

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 395300	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/08/2020
NAME OF PROVIDER OF SUPPLIER WEXFORD HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 9850 OLD PERRY HIGHWAY WEXFORD, PA 15090	
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 - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility document, observations, staff interviews and infection control guidelines from the Centers for Disease Control (CDC), the Centers for Medicare/Medicaid Services (CMS), and the Pennsylvania Department of Health (DOH), it was determined that the facility failed to implement infection control measures regarding proper use of Personal Protective Equipment (PPE) a mask while assigned to screen visitors/staff at the main entrance of the building and failed to perform appropriate social distancing with a visitor which created the potential for the spread of infection and prevent cross-contamination during the COVID-19 pandemic. Findings include: The facility document Receptionist Guidelines COVID-19 indicated that mask are to be worn by receptionist at all times, social distancing must be practice at all times and visitation is restricted and only approved by Nursing Home Administration (NHA) or the Director of Nursing CMS Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19 - an infectious [MEDICAL CONDITION] disease that can cause fever, cough, fatigue and/or breathing problems) in Nursing Homes, revised March 13, 2020, indicated facilities were to practice social distancing. Guidance from the CDC (a national health protection agency) regarding COVID-19, updated May 6, 2020, revealed that to socially or physically distance: was to stay at least 6 feet (about 2 arms lengths) from other people. Guidelines from Pennsylvania DOH, dated April 6, 2020, indicated that social distancing should be practiced, keeping at least 6 feet between others, and visual alerts (e.g., signs, posters) posted throughout the facility should instruct persons to maintain social distancing of six feet apart. During an observation on 7/8/20, at 11:50 a.m. entering the building Receptionist Employee E1 was having a conversation with a visitor in the main entrance lobby area with a visitor then embraced this visitor as she walked out of the building. Then Receptionist Employee E1 greeted Surveyor and went to the reception desk and conducted a COVID-19 screening. Receptionist Employee E1 performed these duties while not wearing a mask. During an interview on 7/8/20, at 11:55 a.m. the DON confirmed that Receptionist Employee E1 was still not wearing a mask and by not following proper infection control measures the facility created the potential for the spread of infection and prevent cross-contamination. During an interview on 7/8/20, at 1:40 p.m. the NHA confirmed that the visitor that entered the building was a family member bringing in belongings and was not approved to enter the building. 28 Pa. Code: 201.18(b)(1): Management. 28 Pa. Code: 201.20(c): Staff development. 28 Pa. Code: 211.10(d): Resident care policies. 28 Pa. Code 211.12(d)(1)(5) Nursing services		
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.