Printed: 05/05/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505373	A. Building B. Wing	02/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
South Creek Post Acute	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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to report an allegation of abuse and/or neglect to the State Survey Agency within required timeframes. This allegation involved 1 of 1 sample resident (Resident 1) reviewed for reporting requirements. This failure placed residents at risk for unassessed and unaddressed potential abuse and neglect. Findings included . The facility's policy titled Abuse, Neglect, Exploitation or Misappropriation - Reporting and Investigating, dated September 2022, stated if resident abuse, neglect, exploitation, misappropriation of resident property, or injury of unknown source is suspected, the suspicion must be reported immediately to the administrator and to other officials according to state law. The policy defined immediately as within two hours of an allegation involving abuse or resulting in serious bodily injury. The policy further required that all allegations are thoroughly investigated and documented. Resident 1 was admitted to the facility on [DATE] with diagnoses including Chronic Obstructive Pulmonary Disease (a chronic lung condition that affects breathing) and opioid dependence. On 01/27/2026 at 2:10 PM, Staff A, Administrator, was notified of an allegation involving Resident 1. The allegation included reported marks observed on Resident 1's wrists related to restraints and that Resident 1 had been found unresponsive due to being overmedicated. On 02/13/2026 at 2:00 PM, Staff B, Director of Nursing, stated she had not been informed of the allegation between 01/27/2026 and 02/13/2026. Staff B stated she had not initiated a facility investigation related to the allegation and was unable to locate documentation of any investigation involving Resident 1 specific to the reported restraint-related marks and unresponsiveness. Facility documentation showed the allegation was reported to the state hotline on 02/13/2026. The facility investigation document was dated 02/13/2026. On 02/20/2026 at 01:20 PM, Staff A confirmed she received the allegation on 01/27/2026 and believed a prior investigation had addressed similar concerns; therefore, the allegation was not reported to the state hotline at the time it was recieved. Reference WAC 388-97-0640(5)(b)

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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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 02/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
South Creek Post Acute	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)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to initiate and complete a thorough investigation of an allegation of abuse and/or neglect within required timeframes. This allegation involved 1 of 1 sample resident (Resident 1) reviewed for investigative requirements. This failure placed residents at risk for unassessed and unaddressed allegations of abuse and potential ongoing harm. Findings included . The facility's policy titled Abuse, Neglect, Exploitation or Misappropriation - Reporting and Investigating, dated September 2022, stated all allegations are thoroughly investigated. The policy further stated the administrator initiates investigations upon receipt of an allegation and ensures investigations are documented. Resident 1 was admitted to the facility on [DATE] with diagnoses including Chronic Obstructive Pulmonary Disease (a chronic lung condition that affects breathing) and opioid dependence. On 01/27/2026 at 2:10 PM, Staff A, Administrator, was notified of an allegation involving Resident 1. The allegation included reported marks observed on Resident 1's wrists related to restraints and that Resident 1 had been found unresponsive due to being overmedicated. On 02/13/2026 at 2:00 PM, Staff B, Director of Nursing, stated she had not been informed of the allegation between 01/27/2026 and 02/13/2026. Staff B stated she had not initiated a facility investigation related to the allegation and was unable to locate documentation of any investigation involving Resident 1 specific to the reported restraint-related marks and unresponsiveness. Facility documentation showed the investigation was initiated and documented on 02/13/2026. On 02/20/2026 at 1:10 PM, Staff B stated the facility did not initiate or complete the investigation within five working days of receipt of the allegation on 01/27/2026 because she was not aware of the allegation. Staff B stated she reported the allegation to the state and completed the facility investigation on 02/13/2026. During interview, Staff A stated she believed a prior investigation had addressed similar concerns and did not initiate a new investigation on 01/27/2026. Reference WAC 388-97-0640(6)