

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505373	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/07/2025
NAME OF PROVIDER OR SUPPLIER  South Creek Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  917 South Scheuber Road Centralia, WA 98531	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>40916</p> <p>Based on observation, interview, and record review, the facility failed to ensure foods were stored in a clean, dry and sanitary manner and in accordance with professional standards of cleanliness and food safety for 1 of 1 dry storage rooms and 1 of 1 juice dispensing areas reviewed for cleanliness and food safety. The failure placed residents at risk for food borne illness, ingestion of contaminated food or beverages, cross contamination, and a diminished quality of life.</p> <p>Findings included .</p> <p>A facility policy entitled Food Receiving and Storage, undated, documented, Food services, or other designated staff, maintain clean and temperature/humidity appropriate food storage at all times.</p> <p>&lt;Dry Storage Area&gt;</p> <p>On 01/03/2025 at 10:55 AM, the dry storage area was observed with Staff C, Dietary Manager. There was a pink, wheeled cart in the corner of the storeroom. Under the pink cart was clear and brown liquid and approximately 2-3 square feet of a black, spotted substance on the floor and creeping up the baseboards. The floor underneath and behind the wheeled shelving, that stored food, showed more black, spotted substance on the baseboards of the storeroom, with scattered black beans on the floor, and an unopened granola bar on the floor. The black, spotted substance was along the length of the wall of the storeroom in the area of the baseboards. In this dry storage area, there was liquid dripping from a vent in the ceiling. The vent was marked damper #130. There was a black, spotted substance on one of the louvers of the vent. There were three distinct patches of condensation forming on the ceiling at the far end of the storeroom, approximately one foot in diameter each. Directly below these areas of condensation was wheeled shelving holding dry foods for the facility.</p> <p>At 11:00 AM, Staff C said she had been in the dietary manager position for five weeks. Staff C said the storeroom was supposed to be cleaned once per week. Staff C said the condition of the storeroom was horrible, and said it was the worst situation she had walked into in four years.</p> <p>At 11:17 AM, Staff D, Maintenance Director, said water was dripping from the damper on the ceiling, and that water dripping from the damper was not a normal operation.</p> <p>At 12:22 PM, Staff E, Infection Preventionist and Registered Nurse (RN), said he was unsure what the black, spotted substance observed on the floor was, but it was an unacceptable appearance to him.</p> <p>(continued on next page)</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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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 01/07/2025 at 10:23 AM, Staff A, Administrator, said based on the 01/03/2025 observations in the kitchen, the facility was examining kitchen cleanliness closely. Staff A said any issues the facility had in the kitchen usually get addressed quickly. Staff A said he did see the condensation on the ceiling in the storeroom, and the facility had a plan to have a company come out to address the issue by 01/10/2025.</p> <p>At 12:08 PM, Staff B, Director of Nursing Services and RN, said daily cleaning of the storeroom was expected.</p> <p>&lt;Juice Dispensing Area&gt;</p> <p>On 01/03/2025 at 11:30 AM, the juice dispensing area was observed with Staff C, Dietary Manager. The floor was unclean and was wet and sticky. The compressor that pressurizes the juice dispenser was wet and sticky, and a black, spotted substance was seen on the compressor and on the floor around the compressor.</p> <p>At 11:31 AM, Staff C said the juice dispensing area was cleaned by a contractor who came in to refill the juices. Staff C said the floor was dirty and not up to her cleanliness standards.</p> <p>On 01/07/2025 at 10:23 AM, Staff A said the juice dispensing area was dirty, and it was cleaned over the weekend with management overseeing the cleaning.</p> <p>Reference WAC 388-97-1100 (3)</p>

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>40916</p> <p>Based on observation and interview, the facility failed to provide repair and maintenance services for a safe and sanitary environment in 1 of 1 kitchen floors reviewed for safe and functional environment. This failure placed residents at risk for infection by not having cleanable and maintained surfaces.</p> <p>Findings included .</p> <p>On 01/03/2025 at 11:30 AM, the kitchen floor was observed with broken linoleum tiles near and around the dishwashing station and a handwashing station. Bare concrete was showing in these areas, approximately 5 square feet at the dishwashing station and approximately 2 square feet at the handwashing station.</p> <p>At 11:31 AM, Staff D, Maintenance Director, said he was aware of the need to replace the kitchen floor, and in the meantime placed mats down on the exposed area.</p> <p>On 01/07/2025 10:23 AM, Staff A, Administrator, said he had seen the broken tiles in the kitchen. Staff A said the building was purchased from the prior corporation in that condition. Staff A said the broken tiles were something that could be fixed as soon as possible.</p> <p>Reference WAC 388-97-3220 (1)</p>