

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 07/09/2024
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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>33305</p> <p>Based on staff interview, record review, and policy review, it was determined that the facility failed to ensure a resident was free from financial exploitation for one of three residents reviewed (Resident 1).</p> <p>Findings include:</p> <p>A review of the facility policy, titled Abuse, Neglect, Exploitation or Misappropriation-Reporting and Investigation, last revised September 2022, stated, if resident abuse, neglect, exploitation, misappropriation of resident property or injury of unknown source is suspected, the suspicion must be reported immediately to the administrator, and to other officials according to state law.</p> <p>Exploitation is defined as: An act or course of conduct by a caretaker or other person against an older adult or an older adult's resources, without the informed consent of the older adult or with consent obtained through misrepresentation, coercion or threats of force, that results in monetary, personal or other benefit, gain or profit for the perpetrator or monetary or personal loss to the older adult.</p> <p>A review of the clinical record for Resident 1 on July 8, 2024, at 10:00 AM, revealed clinical diagnoses that included dementia (irreversible, progressive degenerative disease of the brain, resulting in loss of reality contact and functioning ability) and age-related cognitive decline (subtle to severe thinking speed and decline of attention span).</p> <p>A review of Resident 1's Quarterly MDS (Minimum Data set- a periodic assessment of the resident) dated July 5, 2024, reveals a BIMS (brief interview of mental status) score of 6 out of a possible 15, indicating cognitive status is severely impaired.</p> <p>Select document review revealed that a representative from a contracted financial company entered Resident 1's room and had the resident sign a authorization form to withdrawal money from the resident's bank account. Further review revealed that the financial power of attorney (POA) for Resident 1 was never notified about an authorization form or withdraw of \$12,000.00 from Resident 1's account; and was only made aware when she went to the bank in April 2024 to make a withdraw for payment to the facility.</p> <p>(continued on next page)</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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with the Nursing Home Administrator (NHA) on July 8, 2024, the NHA confirmed that he informed the financial POA that the consent for the withdraw was obtained by Resident 1 in error, and due to incapacitation of Resident 1, the financial POA should have provided the consent.</p> <p>28 Pa. Code 201.18(b)(2) Management</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>33305</p> <p>Based on staff interviews, facility document review, clinical record review, and policy review, it was determined that the facility failed to follow the facility policy for reporting and investigating resident exploitation to prevent further exploitation during the investigation for one of three residents reviewed (Resident 1).</p> <p>Findings include:</p> <p>A review of the facility policy, titled Abuse, Neglect, Exploitation or Misappropriation-Reporting and Investigation, last revised September 2022, stated, If resident abuse, neglect, exploitation, misappropriation of resident property or injury of unknown source is suspected, the suspicion must be reported immediately to the administrator, and to other officials according to state law. The administrator or the individual making the allegation immediately reports his or her suspicion to the following persons or agencies:</p> <ol style="list-style-type: none"> a. The state licensing/certification agency responsible for surveying/licensing the facility. b. The local/state ombudsman. c. The resident's representative. d. Adult protective services (where state law provides jurisdiction in long-term care). e. Law enforcement officials. f. The resident's attending physician. g. The facility medical director. <p>Immediately is defined as within 24 hours that does not involve abuse or result in serious bodily injury. All allegations are thoroughly investigated. The administrator initiates investigations.</p> <p>A review of the clinical record for Resident 1 on July 8, 2024, at 10:00 AM, revealed clinical diagnoses that included dementia (irreversible, progressive degenerative disease of the brain, resulting in loss of reality contact and functioning ability) and age-related cognitive decline (subtle to severe thinking speed and decline of attention span).</p> <p>A review of Resident 1's Quarterly MDS (Minimum Data set- a periodic assessment of the resident) dated July 5, 2024, reveals a BIMS (brief interview of mental status) score of 6 out of a possible 15, indicating cognitive status is severely impaired.</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Select document review revealed that a representative from a contracted financial company entered Resident 1's room and had the resident sign a authorization form to withdraw money from the resident's bank account. Further review revealed that the financial power of attorney (POA) for Resident 1 was never notified about an authorization form or withdraw of \$12,000.00 from Resident 1's account.</p> <p>A review of the clinical care conference notes held on May 30, 2024, revealed the family of Resident 1 informed the facility that Resident 1 had a financial POA who should have been notified to provide consent for the withdraw from Resident 1's account.</p> <p>A review of Resident 1's contact list within the clinical record provided the name and phone number of the financial POA for Resident 1.</p> <p>During an interview with Employee 1 (Business Office Manager) on July 8, 2024, at approximately 12:45 PM, Employee 1 provided a copy of Resident 1's account ledger dated January 1, 2024, through July 31, 2024, and pointed to the \$12,000.00 withdraw by the facility on March 28, 2024.</p> <p>The Pennsylvania Department of Health never received a facility reported incident regarding the suspicion of exploitation when the facility was informed by the family on May 30, 2024.</p> <p>During an interview with the Nursing Home Administrator (NHA) on July 8, 2024, the NHA confirmed there was no investigation or reporting to the appropriate officials regarding the withdraw of \$12,000.00 from Resident 1's account that occurred without a valid consent by the financial POA.</p> <p>28 Pa. Code 201.18(b)(2) Management</p>		