

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505246	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/03/2026
NAME OF PROVIDER OR SUPPLIER Three Creeks Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure Preadmission Screenings and Resident Reviews (PASRR, a mental disorder and intellectual disabilities screening) were completed prior to admission as required for 3 of 9 sampled residents (Residents 26, 34 and 36) reviewed. Additionally, 1 of 9 sampled residents (Resident 30) reviewed were not referred for an evaluation after a 30-day hospital exemption (when the resident was expected to be at the facility less than 30 days) expired and the resident remained at the facility. These failures placed the residents at risk of not having their behavioral health needs met and possible decline in their mental health. Findings included.<Resident 26>A review of the record showed Resident 26 was admitted on [DATE] and had diagnoses that included depression and anxiety. A PASRR Level I screen (which screens for possible serious mental disorders or intellectual disabilities) dated [DATE], documented Resident 26 had indicators of serious mental illness. A Level II evaluation (an evaluation that is conducted by a state designated authority to determine if the resident meets nursing facility criteria and/or specialized behavioral health or rehabilitative services) was required and was not completed.<Resident 34>A review of the record showed Resident 34 was admitted on [DATE] and had diagnoses that included major depressive disorder. A PASRR Level I Screen dated [DATE] documented Resident 34 had indicators of serious mental illness. A Level II evaluation was required and was not completed.<Resident 36>A review of the record showed Resident 36 was admitted on [DATE] and had diagnoses that included depression and anxiety. Further review of the record showed a PASRR Level I screening was not completed until [DATE], after Resident 36 had been at the facility several weeks.<Resident 30>A review of the record showed Resident 30 was admitted on [DATE] and had a diagnosis of depression. A PASRR Level I screen dated [DATE] showed Resident 30 had indicators of serious mental illness. A Level II evaluation was not indicated. Resident 30 had a 30-day hospital exemption and was expected to be at the facility less than 30 days. Resident 30 remained a resident of the facility as of [DATE], but a new PASRR screening and Level II evaluation had not been completed. During an interview on [DATE] at 1:00 PM, Staff H, Social Services Director, stated they began their employment at the facility in July of 2025. Staff H stated they were not aware the PASRR screens and Level II evaluations were required to be completed before the residents were admitted. Staff H stated it would be important for any recommendations made by the evaluator to be added to a resident's plan of care, and it was important to provide behavioral health services to the residents. Reference: WAC 388-97-1915(1)(2)(a-c)</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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