

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 295088	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/07/2020
NAME OF PROVIDER OF SUPPLIER WINGFIELD HILLS HEALTH & WELLNESS		STREET ADDRESS, CITY, STATE, ZIP 2350 WINGFIELD HILLS DR SPARKS, NV 89436	
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 observation, interview and document review, the facility failed to ensure kitchen personnel were utilizing proper personal protective equipment (PPE) while serving food in the kitchen. Findings include: On 04/07/20 at 11:54 AM, during lunch trayline, there were a total of five staff in the kitchen with three staff members (Dietary Manager and two Dietary Aides) donning facemasks covering the mouth and nose area. The Cook and a Dietary Aide had facemasks present, however the masks were resting below the chin area. Food was being plated for lunch service. The facility communication sheet titled, COVID-19 Best Practices, undated, documented all staff must wear facemasks within the facility at all times. On 04/07/20 at 2:28 PM, the Clinical Services Director verbalized all staff were to wear masks, especially in the kitchen. On 04/07/20 at 2:51 PM, the Dietician confirmed the Cook and Dietary Aide were not wearing facemasks in the kitchen during trayline. On 04/07/20 at 2:51 PM, the Administrator verbalized it was not acceptable for the staff in the kitchen to be serving food without a mask covering their nose and mouth. The Administrator confirmed there were staff in the kitchen not wearing facemasks and verbalized if staff were unknowingly infected, it could infect the entire community. The facility policy titled, Infection Prevention and Control Policies and Procedures: [MEDICAL CONDITION] Disease 2019 (COVID-19), undated, documented the mode of transmission was spread through person to person contact, respiratory droplets from a person sneezing or coughing and contact with infected surfaces or objects. Facility staff should avoid exposure by wearing proper protective personal equipment. It was imperative facility staff practice droplet precautions, strict standard precautions and appropriately use personal protective equipment.		

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.