

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365101	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2025
NAME OF PROVIDER OR SUPPLIER Spring Creek Nursing and Rehabilitation Center LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 401 N Broadway St Green Springs, OH 44836	

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)
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>Based on observation, interview, and policy review, the facility failed to maintain a clean environment in the shower rooms. This had the potential to affect all residents residing One South and One [NAME] (#1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, #20, #21, #51, #52, #53, #54, #55, #56, #57, #58, #59, #60, #61, #62, #63, #64, #65, #66, #67, #68, #69, #70, #71, #72, #73, and #74). The facility census was 73.</p> <p>Findings include:</p> <p>Observation on 05/28/25 from 1:31 P.M. to 2:21 P.M. revealed the shower room on One [NAME] with a brown substance observed on the back of the shower chair seat. Shower bed with brown residue underneath on the drip cloth running the length of the bed and peg-tube cap under the shower bed mattress.</p> <p>Observation on 05/29/25 at 4:15 P.M. of One South shower room revealed brown sticky substance on the floor in the shower area, one tile missing on the shower wall, brown/black substance on the ceiling above the foot washer, brown substance on the wall of the foot washer, three dirty washcloths in the tub, and standing water near the drain of the tub.</p> <p>Observation on 05/30/29 from 5:16 A.M. to 6:01 A.M. revealed One [NAME] shower bed with brown residue underneath on the drip cloth running the length of the bed remains.</p> <p>Interview on 05/28/25 at 2:14 P.M. with Licensed Practical Nurse (LPN #322) revealed the nurse verified the brown substance on the back of the shower chair seat, brown substance on the shower bed, and the peg tube cap under the mattress.</p> <p>Interview on 05/29/25 at 4:22 P.M. with LPN #344 revealed the nurse verified the sticky brown substance on the floor in the shower, brown/black substance on the ceiling above the foot washer, brown substance on the wall of the foot washer, missing tile in the shower, standing water near the drain of the tub, and the three dirty washcloths in the tub.</p> <p>Review of policy titled, Quality of Life-Homelike Environment, revised May 2017 revealed residents are provided with a safe, clean, comfortable and homelike environment and encouraged to use their personal belongings to the extent possible.</p> <p>This deficiency represents noncompliance investigated under Complaint Numbers OH00164508 and OH00163068.</p>

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 365101	If continuation sheet Page 1 of 1