

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 185485	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/11/2020
NAME OF PROVIDER OF SUPPLIER THE SPRINGS AT STONY BROOK		STREET ADDRESS, CITY, STATE, ZIP 2200 STONY BROOK DRIVE LOUISVILLE, KY 40220	
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 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on observations, record review and staff interviews, the facility failed to screen persons who entered the facility, for two (2) of three (3) screenings. The failures occurred during a COVID-19 pandemic. The findings include: On 06/10/2020 at 2:15 p.m., Resident Care Associate (RCA) #1 and a visitor entered the facility through the main lobby. At 2:31 p.m., screener #1 confirmed that she did not appropriately screen either person. She stated that she based her screening on previous knowledge. Screener #1 confirmed that although she had completed the log-in sheet dated 06/10/2020 for RCA #1, she did not ask, if there had been any changes. Screener #1 also confirmed the visitor was scheduled for an interview with the Director of Nursing (DON), and that she did not complete an initial screening, prior to the visitor proceeding pass the screening station. During an interview on 06/10/2020 at 2:56 p.m., the Executive Director (ED) and DON confirmed that screeners were to follow the facility's protocol, related to screening questions. The ED and DON stated that once the initial screening questions were completed; the screener was expected to ask if there had been any changes, as part of screening thereafter. Review of the facility screening protocol, updated on 06/04/2020, revealed, All visitors, vendors and employees must fill out screening questions upon their first entry to the campus .if there have been no changes, visitors, vendors and employees are to be signed in on the appropriate screening log and have the screener document their temperature .		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.