STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505246	A. Building B. Wing	02/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Three Creeks Post Acute	Northwest 1310 Deane Pullman, WA 99163

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 0740 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident must receive and the facility must provide necessary behavioral health care and services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure 1 of 4 sampled residents (Resident 1) received mental health services. This failure placed residents at risk for worsening mental health status, and diminished quality of life. Findings included: Record review of Resident 1's admission Minimum Data Set (MDS-a tool for implementing standardized assessment and for facilitating care management in nursing homes) showed the resident admitted to the facility on [DATE] with diagnoses of a fractured right hip and schizophrenia (a chronic, severe brain disorder characterized by a loss of contact with reality, involving persistent psychotic symptoms like hallucinations, delusions, and disorganized thinking. Diagnosed typically in late teens to early 30s, it involves significant functional impairment, including negative symptoms (reduced emotion/motivation) and cognitive issues). The same assessment showed the resident had a depression screening completed on [DATE], with a score indicating they experienced moderate depression. Review of Resident 1's care plan, dated [DATE], revised on [DATE], and active through the date of the investigation, showed a focus for paranoid schizophrenia with the resident experiencing delusions, hallucinations and/or paranoia, with interventions to include psych consult as needed. Further record review found a progress note dated [DATE], [Resident 1] expressed [they feel] depressed and scored moderately depressed on PHQ-9 (depression screening tool) assessment. [Resident 1] has made three prior suicide attempts; the last one in 2019 after [their] mother died unexpectedly. [Resident1] denied any suicidal feelings since 2019. Further record review of the resident's progress notes found that the nurses who worked with Resident 1, noted on [DATE] at 1:30 PM that they were anxious and restless, noted on [DATE] at 2:46 PM that they were anxious and restless, noted on [DATE] at 2:24 PM that they were anxious, noted on [DATE] at 11:41 AM that they were anxious, noted on [DATE] that they were anxious, noted on [DATE] at 1:28 PM that they were anxious, noted on [DATE] at 1:54 PM that they were anxious and very restless., noted on [DATE] at 1:09 PM that they were anxious. Review of Resident 1's electronic medical record showed the resident had not been seen by any mental health services during their stay at the facility. During an interview with Resident 1, on [DATE] at 1:10 PM, they stated that they had struggled with schizophrenia since they were in their teen years and had been in and out of facilities and hospitals most of their life. They further stated that they were worried about what was going to happen when they discharged from the facility, had had some traumatic life experiences and thought they would benefit from mental health services, and that none had been offered to them during their stay at the facility. Resident 1 further stated that this was unusual as they had always been offered and participated in mental health services during their stays at various medical institutions. During an interview on [DATE] at 1:50 PM PM, Staff C, Social Services Director, stated that Resident 1 had expressed interest in having mental health services and they thought they would benefit from such services, but that the facility was not contracted with any mental health provider and there were no mental health services in the (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505246	A. Building B. Wing	02/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Three Creeks Post Acute	Northwest 1310 Deane Pullman, WA 99163

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 0740 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	building. They further stated that they had brought this to the attention of the facility administration on multiple occasions but that nothing had changed. During an interview on [DATE] at 2:10 PM with Staff B, Director of Nursing, they stated that they had recently taken the position and that there were no mental health services at the facility. During an interview on [DATE] at 2:20 PM with Staff A, Administrator, they stated that they were aware that there were no mental health services at the facility. They further stated that they had been looking for a provider who would work with the facility but, had so far, been unable to establish a mental health provider to work with the facilities residents when needed. No Associated WAC