

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 375571	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/16/2020
NAME OF PROVIDER OF SUPPLIER WILSON NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 867 US HIGHWAY 70A WILSON, OK 73463	
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 F 0880	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, it was determined the facility failed to maintain an infection control program and implement measures to provide a safe environment to help prevent the development and transmission of COVID-19 for two (#1 and #2) of three residents sampled for infection control. The facility failed to ensure: a) group activities had been canceled, b) communal dining had been stopped, c) residents were spaced at least six feet apart and wore masks while out of their rooms, d) residents who returned from a hospital stay were placed on quarantine for 14 days, and e) an infection control policy/procedure included Covid 19 measures. The DON reported two residents had returned from a hospital stay the past two weeks. The DON reported they had been placed on quarantine for 72 hours. The DON reported there were no residents who were COVID-19 positive in the facility and had a census of 34 residents. A Centers for Medicare and Medicaid services QSO-20-14-NH, dated 03/13/20, documented for the facility to cancel communal dining and group activities. The report documented the facility should place residents, on 14 day quarantine, when coming from or returning from the hospital. A Centers for Disease Control and Prevention form, dated 04/20/20, documented key strategies to prepare for Covid-19 in long term care facilities. The form listed these actions cancel all group activities and communal dining, enforce social distancing among residents, and ensure all residents wore a cloth face covering when they left their room or were around others. Findings: 1. On 06/16/20 at 9:20 AM, upon entrance to the facility, 15 residents were observed in the front lobby sitting side by side participating in group activities. The residents did not have a face mask on nor were they six feet apart. On 06/16/20 at 9:30 AM, the MDS coordinator reported the residents had continuously participated in group activities. The coordinator reported the residents had not practiced social distancing or utilized a face mask while out of their rooms. At 1:00 PM, the DON and IP were interviewed. The DON stated she was not aware of the regulations regarding group activities. 2. On 06/16/20 at 11:30 AM, an observation was made of the residents seated in the dining room without masks and seated less than six feet from each other. The DON reported they had not made changes regarding dining. The DON reported she was unaware communal dining should have been stopped. 3. (A) Resident #1 was admitted to the facility on [DATE]. A nurse's note, dated 05/21/20, documented the resident was a direct admit to the hospital due to critical lab results and the need for IV antibiotics for chronic urinary tract infections. A nurse's note, dated 06/04/20, documented the resident returned from the hospital. The clinical record contained no documentation regarding quarantine. On 06/16/20 at 9:30 AM, the charge nurse reported resident #1 had returned from a hospital stay on 06/04/20. The nurse reported the resident was not currently quarantined. The resident's door was observed to have no signage or PPE available. (B) Resident #2 was admitted to the facility on [DATE]. A nurse's note, dated 05/30/20, documented the resident was sent to a local emergency room not related to respiratory issues. A nurse's note, dated 06/08/20, documented the resident returned from the hospital. The clinical record contained no documentation regarding quarantine. On 06/16/20 at 9:50 AM, resident #2 was observed ambulating via wheelchair in the hallway without a face mask. On 06/16/20 at 1:00 PM, the DON and IP were interviewed. The DON stated she was not aware of the regulations regarding quarantine measures. The DON stated she would ensure residents who returned from the hospital or physician appointments would be quarantined for 14 days. On 06/16/20 at 1:30 PM, the owner reported a policy had not been updated to reflect measures to prevent Covid 19. He also reported the facility assessment had not been updated.</p>		
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.