

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375436	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/11/2024
NAME OF PROVIDER OR SUPPLIER Willow Creek Health Care		STREET ADDRESS, CITY, STATE, ZIP CODE 2300 West Noble Guthrie, OK 73044	

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)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>41318</p> <p>Based on observation, record review, and interview, the facility failed to ensure staff wore gloves and cleaned the resident's skin prior to injection for one (#28) of one sample resident observed for insulin injection.</p> <p>The administrator identified 51 residents resided in the facility. An undated facility matrix documented eight residents received insulin.</p> <p>Findings:</p> <p>A Subcutaneous Injections policy, dated March 2011, documented to put on gloves and clean the site with alcohol prior to injection.</p> <p>On 12/10/24 at 11:10 a.m., LPN #1 was observed to inject Resident #28 with insulin. LPN #1 was observed not wearing gloves or cleaning the site prior to injection.</p> <p>On 12/10/24 at 11:11 a.m., LPN #1 stated they should have worn gloves and clean the site prior to injection. They confirmed they did not wear gloves or clean the site prior to injection.</p> <p>On 12/10/24 at 11:33 a.m., RN #2 stated staff should wear gloves and use alcohol on the site prior to injection.</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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