

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 03/11/2025
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</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 resident care plans were updated after a change in condition for 1 of 3 sampled residents (Resident 1) reviewed for care plan revisions. This failure placed residents at risk for unmet care needs and a decreased quality of life.</p> <p>Findings included .</p> <p>Resident 1 was admitted to the facility on [DATE]. The discharge return anticipated Minimum Data Set assessment, dated 02/19/2025, documented the resident was moderately cognitively impaired.</p> <p>Resident 1's skin care plan, initiated 11/05/2024 and revised 02/20/2025, documented, Skin: Resident is at risk for skin breakdown related to decreased mobility and activity level, length of time in dialysis chair, diabetes, and ESRD [end stage renal disease]. At risk of continued skin breakdown and infections related to multi system organ failure secondary to ESRD and Liver failure. The skin care plan did not reference a wound to the resident's genitalia (reproduction organs).</p> <p>A communication with provider note, dated 01/31/2025, documented, Pt [patient] presented with small lesion on head of penis. SBAR [situation, background, assessment, and recommendation report] sent to provider. Provider reported that she will see pt.</p> <p>A daily skilled charting form summary, dated 02/07/2025, documented, Lesion to penis red, small amount of drainage. SBAR sent to provider.</p> <p>On 03/11/2025 at 10:45 AM, Staff D, Registered Nurse (RN), said she first became aware of the resident's penile (related to the penis) lesion when he told her about it on 01/31/2025. Staff D said when she heard about it, she assessed the resident, had the Residential Care Manager assess the wound as well, and sent an SBAR form to the provider.</p> <p>At 11:34 AM, Staff C, Residential Care Manager and Licensed Practical Nurse, said staff identified a resident's health needs, preferences, and goals via the resident's care plan. Staff C said resident care plans were updated anytime there was a change in condition, as well as quarterly and annual updates. Staff C said she could not locate a care plan related to Resident 1's penile lesion. Staff C said she expected a care plan update related to the new skin condition, penile lesion, found on 01/31/2025.</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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>At 12:02 PM, Staff B, Director of Nursing Services and RN, said she expected staff to update the resident's care plan with any change in condition.</p> <p>Reference WAC 388-97-1020 (2)(c)(d)</p>