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	175478	A. BUILDING _____ B. WING _____	03/21/2019

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BROOKDALE ROSEHILL	12802 JOHNSON DRIVE SHAWNEE, KS 66216

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F 000	INITIAL COMMENTS The following citations represent the findings of a Health Resurvey and Complaint Investigation #KS00138099.	F 000		
F 698 SS=D	Dialysis CFR(s): 483.25(l) §483.25(l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: The facility identified a census of 76. The sample included 22 residents. Based on record review, observation and interview the facility failed to provide ongoing assessment and oversight of the resident before and after dialysis treatments for resident #313. Findings included: - Resident #313's electronic medical record (EMR) listed diagnoses of end stage renal disease (longstanding disease of the kidneys leading to renal failure), diabetes mellitus (a disease that results in too much sugar in the blood), and hypertension (elevated blood pressure). The admission Minimum Data Set (MDS) dated 3/10/19 recorded a brief interview for mental status (BIMS) score of 12 which indicated the resident had moderate cognitive impairment. The resident required extensive assistance of one person for bed mobility, transfers, locomotion on	F 698		

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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and off unit, dressing and toilet use. He/she required supervision of one person for personal hygiene and was independent with eating. The MDS further recorded the resident received dialysis (the process of removing excess water, solutes, and toxins from the blood in people whose kidneys can no longer perform these functions naturally).

The care area assessment (CAA) dated 3/10/19 for activities of daily living (ADL) documented the resident needed staff assistance with ADL and transfers.

The care plan dated 3/4/19 recorded the resident needed hemodialysis and had a hemodialysis (HD) port (a vascular access tube placed in neck or chest) to the right chest. It directed staff to monitor weight and to keep dialysis access site clean and dry. It directed staff to monitor for redness, swelling, or drainage of the access site. It further instructed staff should use the dialysis communication form when resident went to dialysis.

Review of the resident's medical record (EMR, paper chart and dialysis book) revealed the resident had dialysis on every Tuesday, Thursday and Saturday. He/she left the facility at 6:30 AM and was to be picked up at dialysis at 11:30 AM.

The dialysis book for resident #313 contained a dialysis communication sheet for 3/5/19. The facility assessment portion of the sheet lacked weight and assessment of vascular access site. The sheet lacked the pre and post weights by dialysis in the section titled dialysis unit-return to community after each treatment. The section titled Community Charge Nurse to complete

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section when the resident returns from dialysis was left blank and unsigned. The daily skilled note for 3/5/19 at 7:29 PM documented the resident had a HD port to the right chest. The weight recorded at 1:53 PM in the EMR did not indicate if it was pre or post dialysis.

The dialysis communication sheet dated 3/7/19 at 5:00 AM revealed the weight and vascular access site portion was blank. The dialysis unit section with pre and post weights was not completed. The community charge nurse assessment upon return was not filled out. The daily skilled note dated 3/7/19 at 5:17 AM recorded the resident had a HD port to the right chest with a dry dressing and was free from pulling. The EMR recorded an entry of not applicable under the weight for 3/7/19.

The dialysis book, and paper chart lacked a dialysis communication sheet for 3/9/19. The EMR lacked a daily skilled note or nurse assessment for 3/9/19. The EMR documented unavailable under the weight for 3/9/19.

The dialysis communication sheet dated 3/12/19 lacked the community charge nurse assessment upon return and was unsigned. The weight documented at 1:59 PM on 3/12/19 did not indicate if it was pre or post dialysis.

The dialysis book and paper chart lacked a dialysis communication sheet for 3/14/19. The daily skilled note opened on 3/13/2019 at (:55 PM and locked on 3/14/2019 at 2:12 AM documented the resident had a HD port on the right chest with a dry, intact dressing. The weight recorded at 10:30 AM in the EMR did not indicate if it was pre or post dialysis.

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The dialysis sheet for 3/16/19 located in the paper chart lacked a weight and the section for assessment of the vascular access site was blank. The community charge nurse assessment upon return portion was blank. The EMR lacked documentation of a weight on 3/16/19.

The dialysis book, and paper chart lacked a dialysis communication sheet for 3/19/19. The daily skilled note for 3/19/19 recorded the resident had dialysis. The medical record lacked documentation of pre and post weights and assessment of vascular access site. The EMR lacked documentation of a weight for 3/19/19.

On 3/21/19 at 11:54 AM the resident returned from dialysis in a wheelchair propelled by the medical transporter. The resident was taken directly to his/her room.

On 3/21/2019 at 10:42 AM direct care staff N stated he/she assisted dialysis residents to get ready for their appointments. Staff N stated he/she was uncertain what specific things direct care staff would report to the nurse which related to the care of a resident who received dialysis.

On 3/21/19 at 12:00 PM the resident stated the facility staff did not always assess his/her weight or vital signs upon return from dialysis, but the dialysis staff always did prior to his/her leaving the dialysis center.

On 3/21/19 at 12:15 PM licensed staff H stated all dialysis residents had a dialysis book and the communication sheets used to communicate with the dialysis center were stored in the book. He/she stated a pre and post dialysis weight were

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F 698	Continued From page 4 recorded for each dialysis resident as well as an assessment of the access site. Direct staff H verbalized he/she was unable to find the dialysis communication sheets for resident #313 for the dates of 3/9, 3/14 and 3/19/19. He/she verbalized that all sections of the form were to be completed. He/she stated if the dialysis form was not returned with the resident or was incomplete, the staff should call the dialysis center and obtain and record the information. On 3/21/19 at 12:52 PM administrative nursing staff D stated there was a dialysis book for each resident with communication forms that should be sent to dialysis with resident and returned with the resident. He/she stated if the sheet was incomplete or was not returned the nurses should have called the center and obtained the information. Staff D stated that assessment of the access site should at a minimum be in the daily skilled note. The facility policy Dialysis Care dated 2/2011 directed the facility would record the catheter site condition, patency pre and post dialysis. It further directed the facility would check the resident's weight pre and post dialysis and this information could be provided by the dialysis center. The policy documented the communication on resident status to the dialysis center would include the information identified on the dialysis communication form. The facility failed to provide ongoing assessment and monitoring of the vascular access site and [re and post dialysis weights for resident #313 who received hemodialysis three times weekly.	F 698		
F 757 SS=D	Drug Regimen is Free from Unnecessary Drugs CFR(s): 483.45(d)(1)-(6)	F 757		

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F 757	Continued From page 5 §483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used- §483.45(d)(1) In excessive dose (including duplicate drug therapy); or §483.45(d)(2) For excessive duration; or §483.45(d)(3) Without adequate monitoring; or §483.45(d)(4) Without adequate indications for its use; or §483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or §483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section. This REQUIREMENT is not met as evidenced by: The facility identified a census of 76 residents. The sample included 22 residents with 5 residents reviewed for medications. Based on observation, record review, and interview, the facility failed to ensure medications were held and/or the physician was notified when resident vital signs were outside of ordered parameters for 2 of the 5 residents reviewed. (# 32 and # 23) Findings included: - Resident # 32's electronic medical record (EMR) recorded diagnoses Atrial Fibrillation (rapid, irregular heart beat), presence of Cardiac	F 757		

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Pacemaker (implanted device to regulate the beating of the heart), Congestive Heart Failure (condition where the heart is unable to maintain adequate circulation of blood in the tissues of the body or to pump out blood returned to it by circulation) and Hypertension (elevated blood pressure).

The annual minimum data set (MDS) dated 12/28/18 recorded a brief interview for mental status (BIMS) score of 15 which indicated intact cognition. The resident required extensive one and two-person assistance for activities of daily living (ADL's). The quarterly MDS dated 3/26/19 was recorded as in progress.

The psychotropic drug use care area assessment (CAA) dated 12/21/18 recorded the resident had a diagnosis of Congestive Heart Failure, Hypertension and Atrial Fibrillation for which he/she had orders for Hydralazine (a medication used to treat high blood pressure) and Carvedilol (medication used to treat heart failure and high blood pressure). He/she was monitored daily by nursing staff for vital signs, heart and lung sounds and daily weights.

The cardiovascular (pertaining to the heart and blood vessels) care plan revised on 1/3/19 directed staff to monitor the resident's heart rate prior to administering Carvedilol and Hydralazine. The care plan further directed staff to hold these medications if the resident's heart rate was below 60 beats per minute (bpm) and to notify the physician for directions.

The EMR physician's order dated 12/21/18 recorded Carvedilol tablet 6.25 milligrams (mg). Give 1 tablet by mouth two times a day for

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hypertension. Hold if heart rate is below 60 bpm (beats per minute). Hydralazine 10 mg tablet. Give 1 tablet by mouth in the morning related to hypertension. Hold for heart rate of less than 60 bpm.

Review of the medication administration record (MAR) revealed the resident's pulse was below 60 bpm and Carvedilol and Hydralazine were each given for 4 doses in December 2018, for 3 doses in January 2019, for 2 doses in February 2019, and for 4 doses in March 2019.

On 3/20/19 at 8:12 AM the resident sat in his/her wheel chair in the dining room while licensed nursing staff I took his/her vital signs prior to the administration of Carvedilol 6.25 mg tablet and Hydralazine 10 mg tablet. The resident's pulse was recorded within physician ordered parameter at 72 bpm.

During interview on 03/21/19 at 10:29 AM licensed nursing staff I verified that the resident's pulse was not within the ordered parameters for the administration of Carvedilol and Hydralazine for 4 doses in December 2018, 3 doses in January 2019, 2 doses in February 2019 and 4 doses in March 2019. Staff I stated the Carvedilol and Hydralazine should have been held for the out of parameter pulse assessments, and the physician should have been notified for instructions.

During interview on 03/21/19 at 1:28 PM administrative nursing staff D verified the medications Carvedilol and Hydralazine should have been held when the pulse and/or blood pressure were outside of the ordered parameters for resident # 32. He/she further verified the

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nurse was expected to notify the physician for instructions and to document this information in the nursing progress notes.

Review of the facility's Medical Management Overview policy dated July 2015 recorded, medicine shall be administered as prescribed by the health care provider. The facility did not provide a requested medication administration policy.

The facility failed to ensure that the nursing staff held Carvedilol and Hydralazine medications when resident # 32's pulse was outside of ordered parameters and notify the physician for instructions.

- Resident #23's electronic medical record (EMR) listed diagnoses of hypertension (elevated blood pressure) and heart failure (a condition with low heart output and the body becomes congested with fluid).

The admission Minimum Data Set (MDS) dated 1/21/19 recorded a brief interview for mental status (BIMS) score of 15 which indicated the resident was cognitively intact. The resident required extensive assistance of two people for bed mobility, transfers, dressing and toilet use. He/she required extensive assistance of one person for personal hygiene and supervision with set up assistance for eating.

The care area assessment (CAA) dated 1/21/19 for activities of daily living (ADL) documented the

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resident was alert, oriented and able to make his/her needs known.

The care plan dated 1/15/19 recorded the resident had hypertension and directed staff to administer his/her medications as ordered by the [physician.

The EMR recorded a physician's order dated 1/14/19 which prescribed lisinopril (medication used to lower blood pressure) 2.5 milligrams (mg) to be given at bedtime. It instructed staff to hold the medication for a systolic blood pressure (SBP) of less than 110, a diastolic blood pressure (DBP) of less than 50 and a pulse of less than 50 beats per minute (bpm). The EMR listed a physician's order dated 1/15/19 which prescribed carvedilol (medication used to lower blood pressure and/or lower heart rate) 3.125 mg to be given twice daily. It ordered staff to hold the medication for a SBP of less than 110, DBP of less than 50 and a pulse of less than 50.

Review of the medication administration record (MAR) for January 2019 revealed the lisinopril was administered 6 times in January 2019 when the SBP was lower than 110 (1/14 SBP 106, 1/18 SBP 98, 1/24 SBP 103, 1/25 SBP 103, 1/26 SBP 101 and 1/30 SBP 106).

Review of the MAR for January 2019 through March 2019 revealed the carvedilol was administered 13 times when the SBP was less than 110. In January 2019 the morning dose of carvedilol was administered on 1/16 with a SBP of 105 and on 1/30 with a SBP of 109. The afternoon dose was given on 1/16 with a SBP of 107, 1/19 with a SBP of 103 and 1/25 with a SBP of 106. In February 2019, the morning dose of

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carvedilol was administered on 2/1/19 with a SBP of 100. The afternoon dose was administered on 2/8 with a SBP of 106, 2/17 a SBP 102 and 2/27 with a SBP of 101. In March 2019 the morning dose was administered on 3/5 with a SBP of 89, 3/6 with a SBP 88 and 3/8 with a SBP of 103. The evening dose was administered on 3/3 with a SBP of 100.

On 3/21/19 at 10:08 AM the resident laid in bed and watched television. The resident stated he/she can not tell when his/her blood pressure is low.

On 3/21/19 at 10:20 AM licensed nursing staff G stated resident #23's blood pressure medications had physician ordered parameters associated with them. He/she stated the parameters were listed on the MAR. Staff G stated nursing staff should hold them medication if any one of the ordered parameters were not met.

On 3/21/19 at 12:52 PM administrative nursing staff D stated if there were physician ordered parameters in place for hypertensive medications he/she would expect the medication to be held if parameters were not met. Staff D stated that when the nurses held a medication, it would show on the MAR as being held.

The facility policy Medication Management Overview dated 7/2015 recorded medication management services would include routine audits for quality assurance.

The facility failed to hold resident #23's blood pressure medications when the systolic blood pressure was below the physician ordered parameters which placed the resident at risk for

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F 757	Continued From page 11 hypotension (low blood pressure).	F 757		
F 761 SS=E	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: The facility identified a census of 76 residents. The sample included 22 residents. The facility had 5 medication carts and 3 medication rooms. Based on observation, record review and interview the facility failed to ensure that one box of controlled substances was secured behind a locked cabinet in 1 of 3 medication rooms.	F 761		

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Findings included:

-On 3/20/19 at 9:29 AM medication storage room # 3 contained an unsecured box of controlled substances that contained the following medications: Fentanyl (a powerful opioid drug used in the treatment of severe pain) patches, 1 patch each of 12 mcg (micrograms), 25 mcg, 50 mcg and 75 mcg, 1 bottle of Hydrocodone / Acetaminophen (a drug used to treat moderate to severe pain, cough and fever) 5 mg (milligrams) / 325 mg containing 5 tablets, 1 bottle Hydrocodone / Acetaminophen 7.5 mg / 325 mg containing 5 tablets, 1 10 ml (milliliter) bottle of Morphine (an opioid drug used to relieve pain) oral solution 100 mg / 5 ml (milliliters) containing 10 ml, 1 bottle of Morphine 15 mg tablet, containing 10 tablets, 1 bottle of Oxycodone (a synthetic pain reliever drug that is similar to morphine in its effects)10 mg tablets, containing 10 tablets, 1 bottle of Oxycodone 5 mg tablets containing 5 tablets, 1 bottle of Oxycodone / Acetaminophen 5 mg /325 mg containing 5 tablets, 1 bottle of Hydromorphone (a centrally acting pain medication of the opioid class) 4 mg tablet containing 5 tablets, 1 bottle of Alprazolam (a drug of the benzodiazepine group, used in the treatment of anxiety) 0.25 mg tablet containing 5 tablets, 1 bottle of Clonazepam (a medication used to prevent and treat seizures, panic disorder, and movement disorder) 0.5 mg containing 5 tablets, 1 bottle of Lacosamide (a drug used to treat seizures) 50 mg, containing 5 tablets, Lorazepam (a drug used to treat anxiety) 10 mg containing 5 tablets, 1 bottle of Tramadol (an opioid pain medication used to treat moderate to moderately severe pain) 50 mg tablet containing 10 tablets, and 1 bottle of

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F 761	Continued From page 13 Zolpidem (a sedative used to treat sleeping disorder) 5 mg tablet containing 2 tablets. On 3/20/10 at 9:38 AM licensed nursing staff I stated that he/she was not aware the box of controlled substances needed to be in a locked cabinet within the medication room because the medication room itself was locked. Staff I verified the box of controlled substance was not stored behind a locked cabinet within the medication room. On 3/21/19 at 1:30 PM administrative staff D stated he/she was not aware that controlled substances needed to be stored in a locked compartment within a locked medication room. He/she verified the box of controlled substances in medication room # 3 were not stored in a locked compartment within the medication room. Review of the facility's Controlled Substances policy dated October 2006 recorded controlled drugs (schedule II-V) will be properly stored and accounted for as outlined by State and Federal Regulations, to promote proper storage and security and to comply with state and federal laws. All schedule II-V drugs shall be stored under double lock. The facility failed to ensure a box of controlled substances were stored within a permanently affixed locked compartment within medication room # 3.	F 761		
F 880 SS=F	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an	F 880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175478	A. BUILDING _____ B. WING _____	03/21/2019

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F 880	Continued From page 14	F 880		

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.

§483.80(a) Infection prevention and control program.
The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:

§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;

§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:
(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;
(ii) When and to whom possible incidents of communicable disease or infections should be reported;
(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;
(iv)When and how isolation should be used for a resident; including but not limited to:
(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and

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F 880	Continued From page 15	F 880		

(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.
(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and
(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.

§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.

§483.80(e) Linens.
Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.

§483.80(f) Annual review.
The facility will conduct an annual review of its IPCP and update their program, as necessary.
This REQUIREMENT is not met as evidenced by:
The facility identified a census of 76 residents. Based on observation, record review and interview, the facility failed to ensure staff cleaned resident #163's room in a sanitary manner to prevent the spread of contagious infections to other residents in the facility. The facility identified resident #163 with a diagnosis of clostridium difficile [(C-Diff) a contagious bacterium characterized by foul smelling frequent bowel movements that can cause symptoms ranging from diarrhea to life threatening inflammation of the colon].

Findings included:

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F 880	Continued From page 16	F 880		

- The resident was admitted to the facility on 3/6/19. The Electronic Medical Recorded (EMR) included diagnosis of clostridium difficile (C-Diff).

The Admission Minimum Data Set (MDS) dated 3/6/19 was in progress.

The Care Area Assessment (CAA) not completed.

The care plan dated 3/6/19 documented that resident had C-difficile and staff should disinfect all equipment used before it left the room.

Observation on 3/20/19 at 9:38 A.M., in resident #163's room housekeeping staff V donned one pair of gloves, sprayed the disinfecting spray onto the sink , toilet, and hand rails in bathroom. Staff V then sprayed the living room area including the handles of the dresser, doorknobs , heating controls, call light and chairs, then respraying the areas to keep them moist for the chemical to disinfect for 10 minutes, housekeeping staff U timed the 10 minutes. Staff V returned to the bathroom with a clean rag and wiped down the sink area, handrails in bathroom then the toilet, then used the toilet bowl wand to clean the toilet bowl. Staff member V discarded the used rag and obtained a clean rag with the same gloves, used to clean the bathroom, then started to clean the residents room.

Interview on 3/20/19 at 10:08 A.M. housekeeping staff U reported that the facility followed the ECO lab instructions for cleaning a C-diff room and confirmed that staff should have changed gloves after cleaning the bathroom.

The facility policy for Isolation Precautions last

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F 880	Continued From page 17 revised 7/15 lacked documentation for disinfecting any isolation room. The undated facility protocol entitled C-Diff Room Cleaning revealed that the staff should double glove prior to entering the C-diff room. The staff should spray proper sporicidal cleaner, proceed to clean and disinfect all horizontal surfaces of room, beside and area equipment. Proceed to bathroom, cleaning surfaces including dispensers, toilet paper holders, sinks, outside of toilet, commode chairs and shower chairs. The facility failed to clean resident #163's room (identified with C-diff) in a sanitary manner to reduce the risk for transmission of communicable infections for the residents of the facility.	F 880		