

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>265694</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/05/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SALT RIVER COMMUNITY CARE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>142 SHELBY PLAZA ROAD, PO BOX 529 SHELBYNA, MO 63468</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview, and record review, the facility failed to maintain an infection control program during a Coronavirus Disease 2019 (COVID-19, an infectious disease caused by severe acute respiratory syndrome Coronavirus 2 ([DIAGNOSES REDACTED]-CoV-2) pandemic, to provide a safe and sanitary environment for all residents. The facility failed to ensure staff utilized appropriate personal protective equipment (PPE), failed to appropriately store PPE, and failed to perform appropriate hand hygiene. Additionally, the facility failed to ensure staff cleaned equipment as directed by the manufacturer prior to use. The facility census was 61. Review of the CDC website Recommended Guidance for Extended Use and Limited Reuse of N95 Filtering Facepiece Respirators in Healthcare Settings, last reviewed 3/27/20, showed the following:</p> <ul style="list-style-type: none"> <li>-The recommendations are intended for use by professionals who manage respiratory protection programs in healthcare institutions to protect health care workers from job-related risks of exposure to infectious respiratory illnesses;</li> <li>-Implement practices allowing extended use and/or limited reuse of N95 respirators, when acceptable; -Extended use refers to the practice of wearing the same N95 respirator for repeated close contact encounters with several patients, without removing the respirator between patient encounters. -Limited Reuse refers to the practice of using the same N95 respirator for multiple encounters with patients but removing it (doffing) after each encounter. The respirator is stored in between encounters to be put on again (donned) prior to the next encounter with a patient. Even when N95 respirator reuse is practiced or recommended, restrictions are in place which limit the number of times the same mask is reused. -Extended use is favored over reuse because it is expected to involve less touching of the respirator and therefore less risk of contact transmission; -Extended use alone is unlikely to degrade respiratory protection. However, healthcare facilities should develop clearly written procedures to advise staff to discard any respirator that is obviously damaged or becomes hard to breathe through. -Limited Reuse Recommendations: a. There is no way of determining the maximum possible number of safe reuses for an N95 respirator as a generic number to be applied in all cases. b. Safe N95 reuse is affected by a number of variables that impact respirator function and contamination over time. c. Manufacturers of N95 respirators may have specific guidance regarding reuse of their product. d. N95 respirators are discarded before they become a significant risk for contact transmission or their functionality is reduced. e. Healthcare facilities should develop clearly written procedures to advise staff to take the following steps to reduce contact transmission: 2. Discard N95 respirators contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients. 3. Discard N95 respirators following close contact with any patient co-infected with an infectious disease requiring contact precautions. 4. Consider use of a cleanable face shield over an N95 respirator and/or other steps when feasible to reduce surface contamination of the respirator. 5. Hang used respirators in a designated storage area or keep them in a clean, breathable container such as a paper bag between uses. To minimize potential cross-contamination, store respirators so that they do not touch each other and the person using the respirator is clearly identified. Storage containers should be disposed of or cleaned regularly.</li> <li>6. Clean hands with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the respirator (if necessary for comfort or to maintain fit). 7. Avoid touching the inside of the respirator. If inadvertent contact is made with the inside of the respirator, discard the respirator and perform hand hygiene as described above. 8. Use a pair of clean (non-sterile) gloves when donning a used N95 respirator and performing a user seal check. Discard gloves after the N95 respirator is donned and any adjustments are made to ensure the respirator is sitting comfortably on your face with a good seal. -Healthcare facilities should provide staff clearly written procedures to: a. Follow the manufacturer's user instructions, including conducting a user seal check. b. Follow the employer's maximum number of donnings (or up to five if the manufacturer does not provide a recommendation) and recommended inspection procedures. c. Discard any respirator that is obviously damaged or becomes hard to breathe through. d. Pack or store respirators between uses so that they do not become damaged or deformed. Review of the facility's policy on Coronavirus Disease 2019-2020 (COVID-19) Pandemic Precautions, dated 6/30/20, directed the staff: -To prevent the spread of Coronavirus disease among residents, staff, and community members; -All staff will follow Center for Disease Control (CDC) guidelines for the prevention of infections in a healthcare setting, including use of hand sanitizers and hand washing. COVID-19 is droplet spread, refer to droplet precautions and standard precautions; -Staff and residents will be educated and reminded of good hygiene and precautions, including good hand washing procedures and cleaning equipment between uses; -Sanitizing spray or wipes will be made readily available for staff use; -Certain units/rooms may be isolated, communal dining and group activities will cease, if they have not already. Workers will be assigned to work only on the unit that is affected and will not be allowed to travel to other units during their shift; -If there is a positive [DIAGNOSES REDACTED]. After 14 days have passed, staff and residents may wear cloth masks to preserve PPE; -Isolation carts or stands will be outside each isolation room with signs including what PPE to use for that room and instructions on how to apply PPE; -Appropriate Environmental Protection Agency (EPA) approved disinfectants will be used according to recommended instructions; -Staff and residents will be educated on the type of precautions that are being taken and the facility Infection Preventionist (IP) will give updates if there are any changes; -Staff and residents will also be educated regarding strategies they can use for preventing the spread of [MEDICAL CONDITION]; -The facility IP, the Director of Nursing (DON), and the Administrator (ADM) will be responsible for monitoring public health advisories both federal and state and updating the team. Review of the facility's policy on Isolation Precautions/Techniques for Transmission Based Precautions, last update May 2020, directed the staff: -A resident is isolated to prevent the transmission of a communicable disease. -Disease specific isolation recommendations from the CDC are used as guidelines for isolation. -The DON, IP and Charge Nurse educate and supervise the staff in the maintenance of isolation techniques. -Refer to Centers for Disease Control website recommendations for Isolation Precautions for the most up-to-date information. -Protective apparel and supplies will be placed immediately inside the resident room for donning upon entrance, supplies include but are not limited to: Disposable gown; masks, and gloves. -Equipment required for regular nursing care i.e. blood pressure cuff and stethoscope will be kept in resident room until isolation precautions are no longer needed, at which time the equipment will be taken in a plastic bag to the Dirty Utility Room, cleaned and disinfected and returned to nursing supply (thermometers and other equipment that cannot be left in the room will be taken from room in a plastic bag and disinfected after use); -Masks are used to prevent transmission of airborne pathogens. Respiratory protective devices are used by employees when entering a resident's room that is suspected of having any infectious airborne pathogen. -Gowns are indicated when providing care to a resident on isolation precautions if clothes are likely to be soiled with secretions or excretions. A. Water resistant disposable gowns are used; B. Gowns are worn once and discarded in the proper receptacle; C. If gown becomes wet while caring for a resident, it is discarded immediately; -Gloves will be worn when providing direct care to the isolated resident; -Wearing gloves does not replace the need for hand washing. -Hand washing is the single most important means of preventing the spread of infection; -Wash hands before and after providing resident care; -Gowning, masking and gloving are handled as follows: A. Wash hands; B. Put on gown; 1) Unfold paper gown and put arms through sleeves, tie gown at the neck; 2) Overlap edges of back of gown and tie at </li></ul>		
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 - Some</b>	<p>(continued... from page 1)</p> <p>waist; C. Put on mask; D. Put gloves so that cuffs are drawn over the gown sleeves; -Removing gown, gloves and mask are handled as follows: A. Remove gloves by turning them inside out. Discard them in trash; B. Untie gown at neck and waist. Grasp gown at shoulders and pull gown down over the arm and hand. Turn inside out and roll up, being careful not to touch uniform. Discard trash. C. Wash hands; D. Remove mask; E. Wash hands before leaving room; -Therapist providing treatment must observe all isolation techniques and precautions that are in effect. Review of the facility's policy on Cleaning of Non-critical Reusable Patient Equipment, undated, directed the staff: -In accordance with existing infection prevention and control policies and procedures, the facility will implement and maintain processes to ensure all non-critical, reusable patient care equipment is routinely cleaned before and after reuse; -All equipment must be cleaned immediately if visibly soiled, and immediately after use on patients with contact precautions regardless of cleaning schedule; -Patient care equipment should be dedicated to the use of a single patient and cleaned, disinfected and/or reprocessed before reuse with another patient or before placement in storage; -Cleaning and maintenance processes will follow manufacturer's recommendations; -All health care workers must exercise routine practices and wear the required PPE appropriate for the task; -Additional cleaning may be required in an outbreak situation. Procedures will be determined in consultation with the infection control nurse; -Disposable patient care equipment and supplies shall be immediately discarded after use; -Personal care items/effects are single use patient items and are not to be shared between patients; -All horizontal and frequently touched surfaces shall be cleaned daily and immediately when soiled; -The Housekeeping Supervisor and the infection control nurse must approve all products used for the stages of cleaning/disinfection process. -Steps in Cleaning: a. Follow device manufacture's recommendations for cleaning and maintaining equipment. b. In the absence of recommendations, clean non-critical medical equipment surfaces with a mild detergent followed by cleaning with a disinfectant. c. Follow product recommendations for disinfectants. d. Use protective equipment such as gloves, goggles and gowns as needed. e. Glucometers must be cleaned between each use or preferably will be single resident use and dedicated to that resident. f. Allow equipment to dry before using. Review of the manufacturer's instructions for Clorox disinfectant wipes instructs the staff to thoroughly wet area to be cleaned, remain wet for four minutes and allow to air dry. 1. During an interview on 8/4/20, at 9:45 A.M., the administrator said the following: -Nine residents were on full isolation, droplet precautions for positive COVID-19 tests; -Five residents were on full isolation, droplet precautions for recent hospitalization s, appointments, or procedures outside of the building if unable to verify the residents were not exposed; -The rooms with residents on isolation included rooms 103, 105, 200, 202, 206, 207, 210, 304, 305, 400, 503, 508, 510 and 611; -The facility did not have a policy for N95 or disposable gown reuse, the facility followed the CDC guidelines for reuse of PPE. 2. Observation on 8/4/20 at 10:00 A.M., of resident room [ROOM NUMBER] showed the following: -A canvas hanger on the door with clean gloves and gowns in the pockets; -The bottom pocket of the hanger contained four open brown paper bags against each other. Each brown paper bag contained an N95 mask. Observation on 8/4/20 at 10:04 A.M., of resident room [ROOM NUMBER] showed the following: -A metal cart which sat outside the room in the hall; -Five open brown paper bags with N95 masks in them sat on the cart with a box of gloves, alcohol based hand rub (ABHR), and disinfectant wipes; -A face shield sat uncovered on the hand rail outside the room. Observation on 8/4/20 at 10:07 A.M., of resident room [ROOM NUMBER] showed the following: -A bed side table sat outside the entry door; -On the table sat two open brown paper bags one empty and one contained a N95, a plastic bag with a closure with a N95 mask inside the bag, a box of gloves, an uncovered face shield leaned against the brown paper bag that contained a N95 and rested on top of the box of gloves, a container of ABHR, and a container of disinfectant wipes; -Inside the room showed a plastic disposable gown hung inside the door on the wall. Observation on 8/4/20 at 10:11 A.M., of resident room [ROOM NUMBER] showed the following: -A bed side table sat outside the entry door in the hall; -On the table sat two open brown paper bags that contained a N95 mask, a plastic bag with a closure with a N95 mask inside the bag, a container of ABHR, and a container of disinfectant wipes; -Inside the room showed a plastic disposable gown hung inside the door on the wall. Observation on 8/4/20 at 10:22 A.M., of resident room [ROOM NUMBER] showed the following: -A bed side table sat outside the entry door; -On the table sat six open brown paper bags that contained N95 masks. A box of gloves, an uncovered face shield leaned against a brown paper bag that contained a N95 and rested on top of the box of gloves, a container of ABHR, and a container of disinfectant wipes; -Inside the room showed a plastic disposable gown hung on a metal coat rack. Observation on 8/4/20 at 10:30 A.M., of resident room [ROOM NUMBER] showed the following: -A canvas hanger on the door with clean gloves and gowns in the upper pockets; -The bottom pocket of the hanger contained six open brown paper bags. Each bag contained an N95 mask. The brown paper bags sat against each other; -A plastic disposable gown hung from the side of the canvas hanger over the pocket with a box of gloves and gowns folded with a plastic cover. Observation on 08/04/20 at 10:32 A.M., of resident room [ROOM NUMBER] showed the following: -A coat rack just inside the room with plastic and cloth gowns hanging on it; -Just outside the entry door, on a beside side table there were 14 open brown paper sacks with N95 masks in them and an uncovered pair of goggles upside down; -On the handrail, next to the bedside table, sat an uncovered face shield. Observation on 08/04/20 at 10:40 A.M., of resident room [ROOM NUMBER] showed the following: -A coat rack sat just inside the room with plastic gowns hanging on it; -Just outside the entry door, on a beside side table, there were nine open brown paper sacks with N95 masks in them. Observation on 08/04/20 at 10:45 A.M. of resident room [ROOM NUMBER] showed the following: -A coat rack just inside the room with plastic and cloth gowns hanging on it; -Just outside the entry door, on a beside side table, were five open brown paper sacks with N95 masks in them and two uncovered face shields lay on top of one another. Observation on 08/04/20 at 10:48 A.M. of resident room [ROOM NUMBER] showed the following: -Two plastic gowns placed on the bed just inside the entry door; -Just outside the entry door, on a beside side table, one open brown paper sack with N95 masks inside and a stack of folded wash cloths and towels. Observation on 08/04/20 at 10:52 A.M. of resident room [ROOM NUMBER] showed the following: -A plastic gown hung just inside the entry door with the bottom of the gown resting in the trash can below it; -Just outside the entry door, on a beside side table, sat an uncovered face shield. Observation on 8/4/20 at 11:00 A.M., of resident room [ROOM NUMBER] showed the following: -A metal cart sat outside the room in the hall; -Eight open brown paper bags with N95 masks in them sat on the cart with a box of gloves, alcohol based hand rub (ABHR), and disinfectant wipes; -A face shield and an N95 mask sat uncovered on the hand rail outside the room. 3. Observation on 08/04/20 at 10:35 A.M., showed the physical therapy assistant with facial hair wore a visibly soiled N95. During interview on 08/04/20 at 10:35 A.M., the physical therapy assistant said he/she was required to wear an N95 mask while at the facility. He/She changed his/her mask once a week. He/She does therapy with residents that are on isolation as well as residents who are not on isolation. He/She did not change masks between isolation residents and non-isolation residents. 4. Observation on 8/4/20 at 10:45 A.M., showed the following: -Certified nurse assistant (CNA) A came out of resident room [ROOM NUMBER] wearing a gown, gloves, N95 mask, and goggles; -CNA A removed his/her gloves and placed the gloves in the trash can inside the resident's door; -CNA A removed his/her goggles and placed them on the bedside table (the table held two open brown paper bags one empty and one contained an N95 mask, a plastic bag with a closure with an N95 mask, a box of gloves, an uncovered face shield leaned against a brown paper bag that contained an N95 mask and rested on top of the box of gloves, a container of ABHR, and a container of disinfectant wipes; -CNA A untied his/her gown and pulled the gown off touching the inside and the outside of the gown; -CNA A removed his/her N95 mask and placed it in a brown paper bag with his/her initials, then removed a N95 mask from a plastic bag and put it on; -CNA A picked up the goggles off the bedside table and wiped them with a disinfectant wipe, and placed the wet goggles in a plastic bag with a closure, then wiped the table back and forth one time with a wipe where the goggles sat; -CNA A did not wash his/her hands after removal of his/her gloves, after removal of his/her mask, after touching contaminated PPE or before touching clean PPE to prevent the spread of bacteria or viruses. Observation on 8/4/20 at 11:38 A.M., showed the following: -CNA A came out of room [ROOM NUMBER] wearing gloves, gown, mask, and goggles; -He/She removed his/her gloves and did not wash his/her hands; -He/She removed his/her goggles and held them with his/her left hand; -He/She removed his/her N95 mask with his/her right hand and placed the mask in an open brown paper bag; -He/She picked up an uncovered N95 mask off the hand rail in the hall and using his/her left forearm and right hand, donned the N95 mask while holding the contaminated goggles in his/her left hand. During an interview on 8/4/20 at 10:47 A.M., CNA A said the following: -The disposable gowns were reused, each staff person had one for each resident and staff hung them in the resident rooms; -To clean reusable equipment staff wipe it down with a disinfectant wipe; -Staff have an N95 to wear in the building, and then each staff member has a separate N95 for each resident; -N95 masks were stored in a brown paper bag with staff initials and the resident's room number; -He/She did not think the surface of the equipment had to stay wet after use of a disinfectant wipe, just wipe it down; -Staff try to not let contaminated PPE touch clean PPE, but there was not much room on the bedside table; -Staff are expected to wash their hands before and after resident care, and between dirty/contaminated tasks and clean tasks; -He/She did not know he/she should wash his/her hands between touching</p>		

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Observation on 8/4/20, at 11:20 A.M., of room [ROOM NUMBER] showed the following: -N95 masks, gloves, gowns, face shields, and goggles were stored in the room; -A long white folding table set up against the wall; -42 brown paper bags that contained contaminated N95 masks sat on the white table, 25 of the bags were open, and 18 of the bags were folded shut, the bags sat against one another; -A small dresser sat by the window with ten brown paper bags that contained contaminated N95 masks, six of the bags were open, and four of the bags were folded shut, the bags were against one another; -A smaller white table sat in front of the window and contained seven open brown paper bags that contained contaminated N95 masks, the brown paper bags touched gallon sized plastic bags with closures that contained face shields and goggles; - On top of a resident bed with a bedspread and pillow, 14 open brown paper bags that contained contaminated N95 masks, the bags touched each other, and two plastic bags with a closure that each contained an N95 mask. During an interview on 8/4/20 at 10:47 A.M., registered nurse (RN) B said the following: -One CNA was assigned to all the COVID positive residents; -Staff reuse disposable gowns and the CNA and nurse have one in each of their rooms; -He/She was not sure how to take off a disposable gown and reuse it without any contamination of clothing; -Staff reuse their N95 mask, staff have one mask for each resident and store them in brown paper bags, with their initials and the residents' room number on them between use; -Staff take off their N95 they wear for the whole shift and place it in a plastic bag, and put on the N95 for the resident they are providing care for; -Staff should wash/clean their hands between masks to avoid cross contamination; -Staff use the mask from the time the resident is put on isolation until they are off isolation unless they are damaged or visibly soiled; -N95 masks are stored in room [ROOM NUMBER] between shifts; -To clean reusable equipment, staff wipe down with disinfectant wipes, leave the surface wet for approximately 30 seconds, and let it air dry; -Clean PPE should not be next to contaminated PPE. During interview on 08/04/20 at 11:23 A.M., the Infection Control Specialist said the following: -Plastic gowns are to be used one gown per one staff per shift. The staff do not get a clean plastic gown for each time they enter the room; -The plastic gowns are to be disposable; -Face shields and goggles are cleaned and reused each time the staff are in the resident room. After the staff clean the face shields and goggles and they dry, the face shield and goggles are to be placed in a zip lock bag until next use. Face shields and goggles are not to be stored uncovered on the bedside table or on the handrail; -She would not expect the gowns to be placed on a resident bed; -She would not expect the bottom of the gown to be touching the trash can; -Dirty and clean PPE should not be stored together. There should be at least a doorway length between them. During an interview on 8/17/20 at 9:45 A.M., the DON said the following: -Staff are expected to wash hands before entering and when exiting a resident's room, every time gloves are changed, after touching dirty or contaminated surfaces and before touching clean surfaces, after contact with bodily fluids, between touching a contaminated mask and a clean mask or mask changes and after staff personal care or breaks; -Reusable equipment should be cleaned with disinfectant wipes according to manufacturers recommendations; -Staff use the N95 mask for the resident as long as there was no visible soiling or damage to the mask for the duration the resident is on isolation. This could be for ten days after a positive test or 14 days if on isolation; -Blue plastic gowns should not be reused, the facility has gowns that can be laundered; -Canvas hangers on isolation doors should only contain clean PPE; -Clean PPE should not be stored or touching contaminated PPE; -Residents that were COVID positive were on airborne/droplet full precautions, if on isolation for hospitalization residents were on droplet precautions. During an interview on 8/5/20, at 3:00 P.M., the administrator said the following: -Staff are expected to wash/clean their hands when they enter a resident's room, after any type of personal care, after gloves are removed, and between dirty and clean tasks; -Reusable equipment should be cleaned with disinfectant wipes or spray, and staff should follow the manufacturer's recommendation for use; -Staff should hold the N95 by the straps to put the mask in and out of the brown bag to avoid contaminating the whole mask; -Staff use the N95 mask for each resident as long as there was no visible soiling or damage to the mask for the duration the resident is on isolation; ten days after a positive test or 14 days if on isolation; -Disposable gowns are reused, one per resident per staff member; -Gowns should be turned most of the way out when removed to try to avoid contamination; -The canvas supply holders that hung over the door are to hold clean PPE; -Staff did not think about used N95 masks as being contaminated, but they should not be with clean PPE or stored in the canvas clean supply holders; -Used gowns should not be hung touching clean PPE; -Clean PPE and contaminated PPE should be separated and not stored together.</p>		