

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  04/17/2025
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 0801</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>40916</p> <p>Based on interview and record review, the facility failed to ensure the Dietary Manager (Staff C) had the required qualifications/certification to perform their duties for 1 of 1 facility kitchens. The failure placed residents at risk of receiving a menu prepared by staff without the required competencies and skills to provide the necessary food and nutrition services.</p> <p>Findings included .</p> <p>On 04/15/2025 at 2:07 PM, a public complainant said the facility's dietary manager did not have a dietary management certification.</p> <p>On 04/17/2025 at 11:53 AM, Staff A said when Staff C was out of the facility, oversight of the kitchen was done by the Human Resources Director, who was also pursuing their Dietary Manager certification. Staff A said Staff C started her position as dietary manager on 02/10/2025. Staff A said Staff C was waiting about a month for a proctor for her final test to obtain her dietary manager certification.</p> <p>At 12:33 PM, Staff B, Director of Nursing Services and Registered Nurse, said Staff C did not have a dietary manager certification. Staff B said Staff C was in the process of obtaining the certification and was waiting for a proctor to administer the test.</p> <p>At 1:23 PM, Staff A, Administrator, said the facility's dietician worked on a part-time basis in the facility.</p> <p>Reference WAC 388-97-1160 (1)</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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