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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 12/02/2025 |
| 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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure resident medications ordered by a provider were administered for 1 of 5 sampled residents (Resident 1) reviewed for medication administration. This failure placed residents at risk of delayed healing, unmet care needs, and a diminished quality of life. Findings included. Resident 1 admitted to the facility on [DATE]. The admission Minimum Data Set, an assessment tool, dated 10/22/2025, documented the resident had a wound infection and was cognitively intact. Record review of Resident 1's Antibiotic Medication Care Plan, dated 11/11/2025, documented the intervention, Administer medication as ordered. Record review of Resident 1's Providence Swedish Infectious Disease Clinic Provider Orders, dated 10/15/2025 at 10:05 AM, documented, Meropenem [an antibiotic] 1g [gram] IV [Intravenously] every 8 hours. Record review of Resident 1's Providence Swedish progress note, dated 10/07/2025 and sent to the facility on [DATE], documented, Recommended patient undergo at least 4-week course of Meropenem 1 G IV every 8 hours. Record review of Resident 1's provider note, dated 11/12/2025, documented, ID [Infectious Disease] recommended at least 4 weeks of meropenem 1 g IV every 8 hours. Record review of Resident 1's physician orders failed to document Meropenem was ordered. Record review of Resident 1's October 2025 and November 2025 Medication Administration Record failed to document the administration of Meropenem. In an interview on 11/20/2025 at 2:33 PM, Resident 1 said he was admitted to the facility for about 4 weeks. Resident 1 said he was told by his infectious disease doctor he was getting the wrong antibiotic while at the facility. In an interview on 12/02/2025 at 10:41 AM, Staff C, Residential Care Manager/Registered Nurse, said the process for entering admission medication orders into PCC (Point Click Care, an electronic medical record) was the medical records department would enter the orders into PCC, then two nurses would review the orders in PCC with the printed transfer orders, reconcile the lists, then activate the orders. Staff C reviewed the orders from Providence Swedish Infectious Disease which ordered Meropenem and said the orders came by fax on 10/15/2025, one day before the resident admitted to the facility on [DATE]. Staff C said it was possible the infectious disease medication order was scanned into Resident 1's medical record because the resident had not admitted yet, and then the order was missed when the resident admitted to the facility with transfer orders from the hospital. In an interview on 12/02/2025 at 11:22 AM, Staff D, Medical Doctor, said he remembered reviewing Resident 1's discharge summary that recommended Meropenem. Staff D said he was under the impression Resident 1 was receiving Meropenem as when he went to assess Resident 1 he saw IV medication while in his room. Staff D said he was not aware Resident 1 was not receiving Meropenem until the infectious disease doctor called him and he reviewed Resident 1's medical records and found Resident 1 was receiving Zosyn, another antibiotic. Staff D said if there was confusion with medication orders, the provider should be notified so they can consult with infectious disease providers and clarify the orders. In an interview on 12/02/2025 at 12:01 PM, Staff B, Residential Care Manager/Infection Preventionist/Licensed Practical Nurse, said the process for entering medication orders during admission was the medical record department would enter the orders into PCC, then two nurses would review and verify the orders and activate the orders in PCC. Staff B said somehow the orders from the infectious disease clinic did not get transferred to the hospital transfer orders, and somewhere there was a communication error. Staff B said the infectious disease orders were scanned into Resident 1's medical record on 10/15/2025 at 12:32 PM, approximately 90 minutes after they came by fax into the facility. Staff B said it appeared the infectious disease clinic orders were scanned into the record, but the medication orders were not entered into the record to be reviewed by the nurses and activated. Staff B said all medication orders should be reviewed and processed by the facility nurses. Reference WAC 388-97-1300(1)(a)(4)(e) .</p> | | |