

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>395074</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/18/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SPRING CREEK REHABILITATION AND NURSING CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1205 SOUTH 28TH STREET HARRISBURG, PA 17111</b>	
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 0550  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<p><b>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview, record review, and policy review it was determined that the facility failed to accommodate resident rights regarding their preference to smoke at designated times and places for four of 5 residents reviewed, Residents (1, 3, 9, 38, 39 ). Findings include: A review of the clinical record for Resident 1 on June 15, 2020, at 10:00 AM revealed that has clinical [DIAGNOSES REDACTED]. A review of the facility policy titled, Smoking Policy and Procedure last revised 12/22/2016, states, safe smoking will be permitted in an outside designated area for those resident smokers who were permitted prior to the facility being designated as non-smoking. Resident 1 is a long-term resident who was admitted to the facility on [DATE], prior to the facility being designated a non-smoking facility. A review of the residents Smoking Evaluation dated April 13, 2020, at 13:58 PM states the following, assessment not completed at this time as resident not allowed to smoke per facility policy for COVID-19 isolation restrictions. During an interview with Resident 1 on June 16, , at 2:00 PM he stated, I wish I could go outside and smoke, once in a while. Resident 1 also added that it has been months, since he was allowed out of his room, or out to smoke. This is due to other residents being COVID positive. The resident was asked if he has a mask to wear and he stated yes. Review of the clinical record revealed that Resident 1 is COVID negative and has been tested twice in the past, on May 1, 2020, and May 18, 2020. During an interview with the Director of Nursing (DON) on June 16, 2020, at 2:10 PM, she stated that the facility accommodated Resident 38, who also smokes, because he threatened to sign out, or just leave on his own to smoke. The DON stated that this resident has a physician order permitting his independence to have smoking breaks. Resident 38 was admitted to this facility on February 7, 2020. The Director of Nursing also stated that there are other residents that smoke at least 5 others. The facility hasn't permitted any of them to smoke except Resident 38, who was admitted to the facility after it was changed to a non-smoking facility. Resident 3, Resident 9, and Resident 39 are also residents who have a preference to smoke but haven't been permitted to smoke since the onset of the coronavirus per the Director of Nursing. The Nursing Home Administrator added that she hasn't received any complaints regarding smoking. The cumulative number of residents at the facility who smoke and were not permitted the option since approximately April 1, 2020, is four. During an interview with the Nursing Home Administrator on June 16, 2020, at 2:10 PM, she stated that she was unaware that Resident 1 smoked. The Nursing Home Administrator stated that she will follow-up with Resident 1 regarding his right to smoke. 28 Pa. Code 201.29(a)(b) Resident rights.</p>		
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.