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	05/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Spring Creek Post-Acute Rehabilitation Center	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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on observation, interview, closed record review, and review of the facility's policy, the facility failed to ensure residents were adequately assisted to prevent accidents for 1 of 4 residents sampled for falls, out of the total sample of 26 residents, (Resident (R)134). The findings include: Review of the facility policy titled, Fall Prevention Program, undated, revealed each resident was to be assessed for fall risk. Further review revealed each resident was also to receive care and services in accordance with their individualized level of risk to minimize the likelihood of falls. Review of the facility policy titled, Incidents and Accidents, undated, revealed it was the facility's policy for staff to report, investigate, and review any accidents or incidents that occurred or were alleged to occur on facility property which might involve or was alleged to involve a resident. Record review revealed the facility admitted R134 on 12/26/2025, with diagnoses that included Pneumonia, Altered Mental Status, and need for assistance with personal care. Further record review revealed R134 was discharged to the hospital at the daughter's request for further evaluation on 04/30/2026. Review of the Quarterly Minimum Data Set (MDS) Assessment, dated 03/03/2026, revealed the facility assessed the resident with a Brief Interview for Mental Status (BIMS) of eight out of 15, indicating the resident had moderately impaired cognition. Review of R134's Comprehensive Care Plan revealed the facility developed a Self-Care Performance Deficit care plan dated 12/29/2025, revealed the goal for the resident's Activities of Daily Living (ADLs) was to improve the current level of function with ADLs through the next review date. Further review revealed an intervention noting R134 must be supervised while on the bedside commode. Review of the facility's Fall Report 04/26/2026, revealed Certified Nursing Assistant (CNA) 14 assisted R134 to the bedside commode. Per review, CNA 14 became distracted by R134's roommate who had been asking for their blanket. Continued review revealed CNA 14 turned her back on R134 as he was sitting on the bedside commode, and the resident fell off the bedside commode. Further review revealed R134 was assessed and returned to bed. Review of the Progress Notes revealed R134 sustained a rib contusion after the fall. During an interview on 05/29/2026 at 10:19 AM, the DON stated the facility's protocol and procedures had been followed when the fall incident involving R134 occurred. The DON said the facility's protocol and procedures had been followed through completing the fall assessment and investigating the incident. She stated the facility identified the root cause of the incident as an accident. The DON further stated the facility had CNA 14 complete additional training on care plans, fall risks, and accidents. During an interview on 05/29/2026 at 11:46 AM, CNA 14 stated R134 had been on the bedside commode, and she turned her back to hand the resident's roommate their blanket. She reported the incident would have been prevented if she had not turned her back on the resident. CNA 14 further stated the incident would have also been prevented if another staff member had been present to assist her. During an interview on 05/29/2026 at 3:54 PM, the Administrator stated her expectation was for CNAs and all other direct care staff to know and follow residents' care plans. She further stated the expectation for direct care staff to follow residents' care plans was in an effort to provide and follow necessary interventions to prevent falls.

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