STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185005	A. BUILDING _____ B. WING _____	R 05/11/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING CREEK HEALTH CARE	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 Based upon implementation of the acceptable PoC, the facility was deemed to be in compliance on 05/11/2020, as alleged.	{F 000}		

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185005	A. BUILDING _____ B. WING _____	04/14/2020

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

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F 000	INITIAL COMMENTS A COVID-19 Focused Infection Control Survey was initiated on 04/13/2020 and concluded on 04/14/2020. The facility was found not to be in compliance with 42 CFR 483.80 infection control regulations and has not implemented the Centers for Medicare & Medicaid Services (CMS) and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Total census 119.	F 000		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;	F 880	The Policy and Procedure of Covid-19 screening has been reviewed no changes have been implemented. A re-education inservice of all staff was completed by 05/11/20. Any staff member who are on personal or medical leave will be inserviced prior to returning to duties. All residents have the potential to be affected. A random audit will be completed of essential, ancillary, end of life visitors or staff entering the authorized entrances of the building to ensure monitoring questions are completed. A weekly audit will be completed across all shifts at each authorized entrance for 3 months during the pandemic. Monitoring will be performed by the Director of Nursing, Assistant Director of Nursing and Clinical weekend on-call staff. Any non-compliance will be brought to the members of QAPI board for rereview and modified an necessary and corrective action will be implemented. The QAPI members include: The Medical Director, LNHA, DON, ADON, Director of Food & Nutrition, and the lead of Social Services . All corrective action will be completed by 05/11/20.	05/11/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE LNHA | (X6) DATE 6/3/20

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F 880	Continued From page 1 §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.	F 880		

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F 880	Continued From page 2 §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: 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	F 880		

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F 880	Continued From page 3	F 880		

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

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F 880	Continued From page 4 allowed on the units.	F 880		

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E 000	Initial Comments A COVID-19 Focused Emergency Preparedness Survey was initiated on 04/13/2020 and concluded on 04/14/202. There was no deficient practice identified for 42 CFR 483.73 related to E-0024 (b)(6).	E 000		

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Office of Inspector General

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	100756	A. BUILDING: _____ B. WING _____	04/14/2020

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N 000	Initial Comments A COVID-19 Focused Infection Control Survey was initiated 04/13/2020 and concluded on 04/14/2020. There was no deficient practice identified at 42 CFR 483.80.	N 000		

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