

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 07/01/2025
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 0836</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure the facility is licensed under applicable State and local law and operates and provides services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** .</p> <p>Based on observation, interview, and record review, the facility failed to ensure it was in compliance with state and local laws and regulations when the facility allowed 2 of 2 sampled Nurse Technicians (Staff D and Staff E) to administer scheduled medications and IV (intravenous) medications. This failure placed residents at risk of medication errors, injury, and a diminished quality of life.</p> <p>Findings included .</p> <p>[NAME] Administrative Code 246-840-870 documented, The nursing technician is authorized only to perform specific nursing functions within the limits of their education, up to their skills and knowledge, as verified by their nursing program. The nursing technician . May not administer chemotherapy, blood or blood products, intravenous medications, scheduled drugs, nor carry out procedures on central lines.</p> <p>Staff D, Nurse Technician, was first credentialed as a nurse technician on [DATE]. Staff D's nurse technician credential expired on [DATE].</p> <p>Staff E, Nurse Technician, was first credentialed as a nurse technician on [DATE]. Staff E's nurse technician credential expired on [DATE].</p> <p>A review of Staff D's Medication Administration Record (MAR) report (showing what medications Staff D had administered), dated [DATE], documented Staff D administered scheduled opioid (controlled/scheduled) medications 11 times to 11 residents over the month of June. Staff D also administered IV medications three times over the month of [DATE].</p> <p>A review of Staff E's MAR, dated [DATE], documented Staff E administered scheduled opioid medications 20 times to 17 residents over the month of June. Staff E also administered IV medications one time over the month of [DATE].</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 0836</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On [DATE] at 3:26 PM, Staff D said she was still in nursing school and had just completed her first year of nursing school. Staff D said when she worked in the facility, she was allowed to perform tasks that had been checked off while in nursing school. Staff D said those tasks included assessments, medications, and wound care. Staff D said she could dispense medications while working in the facility, as long as a Registered Nurse was also in the facility. Staff D said while she did receive education from the facility regarding medication administration, she was not educated directly on what classes of medications or routes of administration she was allowed to perform while in the facility. Staff D said she had administered IV medications and scheduled medications while working in the facility.</p> <p>On [DATE] at 3:40 PM, Staff C, Licensed Practical Nurse, said licensed nurses and nurse technicians dispensed medications in the facility. Staff C they had seen nurse technicians dispense controlled medications such as narcotic medications. Staff C said they did not receive any education from the facility regarding the roles of nurse technicians in the facility.</p> <p>On [DATE] at 10:56 AM, Staff B, Director of Nursing/Registered Nurse, said licensed nurses, medication technicians, and nurse technicians administered medications in the facility. Staff B said as far as she was aware, nurse technicians could dispense narcotic/scheduled medications as well as IV medications.</p> <p>Reference WAC 388-97-1620 (2)(b)(i)(ii)</p>		