

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395074	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/19/2024
NAME OF PROVIDER OR SUPPLIER Spring Creek Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1205 South 28th Street Harrisburg, PA 17111	

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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>34631</p> <p>Based on clinical record review, document review and staff interview it was determined that the facility failed to ensure the resident is refunded all monies within thirty days of discharge from the facility for one of one residents reviewed for billing and accounting services (Resident 3).</p> <p>Findings Include:</p> <p>Review of Resident 3's clinical record revealed an admitted to the facility as August 11, 2023.</p> <p>The clinical record also revealed Resident 3 passed away on October 14, 2023.</p> <p>Review of the facility's form titled Refund Request Form, dated March 19, 2024 submitted to the facility's Corporate Office, revealed a request that a refund be issued to Resident 3's spouse in the amount of \$6210.00 due to an overpayment to the facility due to the death of Resident 3.</p> <p>An interview with the Business Office Manager (Employee 4) on April 16, 2024, at approximately 1:25 PM confirmed the facility owes Resident 3/or family a refund as the facility bills one month in advance. The interview revealed Resident 3's family paid his bill timely and Employee 4 also confirmed she requested a check for a refund of Resident 3's monies, and had not followed up. The interview revealed Employee 4 to take ownership of the delay and non follow up regarding the issuance of a refund to Resident 3's family and/or estate.</p> <p>A final interview with the Nursing Home Administrator, on April 16, 2024, at 1:28 PM confirmed acknowledgement of the facility not refunding the monies owed to Resident 3's family and/or estate and provided a copy of a check dated April 16, 2024, in the amount owed and addressed to be mailed to Resident 3's spouse.</p> <p>28 Pa. Code 201.14 (a) Responsibility of licensee</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
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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>34631</p> <p>Based on clinical record review and staff interview it was determined that the facility failed to ensure that residents receive treatment and care in accordance with professional standards of practice and the comprehensive person-centered plan of care for one of six residents reviewed (Resident 4).</p> <p>Findings Include:</p> <p>Review of Resident 4's clinical record revealed diagnoses that included Diabetes Mellitus Type II (A long-term condition in which the body has trouble controlling blood sugar and using it for energy) and a pressure ulcer to his heel/foot.</p> <p>Review of Resident 4's physician orders revealed a verbal telephone order, dated March 11, 2024, that read Hibiclens External Liquid 4% .Apply to Entire Body topically on time only for Surgery Prep until 03/26/2024 . Cleanse the entire body thoroughly with wash except face.</p> <p>Hibiclens is an antiseptic skin cleanser.</p> <p>According to Resident 4's clinical record, the resident was scheduled for an outpatient surgical procedure on March 26, 2024.</p> <p>Review of Resident 4's Medication Administration Record, dated March 1, 2024- March 31, 2024 revealed no documentation of the application of the Hibiclens Liquid prior to Resident 4's scheduled surgery procedure on March 26, 2024.</p> <p>An interview with the Director of Nursing, on April 16, 2024, at 2:00 PM confirmed the Hibiclens was not applied prior to Resident 4 leaving the facility for the scheduled surgery.</p> <p>A subsequent electronic correspondence with the Director of Nursing, on April 18, 2024, revealed staff reported the Hibiclens solution was not available for staff to apply to Resident 4 prior to his surgical procedure.</p> <p>Continued review of Resident 4's clinical record revealed a document addressed to Resident 4's attending physician, titled Dietary Recommendations dated January 26, 2024, that read Please consider to aid in wound healing. 1. Add Vitamin C 500 mg [milligrams] BID [twice per day] x [for] 14 days. 2. Add Zinc Sulfate 220 mg once daily x 14 days.</p> <p>Further reiev of Resident 4's clinical record revealed an additional Dietary Recommendation form, addressed to the attending physician, dated February 5, 2024 with the same recommendations as the form dated January 26, 2024.</p> <p>Review of Resident 4's February Mediation Administration Record revealed the facility began to administer the recommended and ordered Vitamin C on February 13, 2024 and the Zinc beginning February 14, 2024.</p> <p>(continued on next page)</p>		

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview with the Director of Nursing confirmed the attending physician had not addressed the recommendations initially, in January 2024, causing the medications to be administered beginning February 13, 2024 after the second request. 28 Pa. Code 201.14 (a) Responsibility of licensee 28 Pa. Code 211.12 (d) (1) (5) Nursing services		