

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  12/17/2025
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to ensure that the resident received care, consistent with professional standards of practice, to treat pressure ulcers for one of five residents reviewed (Resident 1). Findings Include: Review of Resident 1's clinical record revealed diagnoses that included unstageable sacral pressure ulcer (localized damage to the skin and/or underlying soft tissue usually over a bony prominence or related to a medical or other device. Unstageable-obscured full-thickness skin and tissue loss) and stroke. Review of Resident 1's wound assessment report, dated November 4, 2025, revealed treatment recommendations to cleanse the wound (pressure ulcer) with normal saline, apply medical grade honey to the base of the wound, and secure with silicone bordered super-absorb. Review of Resident 1's wound assessment report, dated November 11, 2025, revealed treatment recommendations to cleanse the wound with normal saline, apply Santyl (ointment that removes dead tissue from wounds for healing) to the base of the wound, and secure with silicone bordered super-absorb. Review of Resident 1's wound assessment report, dated November 18, 2025, revealed treatment recommendations to cleanse the wound with normal saline, apply Santyl and Dakins (wound cleanser) moistened fluffed gauze to the base of the wound, and secure with silicone bordered super-absorb. Review of Resident 1's TAR (treatment administration record), dated November 2025, revealed that on November 12-19, nursing staff were signing off that both treatments were administered. The honey was being signed off as being the treatment and Santyl was also being signed off as being the treatment administered. On November 20, 2025, the honey treatment was discontinued. On December 17, 2025, at 12:30 PM, the Director of Nursing (DON) stated that when the wound team changed the treatment to Santyl on November 11, 2025, the honey order was not yet removed because they were waiting on the Santyl to arrive from the pharmacy. She stated that on November 12, 2025, honey was used because the Santyl did not arrive from the pharmacy until 8:00 PM. She further stated that she confirmed with each nurse, who stated that on November 13-17, 2025, they used the Santyl because they knew the treatment order was changed. On November 18, 2025, she stated that the wound team performed the treatment. Nursing staff continued to sign off that the honey was administered on November 12-19, 2025, in addition to signing off that the Santyl was administered November 12-19, 2025. On December 17, 2025, at 2:53 PM, the DON stated that was an oversight by nursing and that they were aware of the correct treatment that was to be done, per the wound team recommendations. In a follow up interview with the Nursing Home Administrator and DON on December 17, 2025, at 3:09 PM, the DON stated that nursing staff should have clarified the treatment order and not sign off that both treatments were administered. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services</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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