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| 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 02/19/2025 |
| 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.

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| <p>F 0626</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Permit a resident to return to the nursing home after hospitalization or therapeutic leave that exceeds bed-hold policy.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40916</p> <p>Based on interview and record review, the facility failed to ensure, after a planned hospitalization , the resident was readmitted to the facility for 1 of 1 sampled residents (Resident 1) reviewed for permitting residents to return to the facility. This failure placed residents at risk for increased anxiety related to being placed in an unfamiliar environment, and a diminished quality of life.</p> <p>Findings included .</p> <p>A facility policy, entitled Bed-Holds and Returns, revised October 2022, documented, The requirement that residents be permitted to return to the facility following hospitalization or therapeutic leave applies to all residents regardless of payer source. The policy noted, If the facility determines that a resident cannot return, the facility must comply with the requirements of the facility-initiated discharge.</p> <p>Resident 1 was admitted to the facility on [DATE]. The discharge return anticipated Minimum Data Set, an assessment tool, dated 01/06/2025, documented the resident had a chronic ulcer to the right foot with necrosis (death of living tissue due to injury, trauma, or disease), and was cognitively intact.</p> <p>Resident 1's comprehensive care plan, dated 10/03/2024, did not address discharge planning.</p> <p>An alert progress note, dated 01/06/2025, documented, Resident left facility [approximately 11:00 AM] for surgical [appointment], resident transported via [local transport], resident propelled self in [wheelchair] resident voiced no concerns upon exiting facility, voiced relief [related to] amputation of right foot.</p> <p>On 02/11/2025 at 1:54 PM, Resident 1 said he was at a hospital in local town. Resident 1 said the facility would not take him back after his leg amputation surgery. Resident 1 said the facility would not take him back because of his insurance. When asked about his discharge plan, Resident 1 stated, Nothing was discussed with me.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0626</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>On 02/14/2025 at 1:18 PM, Staff C, Admission Director, said Resident 1 left the facility due to a surgery. Staff C said Resident 1's insurance, [NAME], was no longer accepted at the facility due to a change in ownership affecting their agreements with insurers. Staff C said Resident 1's [NAME] insurance would not have covered a long-term care stay. When asked if Resident 1 could come back to the facility, Staff C stated, I don't think so. It wouldn't be a smart idea. I saw what I thought was drugs in the resident's boxes of belongings. When asked how she knew the substances she saw were drugs, Staff C stated, You look at it and you know. Staff C said she was unsure if police were called about the observed substances. Staff C stated, I can try to get authorization for him but how do I know he isn't bringing drugs into the facility. When asked if she did not want to admit Resident 1 back to the facility due to substances observed in his belongings, Staff C nodded her head yes.</p> <p>At 2:01 PM, Staff A, Administrator, said he was aware of some empty canisters in Resident 1's belongings that looked weird. Staff A said he carried Resident 1's belongings himself to the front to be picked up by Resident 1's wife. Staff A said Resident 1 went to the hospital for an amputation and did not come back to the facility. Staff A said he was unaware of why the resident did not return to the facility. Staff A said his insurance status would not play a role in Resident 1 coming back to the facility.</p> <p>At 4:50 PM, Staff A said he called corporate staff members and found out in November 2024 the facility was getting claims denied by [NAME]. Staff A said the facility would have to seek a letter of agreement, but assumed the facility could take Resident 1 back at that time.</p> <p>On 02/19/2025 at 11:57 AM, Staff A said he was unsure if Resident 1 received a written explanation on why his re-admission to the facility was denied. Staff A said he was unsure if Resident 1 received information on his appeal rights.</p> <p>At 12:09 PM, Staff B, Director of Nursing Services and Registered Nurse, said she looked through Resident 1's electronic medical record and did not see a discharge plan in place. Staff B said a discharge plan was not implemented.</p> <p>Reference WAC 388-97-0120 (4)(b)</p> | | |