16/24, 10/18/24, 10/23/24, 10/28/24, and 11/13/24.</p> <p>Record review of Resident #1's Progress notes revealed:</p> <p>10/2/24 - there was no post dialysis assessment documented.</p> <p>10/11/24 - there was no post dialysis assessment documented.</p> <p>10/23/24 - there was no post dialysis assessment documented.</p> <p>10/28/24 - there was no post dialysis assessment documented.</p> <p>11/13/24 - there was no post dialysis assessment documented.</p> <p>During an interview on 12/2/24 at 2:26 pm, Resident #1 said he did not remember if he was assessed prior to going to dialysis.</p> <p>During an interview on 12/5/24 at 2:09 pm, the DON said she expected that residents be assessed on the same day of dialysis, 30 minutes - 1 hour before the residents were transported to the dialysis center. The DON further stated the residents were to be assessed once they returned from dialysis as well to ensure the residents were stable. The DON said the pre/post assessments included how the resident looked, their cognition, if they had shortness of breath, any complaints, a complete set of vital signs (T, P, R, BP, and O2 sat), assessment of the dialysis access site, and a comparison to the dialysis center assessment after the residents returned from dialysis. The DON said the resident may be unstable prior to dialysis or may become unstable after dialysis so it was important to have the complete assessment before and after dialysis.</p> <p>Attempts to interview LVN E on 12/5/24 at 5:15 pm and 12/6/24 at 10:06 am were unsuccessful.</p> <p>During an interview on 12/6/24 at 3:04 pm, RN H said he expected residents to be assessed on the same day of dialysis prior to be transported to the dialysis center. RN H further stated staff could not use assessments from previous days because the facility needed a baseline to know whether the resident was stable or not before they left for the dialysis center, the resident should not be sent to dialysis with a low BP. RN H said the pre/post dialysis assessments includes respiration, BP, HR, O2 sat, and temperature every time the residents went to dialysis, along with the access site for bleeding and signs of infection. RN H further stated if the assessments were not completed or not documented, the facility would be unable to know if the residents were stable.</p> <p>(continued on next page)</p>		

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 05/28/2025  
Form Approved OMB  
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675002	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/06/2024
NAME OF PROVIDER OR SUPPLIER  Retama Manor Nursing Center/San Antonio West		STREET ADDRESS, CITY, STATE, ZIP CODE  636 Cupples Rd San Antonio, TX 78237	
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)		
F 0698  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	During an interview on 12/6/24 at 3:58 pm, the DON said she was not aware LVN E used assessments from previous dates on the above-mentioned assessments because she did not review pre/post dialysis assessments unless they were triggered by the UDA (User Defined Assessment), which only triggered if the assessments were not within normal limits.  Record review of the facility's policy titled, End-Stage Renal Disease, Care of a Resident with, revised September 2010, revealed: . Residents with end-stage renal disease (ESRD) will be cared for according to currently recognized standards of care .		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675002	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/06/2024
NAME OF PROVIDER OR SUPPLIER  Retama Manor Nursing Center/San Antonio West		STREET ADDRESS, CITY, STATE, ZIP CODE  636 Cupples Rd San Antonio, TX 78237	
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)		
F 0880  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39251</p> <p>Based on observations, interviews, and record review the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for 7 of 8 residents (Resident #2, Resident #5, Resident #6, Resident #8, Resident #10, Resident #11, and Resident #15) reviewed for infection control.</p> <p>The facility failed to use proper infection control practices:</p> <ol style="list-style-type: none"><li>1. During skin assessment and wound care for Resident #2.</li><li>2. During skin assessments for Residents #5, #6, #8, #10, and #11.</li><li>3. During wound care for Resident #15.</li></ol> <p>This failure could place residents at risk for infection and decline in health.</p> <p>Findings included:</p> <ol style="list-style-type: none"><li>1. Record review of Resident #2's Admission Record, dated 12/2/24, revealed the resident was readmitted to the facility on [DATE] with diagnoses that included: Cellulitis (common bacterial skin infection), Lesions (Right Shoulder), and Type 2 diabetes (chronic condition that affects the way the body processes blood sugar).</li></ol> <p>Record review of Resident #2's quarterly MDS assessment, dated 10/8/24, revealed the resident had a BIMS score of 12, suggesting intact cognition. Further review of the document revealed Resident #2 had open lesions other than ulcers, rashes, or cuts.</p> <p>Record review of Resident #2's Care Plan, initiated 11/15/24, revealed: .Altered skin integrity non pressure related to: Open Abscess to right and left upper back .Treatment as ordered .</p> <p>Record review of Resident #2's Order Summary, dated 12/2/24, revealed: Abscess to left upper back, cleanse with normal saline or wound cleanser, pat dry, apply Medi-honey (used to treat chronic wounds), alginate (absorbent dressing used to treat wounds with discharge), foam dressing every day shift for wound care; Abscess to right upper back, cleanse with wound cleanser, pat dry, apply Iodoform (antiseptic used for minor skin conditions) dressing every day shift for wound care.</p> <p>Observation of wound care to Resident #2's upper back, on 11/28/24 beginning at 3:44 pm, revealed LVN G washed her hands for 9 seconds prior to the skin assessment and 7 seconds after completing the skin assessment for Resident #2.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675002	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/06/2024
NAME OF PROVIDER OR SUPPLIER  Retama Manor Nursing Center/San Antonio West		STREET ADDRESS, CITY, STATE, ZIP CODE  636 Cupples Rd San Antonio, TX 78237	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation of wound care to Resident #2's upper back, on 11/28/24 beginning at 4:02 pm, revealed LVN G donned a gown, washed her hands for 3 seconds, and donned gloves prior to wound care. Further observation revealed LVN G removed her gloves after removing Resident #2's dressings and sanitized her hands but did not allow the ABHR to dry before donning new gloves. LVN G cleaned Resident #2's wounds to his upper back, removed her gloves, sanitized her hands but did not allow the ABHR to dry before donning new gloves. Further observation revealed LVN G removed her PPE after completing wound care and washed her hands for 5 seconds.</p> <p>2. Record review of Resident #5's Admission Record, dated 12/4/24, revealed the resident was readmitted to the facility on [DATE] with diagnoses that included: Peripheral Vascular Disease (circulatory condition in which narrowed blood vessels reduce blood flow to the limbs) and Type 2 diabetes (chronic condition that affects the way the body processes blood sugar).</p> <p>Record review of Resident #5's quarterly MDS assessment, dated 9/24/24, revealed the resident had a BIMS score of 15, suggesting intact cognition. Further review of the document revealed Resident #2 had a venous or arterial ulcer that required the application of a nonsurgical dressing and medication.</p> <p>Record review of Resident #5's Care Plan, reviewed 11/11/24, revealed: .Altered skin integrity non pressure/pressure wounds to .2. vascular wound to left leg .5 necrotic to left toes x 3 2nd toe, 3rd toe, 4th toe .gangrene left 2nd toe .</p> <p>Observation of skin assessment for Resident #5's, on 11/28/24 beginning at 3:37 pm, revealed LVN G washed her hands for 7 seconds after Resident #5's skin assessment.</p> <p>Record review of Resident #6's Admission Record, dated 12/2/24, revealed the resident was readmitted to the facility on [DATE] with diagnoses that included: Multiple sclerosis (disease that damages the nervous system) and Pressure Ulcers.</p> <p>Record review of Resident #6's quarterly MDS assessment, dated 8/19/24, revealed the resident had a BIMS score of 15, suggesting intact cognition. Further review of the document revealed Resident #6 had one or more pressure ulcers/injuries, open lesions other than ulcers, rash, or cuts, and required application of nonsurgical dressings and medications.</p> <p>Record review of Resident #6's Care Plan, reviewed 9/6/24, revealed: .currently has pressure ulcers and hx of healed pressure ulcer .Altered skin integrity .</p> <p>Observation of skin assessment for Resident #6's, on 11/28/24 beginning at 3:21 pm, revealed LVN G washed her hands for 7 seconds prior to Resident #6's skin assessment and for 5 seconds after completing the skin assessment.</p> <p>Record review of Resident 8's Admission Record, dated 12/2/24, revealed the resident was readmitted to the facility on [DATE] with diagnoses that included: Cognitive Communication Deficit (difficulty with thinking and language), Cirrhosis (chronic liver damage), Type 2 diabetes (chronic condition that affects the way the body processes blood sugar) , Neuropathy of Lower Extremities (weakness, numbness, and pain due to nerve damage), and Disorder of the skin and subcutaneous tissue (layer of skin closest to the muscle).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675002	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/06/2024
NAME OF PROVIDER OR SUPPLIER  Retama Manor Nursing Center/San Antonio West		STREET ADDRESS, CITY, STATE, ZIP CODE  636 Cupples Rd San Antonio, TX 78237	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of Resident #8's quarterly MDS assessment, dated 10/22/24, revealed the resident had a BIMS score of 15, suggesting intact cognition. Further review of the document revealed Resident #8 did not have pressure ulcers.</p> <p>Record review of Resident #8's Care Plan, reviewed 11/12/24, revealed: . [Resident #8] has liver disease r/t Cirrhosis .Generalized Pruritis [itchy skin]-severe .</p> <p>Observation of skin assessment for Resident #8's, on 11/28/24 beginning at 3:01 pm, revealed LVN G washed her hands for 6 seconds prior to Resident #8's skin assessment and for 8 seconds after completing the skin assessment.</p> <p>Record review of Resident 10's Admission Record, dated 12/2/24, revealed the resident was readmitted to the facility on [DATE] with diagnoses that included: Alzheimer's Disease (disease affecting memory and other important mental functions).</p> <p>Record review of Resident #10's quarterly MDS assessment, dated 10/21/24, revealed the resident had a BIMS score of 6, suggesting severely impaired cognition. Further review of the document revealed Resident #10 did not have any skin conditions but required application of ointments/medications other than to the feet.</p> <p>Record review of Resident #10's Care Plan, reviewed 9/13/24, revealed: . [Resident #10] has potential for pressure ulcer development . [Resident #10] has a rash r/t dermatitis, c/o itching .</p> <p>Observation of skin assessment for Resident #10's, on 11/28/24 beginning at 2:55 pm, revealed LVN G washed her hands for 7 seconds prior to Resident #10's skin assessment and for 7 seconds after completing the skin assessment.</p> <p>Record review of Resident 11's Admission Record, dated 12/2/24, revealed the resident was admitted to the facility on [DATE] with diagnoses that included: Excoriation (skin picking) Disorder, Type 2 diabetes (chronic condition that affects the way the body processes blood sugar) Candidiasis (fungal infection).</p> <p>Record review of Resident #11's quarterly MDS assessment, dated 9/28/24, revealed the resident had a BIMS score of 15, suggesting intact cognition. Further review of the document revealed Resident #11 did not have any skin conditions but required application of ointments/medications other than to the feet.</p> <p>Record review of Resident #11's Care Plan, reviewed 10/22/24, revealed: Altered skin integrity non pressure related to: fungal on abdominal folds area .Altered skin integrity non pressure related to dermatitis [inflammation, redness, and itchiness of the skin] .</p> <p>Observation of skin assessment for Resident #11's, on 11/28/24 beginning at 2:48 pm, revealed LVN G washed her hands for 2 seconds prior to Resident #6's skin assessment and for 6 seconds after completing the skin assessment.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675002	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/06/2024
NAME OF PROVIDER OR SUPPLIER  Retama Manor Nursing Center/San Antonio West		STREET ADDRESS, CITY, STATE, ZIP CODE  636 Cupples Rd San Antonio, TX 78237	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3. Record review of Resident 15's Admission Record, dated 12/4/24, revealed the resident was readmitted to the facility on [DATE] with diagnoses that included: Hemiplegia (paralysis or weakness to one side of the body), Hemiparesis (weakness or an inability to move one side of the body), and Dementia (group of thinking and social symptoms that interferes with daily functioning).</p> <p>Record review of Resident #15's quarterly MDS assessment, dated 8/30/24, revealed the resident had a BIMS score of 2, suggesting severely impaired cognition. Further review of the document revealed Resident #10 did not have any skin conditions but required application of ointments/medications other than to the feet.</p> <p>Record review of Resident #15's Care Plan, reviewed 11/27/24, revealed: pressure ulcer or potential for pressure ulcer development r/t Disease process, Immobility .Altered skin integrity pressure related to: Deep Tissue Injury to right .buttock .Treatments as ordered .</p> <p>Record review of Resident #15's Order Summary, dated 12/4/24, revealed: Stage 2 to right buttock, cleanse with normal saline or wound cleanser, pat dry, apply Medi-honey, alginate, dressing every day shift for wound healing.</p> <p>Observation of wound care to Resident #15's right buttock, on 12/4/24 beginning at 8:13 am, revealed LVN G sanitized her hands prior to gathering wound care supplies but did not allow the ABHR to dry prior to donning clean gloves. Further observation revealed LVN G washed her hands for 12 seconds prior to wound care for Resident #15. LVN G closed Resident #15's privacy curtain, sanitized her hands but did not allow the ABHR to dry before donning clean gloves.</p> <p>During an interview on 11/28/24 at 4:42 pm, LVN G said she was expected to perform hand hygiene through Happy Birthday once or twice, at least 25 seconds. LVN G further stated she sang Happy Birthday twice, and thought it was 20 seconds. LVN G said it was important to perform hand hygiene for the recommended amount of time to keep from spreading germs and keep infections down. LVN G further stated not performing hand hygiene properly could keep bacteria on the hands and pass them on to the residents. LVN G said when ABHR was used it should be allowed to air dry for 5-10 seconds and should be allowed to completely dry because moisture holds bacteria that could transfer from resident to resident.</p> <p>During an interview on 12/6/24 at 3:04 pm, RN H said he expected staff to follow the facility's hand hygiene policy, which stated hand hygiene should be performed for 15 seconds or the CDC, which stated 20 seconds. RN H said it was everyone's responsibility to ensure hand hygiene was completed properly. RN H further stated ABHR should rubbed into the hands for 15 to 20 or until it dries. RN H further stated the ABHR should be allowed to completely dry before donning gloves because it decreased the chances of infection. RN H said not performing hand hygiene properly can highly affect the residents because the residents' immune systems were compromised, they are elderly and prone to infection.</p> <p>(continued on next page)</p>		



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675002	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/06/2024
NAME OF PROVIDER OR SUPPLIER  Retama Manor Nursing Center/San Antonio West		STREET ADDRESS, CITY, STATE, ZIP CODE  636 Cupples Rd San Antonio, TX 78237	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a joint interview with the DON and the Administrator on 12/6/24 at 3:58 pm, the DON said she thought hand hygiene was critical because the hands were the port of entry for many organisms. The DON further stated staff should wash hands for 20 seconds or Happy Birthday because it took at least 20 seconds to rid the hands of bacteria according to the CDC. The DON said not performing hand hygiene properly could introduce bacteria to the residents, who had co-morbidities and were immunocompromised. The DON further stated the facility's goal was to mitigate the risk for infection. The DON said she maintained accountability because she was the Infection Preventionist, but every staff were responsible for properly performing hand hygiene. The Administrator said she expected staff to perform hand hygiene through Happy Birthday twice. The Administrator further stated ABHR should be allowed to dry, when performing hand hygiene, because it could affect the efficacy of the ABHR when gloves were worn and could place the resident at risk for infection.</p> <p>Record review of the facility's policy titled, Handwashing/Hand Hygiene , revised August 2019, revealed: . This facility's infection control policies and practices are intended to facilitate maintaining a safe, sanitary and comfortable environment and to help prevent and manage transmission of diseases and infections 2. The objectives of our infection control policies and practices are to: a. Prevent .and control infections in the facility .</p> <p>Record review of the facility's policy titled, Policies and Practices - Infection Control, revised October 2018, revealed: . 2. All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infec tions to other personnel, residents, and visitors .7. Use an alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations . b. Before and after direct contact with residents . g. Before handling clean or soiled dressings, gauze pads, etc.i. After contact with a resident's intact skin . m. After removing gloves .8. Hand hygiene is the final step after removing and disposing of personal protective equipment . Washing Hands . 2. Rub hands together vigorously for at least 15 seconds, covering all surfaces of the hands and fingers . Using Alcohol-Based Hand Rubs . 2. Cover all surfaces of hands and fingers until hands are dry .</p> <p>Record review of the webpage <a href="https://www.cdc.gov/clean-hands/about/index.html">https://www.cdc.gov/clean-hands/about/index.html</a>, dated February 16, 2024, revealed: .How it works .3. Scrub your hands for at least 20 seconds .</p>		