PRINTED: 02/14/2012
FORM APPROVED
OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185008	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED C 01/31/2012
NAME OF PROVIDER OR SUPPLIER: SPRING CREEK HEALTH CARE		STREET ADDRESS, CITY, STATE, ZIP CODE: 1401 SOUTH 16TH STREET MURRAY, KY 42071	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000		
	An abbreviated survey (KY #17290 and KY #17686) was conducted on 01/30/12 through 01/31/12. KY #17290 was unsubstantiated with deficiencies cited. KY #17686 was unsubstantiated with no deficiencies cited.			
F 315 SS=D	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER	F 315	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER	
	Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.		1. The corrective action accomplished for residents found to be affected by the deficient practice. a. Resident #1 received appropriate incontinent care. Policy was followed including using clean gloves and washing form front to back. b. Resident #2 received appropriate incontinent care. Policy was followed including changing gloves when moving from a contaminated body site to a clean body site.	
	This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and review of the facility's policy/procedure, it was determined the facility failed to ensure staff provided appropriate incontinent care to prevent a urinary tract infection for two residents (#1 and #2), in the selected sample of three residents.		2. Identification of other residents having the potential to be affected by the same deficient practice: a. All residents who reside in the facility and were assessed to receive incontinent care had the potential to be affected by the deficient practice.	
	The findings include:			
	1. A review of the facility's policy/procedure, "Incontinent Care," revised April 2004, revealed the procedure for incontinent care included "to don clean gloves and wash a female resident from front to back." An interview with the Director of Nursing (DON), on 01/31/12 at 3:35 PM,			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Sandra J Dick | TITLE: Administrator | (X6) DATE: 2-17-12

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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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 C 01/31/2012
NAME OF PROVIDER OR SUPPLIER SPRING CREEK HEALTH CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1401 SOUTH 16TH STREET MURRAY, KY 42071	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 315	Continued From page 1 revealed she expected the staff to follow the policy/procedure. An observation of incontinent care for Resident #1, on 01/31/12 at 10:30 AM, revealed Certified Nurse Aide (CNA) #6 used a washcloth to cleanse between the resident's legs and outer perineum. She did not have a bag to put the soiled linen in, so she put the soiled linen in a trash can in the resident's bathroom. Then she took the trash bag from the trash can and laid it on the resident's bed. She did not change her gloves at this time. A new washcloth was used to cleanse the inner labia, cleansing with a swiping motion front to back three times, without changing the washcloth. A record review revealed Resident #1 was admitted to the facility on 03/02/09. A review of the quarterly Minimum Data Set (MDS), dated 12/29/11, revealed the facility assessed the resident as severely cognitively impaired and was incontinent of bowel and bladder. The resident required total assistance with hygiene. An interview with CNA #6, on 01/31/12 at 11:30 AM, revealed she should have changed her gloves after she obtained the trash bag from the trash can. She revealed the resident should be cleansed from front to back, changing the washcloth after each swiping motion. An interview with the DON, on 01/31/12 at 3:35 PM, revealed she expected the staff to provide incontinent care using a new washcloth when soiled. 2. A review of the facility's policy/procedure,	F 315	3. Measures and systemic changes to ensure that the deficient practice will not recur: a. DON, ADONs, and RN Supervisor in-serviced nursing staff regarding appropriate "Incontinent Care" which included the changing of the gloves and infection control protocol with return demonstration by the staff on February 1st, 2nd, 3rd, 5th, 6th, 16th, 17th, 18th, and 19th. 4. The facility plans to monitor its performance to ensure that solutions are sustained by: a. DON, ADONs, RN Supervisors and charge nurses will monitor adherence to the hand hygiene policy and incontinence policy by conducting observation audits on a weekly basis. b. Audits will be submitted to the Nursing Director. c. Results of findings and corrective actions will be reported at quarterly Quality Assurance Committee Meetings. d. Action plans will be developed if indicated. 5. The facility declares compliance with F315 deficiency effective 2/20/2012	Completion date 2/20/2012

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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 C 01/31/2012
NAME OF PROVIDER OR SUPPLIER: SPRING CREEK HEALTH CARE		STREET ADDRESS, CITY, STATE, ZIP CODE: 1401 SOUTH 16TH STREET MURRAY, KY 42071	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 315	Continued From page 2 "Hand Hygiene," revised 07/11, revealed "to change gloves during resident care if moving from a contaminated body site to a clean body site." An observation of incontinent care for Resident #2, on 01/31/12 at 9:05 AM, revealed CNA #5 cleansed feces from the resident's scrotal area and placed the soiled washcloth in a trash bag. Then she pulled the resident's foreskin back from the penis, cleansing the meatus while wearing soiled gloves. A record review revealed Resident #2 was admitted to the facility on 08/01/11. A review of the quarterly MDS, dated 12/15/11, revealed the facility identified the resident as severely cognitively impaired. The resident was incontinent of bladder and frequently incontinent of bowel. An interview with CNA #5, on 01/31/12 at 11:15 AM, revealed she was aware feces was visible on the washcloth after cleansing the resident's scrotum. She revealed she would not have changed her gloves before cleansing the resident's penis, as she did not get feces on her gloves. An interview with the DON, on 01/31/12 at 3:35 PM, revealed the staff were expected to wash their hands and change gloves when providing care from a dirty area to a clean area.	F 315		