

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

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 07/27/2026
NAME OF PROVIDER OR SUPPLIER Spring Creek Post-Acute Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0850 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many Note: The nursing home is disputing this citation.	Hire a qualified full-time social worker in a facility with more than 120 beds. Based on interview, record review, review of facility job description and employment records, and review of State Agency (SA) records, the facility failed to employ a qualified full-time social worker (SW) in a facility with greater than 120 beds. During the time that the facility failed to have a qualified SW, one resident (Resident (R) 1) was issued a defective discharge notice for which there was also inadequate rationale. The failure to ensure the employment of a qualified SW had the potential to affect all residents in this facility which, per SA records, was currently certified for 226 beds. The findings include: Review of a facility document titled, Social Worker Job Description, copyrighted 2023, revealed a qualified social services worker had a minimum of a bachelor's degree in social work or another human services field and one year of supervised social work experience in a health care setting working directly with individuals. Review of SA records revealed that the facility was certified for a total of 226 beds. During an interview with the former Social Services Director (SSD) on 07/15/2026 at 10:14 AM, she stated she left the facility in March of 2026. During an interview with the current SSD on 07/15/2026 at 2:19 PM, she stated she was just hired in 06/2026. The current SSD stated she was still in training for her position and was not yet fully functioning in her role. Review of employment records revealed that during the time period of 03/13/2026-06/18/2026, the facility did not have a qualified social services worker. Interview with the Customer Service Liaison (CSL) on 07/15/2026 at 3:25 PM revealed that during the time there was no qualified SW, he helped perform social services because he had a background in social services (going to school for it). However, he stated he was not yet a licensed SW. During an interview with the Director of Rehabilitation Services on 07/15/2026 at 4:36 PM, she stated that the facility currently had a SW; however, when they did not, it was part of her job to assist with providing their services, including assessments, and arranging care conferences if she had the resident on therapy. She further stated she did not recall who or how she got involved with helping on the social services aspect, and confirmed that she did not meet the minimum qualifications for a SW. Interview with the Regional Director of Operations (RDO) on 07/14/2026 at 6:15 PM confirmed that the facility, which was certified for over 120 beds, had operated without a qualified SW for a multi-month period. She stated that she had reached out to another facility to see if they had any candidates that they knew of that might be qualified as a social worker, and that the owner was actively recruiting for a social worker during the time period that the facility was without one. The RDO noted that their sister facility had a social worker; however, that was not a viable source to help fill the role because the nearest sister facility was three hours away. She stated they had been trying to fill the role but it just didn't happen, and they struggled for that period of time. During an interview with the Administrator on 07/14/2026 at 12:00 PM, she confirmed that the facility experienced a time period of about three months when they were without a qualified social services worker. The Administrator stated that they worked really hard to try and fill the role but simply did not receive any qualified applicants or applicants with (continued on next page)		

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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F 0850 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many Note: The nursing home is disputing this citation.	experience in the Long-Term-Care (LTC) sector. The Administrator stated that they had the facility's CSL fill in the role as much as possible until she got the position filled, as the current social services worker had only been there approximately three weeks. During an interview with the facility's Owner on 07/14/2026 at 11:45 AM, he stated he had put out lots of advertisements, hired recruiters, and offered substantial sign-on bonuses to try to fill the social services role but did not have any luck until the new social services director was hired last month. Review of facility records revealed that, during the time that the facility failed to employ a qualified SW on a full-time basis, the facility provided R1 a discharge notice, dated 05/15/2026, for which there was insufficient evidence that the discharge was for the reason stated on the notice. The 05/15/2026 Discharge Notice was also defective, as it failed to provide R1 accurate information needed to assist in appealing the planned discharge. (Refer to F627 and F628.)		

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F 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review, and review of the facility's policy, the facility attempted to discharge on e (Resident (R)1) of 10 sampled residents reviewed for transfer/discharge without adequate evidence, the stated reason for the discharge was accurate. The facility issued a discharge notice using the rationale that R1's condition had improved and the resident no longer needed its service after the state agency responsible for Medicaid , known as the Kentucky Level of Care System (KLOCS), denied R1's Level of Care evaluation. The findings include:Review of a facility policy titled, Transfer and Discharge (including Against Medical Advice), copyrighted 2025, revealed that, Once admitted , the resident has the right to remain in the facility unless their transfer or discharge meets one of the following specified examples. These six examples mirrored the federal regulation that discharge could only occur when it was necessary for the resident's welfare and their needs could not be met at the facility, the discharge was appropriate because their health had improved sufficiently so that they no longer needed the services provided by the facility, health and/or safety of individuals in the facility was endangered by their presence, non-payment after reasonable notice, and/or closure of the facility. The policy noted that the facility would not discharge a resident based solely on a resident's payment source or change in the resident's payment source.Record review revealed the facility admitted R1 on 05/15/2025. Further review revealed R1's diagnoses included muscle wasting and atrophy, chronic hepatitis C, and unspecified signs and symptoms involving the nervous system.A Medicaid document titled LOC [Level of Care] -001 Application #22000063871 dated 02/03/2026, from the Kentucky Level of Care System (KLOCS - an automated system used for entering information for Medicaid to make Level of Care determinations) was reviewed. This LOC Application noted that a previous request for a Medicaid LOC determination was not reviewed because necessary information was not submitted. Per this document, a letter was sent to the facility on [DATE] requesting more information to make a determination: however, due to the facility's failure to submit the requested information, the request was denied due to lack of information per Kentucky Administrative Regulations ([NAME]) 1:022, Section 10. As a result of the denial (due to the facility's failure to submit requested information), the resident was determined to not meet the level of care needed.Review of a facility document titled, Notice of Resident Transfer or Discharge, dated 05/15/2026, revealed the facility issued a notice of intent to discharge R1. Per this notice (which was given to/signed by R1 on 05/18/2026), the discharge action, effective 06/18/2026, was needed because the resident's health had improved sufficiently so the resident no longer needed the services provided by the facility. Further review of this Discharge Notice revealed that it was issued/signed by the Customer Service Liaison (CSL) on 05/18/2026.Although the written notice stated that R1 was being discharged due to his health improving sufficiently that he no longer needed the facility's service, interview with R1 on 07/13/2026 at 3:31 PM revealed administration told him he needed to discharge because he had no way to pay for his stay and he did not qualify for this level of care. However, R1 stated he felt he had a continued need of a higher level of care. Review of R1's Annual Minimum Data Set (MDS) Assessment with an Assessment Reference Date (ARD) of 05/20/2026, revealed the resident had a Brief Interview for Mental Status (BIMS) score of 15/15, indicating intact cognition.During an interview with the Clinical Liaison (CL) on 07/16/2026 at 10:56 AM, she stated that she was responsible for admissions and marketing and the KLOCS used for entering information for Medicaid to make Level of Care determinations. She stated she has been doing this since (continued on next page)		

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F 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	05/22/2023 and noted that she did not have any formal training on how to use KLOCS. The CL stated she would use KLOCS when a resident came in and she realized they would be long term, unless the resident was on Medicaid- that needed to be done before they admitted to the facility. She stated that she would get messages if she needed any more information and she would try to find it herself. However, if she could not find it, she would ask the MDS Nurse to help her locate the information that was needed to complete the form. She stated that she was not a nurse and all the information that was on the level of care form was clinical, so she had to get it from a clinical source. She then stated if the MDS Nurse did not find the information she needed, she just submitted what she had. The CL stated that once KLOCS made a determination she could access it from the message portal and the system would generate a letter to send to the resident to whatever address was on file. She stated that she did not go back and change the resident's addresses in the system so it would just go to whatever home address was on file and she did not send anything out to the residents in the facility. She stated that all she did was the application, and once she got the approval or denial, she shared that information in the morning meeting. Further interview with the CL revealed she did not recall getting a message about R1 and did not know the reason that the facility never responded to the request for additional information to determine R1's LOC eligibility. An interview was conducted on 07/15/2026 at 3:25 PM, with the CSL who signed the Discharge notice. Although the notice he signed/gave to R1 stated the discharge was due to R1's health improving sufficiently so that facility care was not needed, the CSL indicated that he was not aware that the facility was discharging R1 because his condition had allegedly improved. He stated he became aware by either the facility owner or administrator that R1 did not have a payor source and that he thought it had been that way since 02/2026 and was asked if he would talk to the resident to see if he could help find somewhere to transition to as he was not sure if anyone was working with him on his discharge at all. During an interview with the former Social Services Director (SSD) on 07/15/2026 at 10:14 AM, she stated R1 was still a resident when she resigned from the facility in March. She stated she was not sure of his current discharge status and was not aware of what was done regarding the proposed discharge. During an interview with the current SSD on 07/15/2026 at 2:19 PM, she stated she was just hired in 06/2026 and was still in training for her position and was not fully functioning in her role yet. Further interview with the current SSD revealed that she did not know anything about R1's discharge and had not looked into the situation. During an interview with the Business Office Manager (BOM) on 07/15/2026 at 2:00 PM, she stated when she came to work at the facility back in 04/2026, R1 had Medicaid, but he did not meet the KLOCS criteria because he was too high functioning to be in the facility. The BOM added that the Medicaid insurance that R1 had now was for the community, so it would not pay for his room and board in a skilled nursing facility. The BOM stated that she walked into the situation as it was all in process when she got here. She stated they had the Administrator, CSL, and she, in a meeting with the resident in May 2026, and the CSL tried to get him assistance at different places to go, where she did not know, but because the resident did not receive any income, they would not accept him. The BOM stated she had not helped with anything like that, as the last place she worked, the social services department assisted the residents with those types of things. During an interview with the KLOCS Technical Representative on 07/16/2026 at 10:13 AM, she stated R1 had a Medicaid (payor source) reassessment due. On 01/15/2026, a Lack of Information notification was sent to the facility, requesting additional information to determine the resident's level of care. The KLOCS Representative further stated that no additional information was ever received from the facility on behalf of R1. Therefore, a denial letter was sent on 02/03/2026. Per the KLOCS Representative, as of the date of this interview, the facility had still not completed the task (continued on next page)		

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F 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	requesting additional information for R1. During an interview with the Director of Nursing (DON) on 07/15/2026 at 4:25 PM, she stated R1 went through therapy and met all those goals and when KLOCS did his level of care, they determined that they were no longer going to cover his stay. She stated that she felt the facility gave him an extensive amount of time to try and figure out what happened and expressed the belief that the facility did not violate his rights in any way. Interview with the Administrator on 07/16/2026 at 12:43 PM revealed the Administrator discharged R1 at the orders of the owner, who was notified by his accounting department that R1 did not have a payor source, due to him not qualifying for this level of care. She stated that the decision to discharge the resident was based on the KLOCS denial, and she was unaware, prior to surveyor intervention, that this denial occurred because the facility failed to submit the requested information. The Administrator stated it was the first time she saw the LOC form and she did not have an answer as to why KLOCS did not receive the information they requested to complete R1's evaluation.		

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review, review of the facility's policy, and review of a Final Order issued by an Administrative Law Judge, the facility failed to provide a discharge notice which met federal requirements for one Resident (R) 1) of 10 sampled residents reviewed for transfer/discharge. The facility failed to ensure that all required information on the discharge notice was accurate, to facilitate a request for an appeal of the discharge decision. The findings include: Review of the facility's policy titled, Transfer and Discharge (including Against Medical Advice), copyrighted in 2025, revealed, The facility's transfer discharge notice will be provided to the resident and resident's representative in a language and manner in which they can understand. The notice will include all of the following at the time it is provided. d. An Explanation of the right to appeal the transfer or discharge to the State. e. The name, address (mailing and email) and telephone number of the State entity which receives such appeal hearing requests. f. Information on how to obtain an appeal form. g. Information on obtaining assistance in completing and submitting the appeal hearing request. h. The name, address (mailing and email) and phone number of the representative of the Office of the State Long-Term Care Ombudsman. Record review revealed the facility admitted R1 to the facility on [DATE], with diagnoses that included muscle wasting and atrophy, chronic hepatitis C, and unspecified signs and symptoms involving the nervous system. Review of the facility's document titled, Notice of Resident Transfer or Discharge, dated 05/15/2026, revealed the facility determined that a discharge was necessary, effective 06/18/2026, with the reason being that the resident's health had improved sufficiently so the resident no longer needed the services provided by the facility. (Refer to F627.) Further review of the Notice of Resident Transfer or Discharge, dated 05/15/2026, revealed that all sections of the form were filled in, with the form listing contact information for agencies related to appeal requests. Review of R1's Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 05/20/2026, revealed the resident had a Brief Interview for Mental Status (BIMS) score of 15/15, indicating intact cognition. In an interview with R1 on 07/13/2026 at 3:31 PM, he stated once his insurance ran out, he was told by administration he needed to discharge because he had no way to pay for his stay and he did not qualify for this level of care. R1 stated that he filed an appeal with the assistance of the local ombudsman. R1 further stated that the appeal was upheld on the grounds that the facility failed to include correct appeals and contact information in the discharge notice they gave him. Review of a Final Order for Administrative Hearing No. OIG 26-0528, filed 06/10/2026, confirmed R1's interview that the discharge notice provided by the facility did not contain accurate contact information for all required state agencies. The Final Order, signed by an Administrative Law Judge, noted that Long-term care residents' rights with respect to involuntary transfer or discharge are governed by 900 [NAME] 2:050 and 42 CFR 483.15. Before a resident may be discharged against his wishes, the resident and a family member or legal representative (if known) must be provided with a written notice of the facility's intentions at least thirty (30) days before the date of the discharge or as soon as practicable if the discharge involves the health or safety of the resident or others in the nursing facility. This notice must contain several pieces of information, delineated in 900 [NAME] 2:050 2(5) and 42 CFR 483.15(c)(5). It is noted for the record that the Discharge Notice contains several deficiencies. Continued review of the Final Order for Administrative Hearing No. OIG 26-0528 revealed that the Final Order then noted that the The Notice of Discharge provided by the Appellee Nursing Facility did not satisfy several of these (continued on next page)		

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	requirements. It did not provide. the name, address (mailing and email) and telephone number of the Cabinet office responsible for receiving requests for appeal; correct information on how to obtain assistance with submitting a request for appeal; and the name, address (mailing and email), telephone number of the state long-term care Ombudsman. A valid notice would contain all the regulatory information listed above. The Final Order then listed the correct contact information for the Cabinet and state-long term care Ombudsman, which was different than the information documented on the Discharge Notice which the facility gave R1. Further review of the Final Order revealed that, For these reasons the undersigned [administrative law judge] finds that the Nursing Facility has failed to provide the Appellant [R1] with a legally sufficient notice of discharge. Interview with the facility's owner on 07/14/2026 at 11:45 AM confirmed that the discharge notice dated 05/15/2026 was defective and did not include the correct information required. He stated that after R1's discharge appeal was upheld, he called the judge to discuss the matter and was told that the notice did not contain the information required by the regulation. In an interview with the Administrator on 07/16/2026 at 12:43 PM, she confirmed that the discharge notice did not ensure that all required information was accurate, stating, He [R1] won because the document was incorrectly filled out.		

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F 0745 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Provide medically-related social services to help each resident achieve the highest possible quality of life. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews, record review, and review of facility job descriptions, the facility failed to provide medically related social services, such as assisting residents with legal and/or financial matters for one (Resident (R)1)) of 10 sampled residents reviewed for transfer/discharge. The facility failed to assist the resident by providing needed information so the state agency responsible for Medicaid could make a determination as to the resident's continuing eligibility for services/payor source. The facility subsequently issued R1 a discharge notice after Medicaid denied eligibility based on the facility's failure to provide the requested information per Kentucky Administrative Regulations ((NAME)) 1:022, Section 10. The findings include: Review of a facility document titled, Social Worker Job Description, copyrighted 2023, revealed that Major Duties and Responsibilities of the position included, Identifying the need for medically related social services and ensuring that these services are provided in accordance with State and Federal regulations. Per the policy, the Social Worker will also assist residents and their representatives in locating and accessing financial, legal, and other community resources. Record review revealed the facility admitted R1 on 05/15/2025, with diagnoses that included muscle wasting and atrophy, chronic hepatitis C, and unspecified signs and symptoms involving the nervous system. Review of a Medicaid document titled LOC [Level of Care] -001 Application #22000063871 dated 02/03/2026, from the Kentucky Level of Care System (KLOCS - an automated system used for entering information for Medicaid to make Level of Care determinations) revealed that a previous request for a Medicaid LOC determination was made for R1. The document noted that the previously submitted application was not reviewed because necessary information was not submitted. Per this document, a letter was sent to the facility on [DATE] requesting more information to make a determination: however, due to the failure to submit the requested information, the request was denied due to lack of information per Kentucky Administrative Regulations ((NAME)) 1:022, Section 10. As a result of the denial (due to the facility's failure to submit requested information), the resident was determined to not meet the level of care needed. Further review of facility documents revealed a Notice of Resident Transfer or Discharge, dated 05/15/2026, was issued to R1 on 05/18/2026, stating the resident's health had improved sufficiently so the resident no longer needed the services provided by the facility. (Refer to F627.) During an interview with the Clinical Liaison (CL) on 07/16/2026 at 10:56AM, she stated that she was responsible for admissions, marketing, and using KLOCS (related to resident eligibility/Level of Care determinations). She stated she has been doing this since 05/22/2023 and noted that she did not have any formal training on how to use KLOCS. The CL stated KLOCS would provide messages if additional information was needed, adding that when this occurred, she would try to find the information herself. If she could not find the needed information, she would ask the Minimum Data Set (MDS) Nurse to help her locate whatever was needed to complete the form. The CL noted that that she was not a nurse and all the information that was on the Level of Care form was clinical, so she had to get it from a clinical source. She added that if the MDS Nurse did not find the information she needed, she just submitted what she had. Further interview with the CL revealed she did not recall getting a message about R1 and did not know the reason that the facility never responded to the request for additional information to determine R1's LOC eligibility/payor source status. Interview with the former Social Services Director (SSD) on 07/15/2026 at 10:14 AM revealed that R1 was still a resident when she resigned from the facility in March 2026, and she was not aware of all that was done regarding the proposed discharge. (continued on next page)		

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F 0745 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	The former SSD stated that although she was responsible for social services functions, she did not work with KLOCS and had no knowledge as to why the requested information for R1's eligibility determination was not forwarded to Medicaid in 01/2026. During an interview with the KLOCS Technical Representative on 07/16/2026 at 10:13 AM, she stated R1 had a Medicaid (payor source) reassessment due on 01/15/2026. A Lack of Information notification was sent to the facility, requesting additional information in order to determine the resident's level of care. The KLOCS Representative further stated that no additional information was ever received from the facility on behalf of R1. Therefore, a denial letter was sent on 02/03/2026 and as of this date, the facility had still not completed the task requesting additional information for R1. Interview with the Administrator on 07/16/2026 at 12:43 P.M. revealed that the decision to discharge the resident was based on the KLOCS denial, and she was unaware, prior to surveyor intervention, that this denial occurred because the facility failed to submit the requested information. The Administrator stated it was the first time seeing the LOC form and she did not have an answer as to why KLOCS did not receive the information they requested to complete R1's evaluation. Further interview with the Administrator revealed that she had previously identified problems with social services functions not being done.		