

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/27/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055142	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/14/2023
NAME OF PROVIDER OR SUPPLIER MAGNOLIA GARDENS CONVALESCENT HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 17922 SAN FERNANDO MISSION RD GRANADA HILLS, CA 91344		
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F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during an abbreviated standard survey. Complaint number: CA00817169 Representing the Department: 38552, Health Facilities Evaluator Nurse The inspection was limited to specific complaint investigated and does not represent the findings of a full inspection of the facility. Three deficiencies were identified for the complaint number: CA00817169.	F 000	Disclaimer: The signing of this plan of correction is not an admission or agreement of this statement of deficiencies and plan of correction. In fact, this plan of correction is submitted exclusively to comply with state and federal law. This plan of correction constitutes Facility's written credible allegation of compliance for the deficiencies noted.		
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in	F 580	F 580 Notifying Changes Immediate Corrective Action: RN 2 was given one-on-one in-service education on 12/31/2022 concerning timely notification of Attending Physician for any changes in condition specifically fall incident. Identification of Others at risk: Assistant Director of Nursing reviewed incident reports of fall in the last 30 days, and no other resident was affected.		

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 580	<p>Continued From page 1</p> <p>§483.15(c)(1)(II).</p> <p>(ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15)</p> <p>Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9).</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, Registered Nurse 2 (RN 2) failed to notify the Attending Physician of one of four sampled residents (Resident 4) after Resident 4's fall.</p> <p>This deficient practice had the potential to result in Resident 4 to not receive the necessary care and services.</p> <p>Findings:</p>	F 580	<p>Process to prevent recurrence:</p> <p>Assistant Director of Nursing and/or designee gave in-service education to licensed staff on 12/31/2022, concerning Policy of MD notification during Change of Condition and Accidents/Incidents of Fall.</p> <p>Medical Record designee will conduct daily audit on incidents of fall or changes in condition to ensure the timeliness of MD notification.</p> <p>Assistant Director of Nursing will review daily the incident reports for completion of investigation and notification of MD and family/responsible party.</p> <p>Monitoring Performance:</p> <p>Administrator and Director of Nursing will review incident reports weekly to ensure compliance to the Policy. Findings during the daily and weekly review as well as the medical records audit will be submitted to the Quality Assurance and Assessment committee for further recommendation and review monthly x 3 months or until problem is resolved.</p>		

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F 580	Continued From page 2 A review of Resident 4 's Admission Record indicated the facility admitted the resident on 10/7/2022 with diagnoses including palliative care (specialized medical care that focuses on providing patients relief from pain and other symptoms of a serious illness) and malignant (cancerous tumor [cells that are not normal grow and spread very fast where these cells develop in an abnormal mass]) neoplasm (abnormal growth of tissue) of pancreas (a large glandular organ behind the stomach which makes pancreatic juices, which contain enzymes that aid in digestion, and it produces several hormones, including insulin). A review of Resident 4 's Admission Assessment, dated 10/7/2022, indicated the following: - At 8:45 p.m., Resident 4 entered the facility. - At 9:00 p.m., Resident 4 's vital signs were recorded, and physical assessment was done, indicating Resident 4 's confusion and incontinence. - At 9:31 p.m., RN 2 notified the Attending Physician of Resident 4 's admission. - At 10:00 p.m., Resident 4 was found sitting on the floor and assisted the resident back to bed. Hospice nurse and family were made aware. A review of Resident 4 's Fall Risk Assessment, dated 10/8/2022 at 07:00, indicated the resident with a total score of 18 as a high risk for falls. The assessment indicated that this risk assessment will be completed on admission, quarterly, and as needed after falls. The Total Score will reflect potential for falls and a score of 18 or more is High Risk and Care Plan will be developed to reduce falls and injuries.	F 580	Completion Date: February 6, 2023	2/6/23	

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F 580	Continued From page 3 A review of Resident 4 's Transfer and Discharge Report, indicated the resident went home with family on 10/8/2022 at 5:45 p.m. During a concurrent interview and record review of Resident 4 's clinical record on 12/30/2022 at 11:25 a.m., RN 2 stated Resident 4's Attending Physician was not notified about Resident 4 's fall. During an interview on 12/30/2022 at 12:25 p.m., RN 1 stated Resident 4's Attending Physician should be notified. A review of the facility 's policy and procedure titled, "Incidents/Accidents," reviewed on 10/5/2022, indicated that it is the facility 's policy to investigate incidents/accidents and report as indicated. The procedure indicated incidents/accidents will be reported to the charge nurse and documented on the accident/incident report as soon as they occur ... The nursing assessment and documentation of incident on the Nurses notes to include complete body check, documentation of resident 's activities prior to incident, M.D. notified ... vital signs taken ... care plan entry, investigation of incident/fall, documentation of conclusion and steps taken to prevent recurrence completed within five days, in-service related to incident, and post fall assessment completed.	F 580			
F 755 SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in	F 755	F 755 Pharmacy Services Immediate Corrective Action: LVN 1 was given one-on-one in-service education on 12/31/2022, concerning proper procedure in		

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F 755	Continued From page 4 §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure the Licensed Vocational Nurse 1 (LVN 1) administered medications via gastrostomy (g-tube, a flexible tube inserted through the abdominal wall that directly delivers nutrition to the stomach) route according to facility's policy and procedure for one of one sampled resident (Resident 3), by failing to:	F 755	medication administration thru Gastrostomy tube specifically checking of residual of gastric content and administer GT medication via gravity. Identification of Others at risk: Assistant Director of Nursing and/or designee randomly observed 3 licensed nurses for medication administration via Gastrostomy tube, and no other resident was affected. Process to prevent recurrence: Pharmacy nurse consultant gave in-service education to licensed nurses on 1/26/23 for proper procedure of medication administration specifically in giving medication via Gastrostomy tube. Director of Staff development will review medication administration procedure as part of the orientation process and conduct competency check with the participation of the Director of Nursing to licensed nurses annually. Pharmacy nurse consultant will conduct random observation of medication administration pass		

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F 755	<p>Continued From page 5</p> <p>1. Check Resident 3 ' s g-tube placement and residual (the volume of fluid remaining in the stomach at a point in time during enteral nutrition feeding) of gastric contents.</p> <p>2. Administer Resident 3 ' s g-tube medications via gravity.</p> <p>These deficient practices had the potential to result in unintended complications related to the management of g-tube such as nausea, vomiting, and aspiration (accidental breathing in of food or fluid into the lungs) which can cause serious problems, such as pneumonia (infection of the lungs) and other lung problems.</p> <p>Findings:</p> <p>A review of Resident 3 ' s Admission Record indicated the facility admitted the resident on 11/30/2022 with diagnoses including hemiparesis (or unilateral paresis, is weakness of one entire side of the body) and hemiplegia (in its most severe form, complete paralysis of half of the body) following cerebral infarction (stroke) affecting left non-dominant side and end stage renal disease (ESRD, last stage of chronic kidney disease when the kidneys fail leading to the need of long-term dialysis [blood purifying treatment] or a kidney transplant to maintain life).</p> <p>A review of Resident 3 ' s Physician Order, indicated the following orders:</p> <ul style="list-style-type: none"> - Insulin glargine solution 100 unit/millimeter (ml, a unit of measure), dated 11/30/2022. - Arginald oral packet, give one packet by mouth two times a day for supplement, dated 12/12/2022. 	F 755	<p>procedure during their visits monthly or as needed.</p> <p>Monitoring Performance:</p> <p>Director of Nursing and/or designee will conduct random observation of 3 licensed nurses per week for 1 month to ensure compliance to the Policy. Findings during random medication administration observation will be reviewed in the Quality Assurance and Assessment committee for further recommendations monthly for 3 months or until problem is resolved.</p> <p>Date of Completion:</p> <p>February 6, 2023</p>	2/6/2023	

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F 755	<p>Continued From page 6</p> <p>A review of Resident 3 's Skin Integrity Impairment Care Plan, revised 12/19/2022, indicated the resident with goals of reducing risk of skin alteration by administering medication and treatment as ordered.</p> <p>A review of Resident 3 's G-tube Care Plan, revised 12/12/2022, indicated the resident with goals of minimizing risk of aspiration and feeding intolerance daily by checking and maintaining placement and patency of g-tube, check lung sounds prior to giving medications or feeding, check residuals every shift.</p> <p>During an observation on 12/30/2022 at 8:30 a.m., Licensed Vocational Nurse 1 (LVN 1) was doing medication administration for Resident 3. Observed LVN 1 checked Resident 3 's blood sugar with reading at reading at 110 milligrams (mg, a unit of measure)/ deciliter (dL, a unit of measure).</p> <p>During an interview on 12/30/2022 at 8:45 a.m., LVN 1 prepared medications for Resident 3 which included the following:</p> <ol style="list-style-type: none"> 1. Insulin glargine (a hormone that lowers the level of glucose [a type of sugar] in the blood) 38 units, subcutaneously (injection method administered between the skin and muscle). 2. Arginaid (supplement), one packet mixed in water. <p>During an observation on 12/30/2022 at 8:47 a.m., LVN 1 was at Resident 3 's bedside, administering Insulin on Resident 3 's right abdomen then administered arginaid via g-tube, pre-flush and post-flush noted, did not observe LVN 1 check the g-tube placement and residual prior to medication administration.</p>	F 755			

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F 755	Continued From page 7 During an interview on 12/30/2022 at 8:50 a.m., LVN 1 stated completed Resident 3 ' s 9 a.m. scheduled medication administration except for Pro-Stat. LVN 1 stated she did not give the Pro-Stat yet per Resident 3 ' s wife request. LVN 1 stated she wants the Pro-stat to be given when she arrives at the facility. LVN 1 confirmed the Pro-stat order does not indicate this preference. LVN 1 stated but that has been the understanding with Resident 3 ' s wife ' s preference. During an interview on 12/30/2022 at 9:48 a.m., LVN 1 stated she checked Resident 3 ' s g-tube placement and residual in the morning right after she made her rounds. LVN 1 stated only for Resident 3 that she checks the g-tube placement and residual before she administers his medications because Resident 3 goes to dialysis. LVN 1 stated for Resident 3 she administers g-tube medications or supplements by push and not by gravity and stated that it is an acceptable practice. During a concurrent interview and record review of Resident 3 ' s 12/24/2022 at 10:04 a.m., LVN 1 stated there was no care plan for g-tube medication administration preference. During an interview on 12/30/2022 at 12:04 p.m., the Assistant Director of Nursing (ADON) stated during g-tube medication administration the licensed nurses are expected to check the g-tube location by injecting air using the syringe into the g-tube and auscultating the sound and then check for residual prior to administering any medications or supplements. During an interview on 12/30/2022 at 12:13 p.m.,	F 755			

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F 755	Continued From page 8 RN 1 stated for g-tube medication administration, the licensed nurses (LVN or RN) need to identify the resident, check the medication orders, check resident position. RN 1 stated the licensed nurse then checks for bowel sounds by introducing air and placing the stethoscope in the abdominal area for the "whoosh" sound. RN 1 stated then aspirate (to draw in or out using a sucking motion) to check residual gastric contents and administer medications via gravity to prevent nausea, vomiting, and aspirations to the resident. RN 1 stated the licensed nurse should do this when at the bedside ready to administer the resident's medications. A review of the facility's policy and procedure titled, "Medication Administration via Gastrostomy or Nasogastric (through the nose to the stomach)," reviewed on 10/5/2022, indicated request permission to enter resident's room, explain procedure ... check for placement by inserting 10 milliliters (ml, a unit of measure) of air and listen with stethoscope for "whoosh" sound below the xiphoid process (smallest part or structure of the breastbone) then aspirate for gastric contents for g-tube reinserting contents.	F 755			
F 880 SS=E	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and 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. §483.80(a) Infection prevention and control	F 880	F 880 Infection Prevention and Control Immediate Corrective Action: RN 1 was given one-on-one in-service education to licensed nurses on 12/26/2022, concerning proper donning of PPE (N 95 mask) ensuring a well fitted mask.		

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F 880	Continued From page 9 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 (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	F 880	Antigen test kits found in the plastic bag by the door was immediately disposed. LVN 1 was given one-on-one in-service education on 12/30/22, concerning proper disposal of biohazard waste such as used COVID 19 antigen test kits. Infection control policies and procedure was reviewed and updated to include guidance from the Center of Medicare and Medical services, Department of Public Health, Los Angeles County Department of Public Health and Center for Disease Control. Identification of others at risk: Infection Preventionist nurse randomly observe 5 facility staff during care with regards to proper donning of PPE and appropriate disposal of used antigen test kits. No deficient practice was observed, and no other resident was affected.		

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F 880	<p>Continued From page 10</p> <p>contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§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: Based on observation, interview, and record review, the facility failed to implement infection control policy and procedure for 86 out of 86 residents residing in the facility, by failing to:</p> <ol style="list-style-type: none"> 1. Ensure Registered Nurse 1 (RN 1) wore an N95 (a particulate-filtering facepiece respirator) in a well-fitting manner. 2. Ensure Coronavirus disease 2019 (COVID-19 - a highly infectious disease that is spread from person to person through droplets released when an infected person coughs, sneezes, or talks) antigen test kits designed for quickly diagnosing active infection by detecting a protein antigen of the SARS-CoV-2 virus (the virus that causes COVID-19) were disposed accordingly. <p>These deficient practices had the potential for cross contamination (unintentional transfer of bacteria/germs or other contaminants from one</p>	F 880	<p>Process to Prevent recurrence:</p> <p>Infection Preventionist nurse provided in-service education to facility staff on 2/3/2023, concerning Proper donning and doffing of PPE specifically N 95 mask and proper disposal of contaminated or used items such as antigen test kits.</p> <p>Infection Preventionist will conduct daily infection control rounds to identify and correct any deficient practices relating to infection control.</p> <p>Infection control committee with the participation of the Medical Director, Director of Nursing, Director of Staff development, Infection preventionist and Administrator will meet monthly to review and discuss any infection control related issues and trends.</p> <p>Director of Staff Development and/or designee will conduct random competency check on the donning and doffing of PPE (N 95 mask) and disposal of biohazard waste (used COVID 19 antigen kit).</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055142	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/14/2023
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F 880	<p>Continued From page 11</p> <p>surface to another) and spread of infection such as COVID-19.</p> <p>Findings:</p> <p>a. During a concurrent observation and interview on 12/24/2022 at 10:16 a.m., RN 2 was wearing N95 with only one strap to secure his N95. RN 2 stated he has been fit-tested for N95 and had received education on how to wear it making sure it is well-fitted to his face. RN 2 stated it is important that his N95 be properly secured to prevent transmission of COVID-19 among residents and staff.</p> <p>During a concurrent observation and interview on 10:20 a.m., RN 2 confirmed he was wearing a National Institute for Occupational Safety and Health (NIOSH - conducts research and makes recommendations for the prevention of work-related injury and illness) 3M (manufacturer) Aura 1870+ (model) N95.</p> <p>During an interview on 12/30/2022 at 12:35 p.m., the Infection Preventionist (IP) stated all facility staff are expected to wear an N95 according to the current public health guidance. IP stated the N95 comes in two straps, and both should be applied to ensure proper seal. IP confirmed there was no one on their staff who is on N95 exemptions.</p> <p>A review of RN 1's N95 Respirator Fit Test (a test protocol conducted to verify that a respirator is both comfortable and provides the wearer with the expected protection) Record, dated 1/27/2022, indicated RN 1 passed the fit testing for (make, model, size) BYD, TC-84A-9221, 3M 1860.</p>	F 880	<p>Monitoring of Performance:</p> <p>Director of Nursing or designee will conduct random infection control rounds 3x a week to ensure compliance to the infection control policies. Findings during infection control rounds will be submitted and reviewed in the Quality Assurance and Assessment committee monthly for 3 months or until the problem is resolved.</p> <p>Date of Completion:</p> <p>February 6, 2023</p>	2/6/2023	

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F 880	Continued From page 12 A review of the Centers for Disease Control and Prevention titled, "Types of Masks and Respirators," updated 9/8/2022, indicated when choosing a respirator to look at how well it fits and to read the manufacturer instructions. These instructions should include information on how to wear, store, and clean or properly dispose of the respirator. The CDC document indicated that is important to wear the respirator properly, so it forms a seal to the face. Gaps can let air with respiratory droplets leak in and out around the edges of the respirator. A review of the N95 Manufacturer's Manual titled "3M Health Care Particulate Respirator and Surgical Mask 1870", undated, indicated how to apply the respirator which includes ... pulling the top strap over your head and positioning it high on the back of the head. Then, pulling the bottom strap over your head and positioning it around your neck and below your ears. b. During an observation on 12/24/2022 at 10:41 a.m., Licensed Vocational Nurse 1 (LVN 1) was hanging outside of the IP door used COVID-19 antigen test kit. LVN 1 stated the staff take their tests and dispose them there. LVN 1 stated she does not know how long they have been there. During an interview on 12/30/2022 at 12:35 p.m., the IP stated the used COVID-19 antigen test kits should be disposed right away. The IP stated the hallway should be a clean zone and if the used COVID-19 antigen test kits are left out like hanging outside the door of the IP could potentially spread virus to staff and residents and it is not appropriate. The IP stated when she saw it, she immediately disposed of it right away.	F 880			

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F 880	Continued From page 13 A review of the facility's policy and procedure titled, "COVID-19," dated 12/20/2022, indicated to maintain proper infection control and use personal protective equipment (PPE - equipment such as gloves, gowns, masks, face shields or goggles that are used to protect healthcare workers and prevent the spread of germs [tiny living things that can cause disease] to others) throughout the testing process.	F 880		