

# The Case of the Resident With an Incomplete Skin Assessment

Improving Skin Care and MDRO Prevention in Long-Term Care



## The Case

Ms. Adams is a 90-year-old resident who is being assisted with her routine showering. She is alert but confused due to her progressing dementia.



## The Challenge

Ms. Adams requires assistance from two people when moving from the bed to the wheelchair or the shower chair. It's difficult to access the resident's buttocks for assessment and bathing when she's sitting in the shower chair. The resident is kept covered with drapes and informed during each step of the bathing process.

## The Error

Because the buttocks and perineal area are inaccessible, the certified nursing assistant (CNA) skips bathing or assessment of those areas. As a result, identification of a shingles rash is missed. The rash is very painful and itchy to the resident, so she picks it, which causes openings in the skin that become infected with MRSA.

## Knowledge Check Questions

1. What could the CNA have done to ensure access to the buttocks and perineal area for assessment and cleaning?
2. What should the CNA expect a shingles rash to look like, and what are the appropriate next steps after identifying a shingles rash?

## Rationale

### Rationale for question 1

The CNA could have assessed and washed the buttocks and perineal area while the resident was still in bed. They could have obtained assistance to roll the resident and clean the buttocks and perineal area before or after proceeding with the shower.

### Rationale for question 2

The CNA would expect a shingles rash to appear as an inflamed, red, blistering rash that a resident may complain is itchy or painful, possibly with tingling sensations. When suspecting the presence of a shingles rash or other unidentified rash, the CNA should report the finding to the nurse in charge.

AHRQ Pub. No. 25(26)-0066  
October 2025