

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 10676	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/29/2023
NAME OF PROVIDER OR SUPPLIER WINGFIELD SKILLED NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2350 WINGFIELD HILLS ROAD, SPARKS, NEVADA ,89436		
(X4) ID PREFIX TAG IC 0000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG IC 0000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	These Infection Control and Prevention Recommendations are a result of an infection prevention and control visit with your facility. The visit was conducted by the Division of Public and Behavioral Health in accordance with Nevada Revised Statutes (NRS) 439.130 and NRS 449.131. Your facility's Infection Prevention and Control practices, plan and response were reviewed. As a result of this review, this document has been prepared to assist your facility to improve your facility's infection control and prevention response.			
IC 30	1. INFECTION CONTROL PROGRAM AND INFRASTRUCTURE The person responsible for coordinating the infection prevention program has received training in IC. Examples of training may include Successful completion of initial and/or recertification exams developed by the Certification Board for Infection Control & Epidemiology; Participation in infection control courses organized by the state or recognized professional societies (e.g., APIC, SHEA). Inspector Comments: New IP was in process of doing specific IC training during my first visit. During the second return visit with John Yered, IP had completed appropriate IC training per regulation.	IC 30		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER Name: _____ Title: _____ Date: _____
REPRESENTATIVE'S SIGNATURE

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(X4) ID PREFIX TAG IC 310	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 4. HAND HYGIENE The facility routinely audits (monitors and documents) adherence to HH Note: If yes, facility should describe auditing process and provide documentation of audits Inspector Comments: Educated new IP as to how many HH observations they should be doing on a monthly basis and gave resources on different surveillance documents that can be utilized.	ID PREFIX TAG IC 310	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
IC 380	5. PERSONAL PROTECTIVE EQUIPMENT (PPE) The facility routinely audits (monitors and documents) adherence to PPE use (e.g., adherence when indicated, donning/doffing). Note: If yes, facility should describe auditing process and provide documentation of audits Inspector Comments: Educated new IP as to how many PPE observations they should be doing on a monthly basis and gave resources on different surveillance documents that can be utilized.	IC 380		

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(X4) ID PREFIX TAG IC 700	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 9. ENVIRONMENTAL CLEANING The facility routinely audits (monitors and documents) quality of cleaning and disinfection procedures. Note: If yes, facility should describe auditing process and provide documentation of audits Inspector Comments: Educated new IP as to how many EVS observations they should be doing on a monthly basis and gave resources on different surveillance documents that can be utilized.	ID PREFIX TAG IC 700	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE