

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 185005	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/14/2020
NAME OF PROVIDER OF SUPPLIER SPRING CREEK HEALTH CARE		STREET ADDRESS, CITY, STATE, ZIP 1401 SOUTH 16TH STREET MURRAY, KY 42071	
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	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and facility policy review, it was determined the facility failed to implement their system to prevent, identify and control Coronavirus Disease 2019 (COVID 19). On 04/13/2020, State Surveyor entered the building and the facility failed to screen the surveyor, per facility policy. The findings include: Review of facility policy titled, Facility Policy & Procedure, dated 03/09/2020, revealed all employees and allowed visitors will be screened prior to being in a resident care area for a Temperature 99.5 or greater. Employees and visitors identified to have signs and symptoms of a cough, sore throat or temperature will not be allowed into the facility. Further review of the policy revealed to identify if staff or visitor has taken cold medicine or pain reliever within four (4) hours to coming to work/visit, and to provide signature to the log-book. Review of Employee Temperature Log that was utilized for screening revealed the following areas to be filled out upon entry screening: Date/Arrival Time, Print Name, Department, Signature, Temperature, Have you taken any cold or pain medication within the past 4 hours?, Have you experienced any cold symptoms?, and Phone #. On 04/13/2020 at 11:50 AM, the State Surveyor entered facility through the front entrance and staff obtained the surveyor's temperature. However, the staff failed to ask the surveyor, have you taken any cold or pain medication within the past 4 hours?, Have you experienced any cold symptoms (cough, sore throat), per facility policy. Interviews with Staff Member at entrance on 04/13/2020 at 3:15 PM and 04/14/2020 at 3:12 PM revealed it was her responsibility to ensure screening of visitors upon entrance. She stated she would generally open entrance door, take temperature of the visitor, hand PPE to visitor, and have visitor put on prior to going down hall. She further revealed she failed to log surveyor in or ask the questions on the log because she became nervous. Interviews with Infection Control Nurse/Interim Director of Nursing (DON) on 04/13/2020 at 2:45 PM and 04/14/2020 at 3:21 PM revealed visitors/employees should be screened at the door before entering and allowed into the building. The staff at the doors should obtain the visitor's/employee's temperature, ask the questions related to signs/symptoms of COVID 19, and ensure personal protection equipment (PPE) on before entering further into the facility. Interview with Administrator on 04/13/2020 at 1:25 PM revealed visitors are screened by staff in the screening area and she would have expected the surveyor to be screened before allowed on the units.</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.