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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	04/30/2026

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to develop and implement a care plan for a resident assessed to be a high elopement risk for 1 of 3 sampled residents (Resident 2) reviewed for care plans. This failure placed residents at risk of elopement, unmet care needs, and a diminished quality of life. Findings included.Resident 2 admitted to the facility on [DATE]. The Medicare 5-day Minimum Data Set, an assessment tool, dated 03/19/2026, documented the resident was cognitively intact. Record review of Resident 2's elopement risk evaluation, dated 03/13/2026, documented the resident was at high risk of elopement. Record review of Resident 2's physician notes, dated 03/15/2026, documented, [Resident 2] was considered an elopement risk. Record review of Resident 2's facility investigation, dated 04/20/2026, documented the resident eloped from the facility and traveled to a relative's house. Record review of Resident 2's comprehensive care plan documented an elopement care plan was initiated on 04/21/2026, 39 days after the resident was assessed to be a high elopement risk and 1 day after the resident eloped from the facility. In an interview on 04/30/2026 at 12:44 PM, Staff C, Residential Care Manager/Registered Nurse, said residents were assessed for elopement risk upon admission and if there was a change in behavior such as exit seeking. Staff C said usually an elopement care plan was triggered by a positive elopement risk assessment. Staff C said Resident 2 was assessed to be a high elopement risk on 03/13/2026. Staff C said it did not look like an elopement care plan was initiated after the assessment on 03/13/2026. In an interview on 04/30/2026 at 1:18 PM, Staff A, Administrator, said she would expect an elopement care plan to be initiated when a resident was assessed to be a high elopement risk. Reference WAC 388-97 -1020(1)(2)(a)(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

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 04/30/2026
NAME OF PROVIDER OR SUPPLIER South Creek Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 917 South Scheuber Road Centralia, WA 98531	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0675 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor each resident's preferences, choices, values and beliefs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to answer a call light in a timely manner for 1 of 3 sampled residents (Resident 1) reviewed for call light response time. This failure placed residents at risk of unmet care needs and a diminished quality of life. Findings included. Resident 1 admitted to the facility on [DATE]. The discharge minimum data set, an assessment tool, dated 04/15/2026, documented the resident was cognitively intact. Record review of Resident 1's facility investigation, dated 04/10/2026, documented, The resident reported that his call light was not answered for approximately 1.5 to 2 hours. The resident expressed concern regarding the delay in response to his request for assistance. The resident statement documented, Pushed my call light during breakfast to get assistance for toileting and it took 1.5 to 2 hours to come assist me. Record review of facility's call light report, dated 04/10/2026, documented Resident 1's call light was activated on 04/10/2026 at 6:22 AM. The report documented the call light was answered 2 hours and 23 minutes later. In an interview on 04/30/2026 at 12:33 PM, Staff D, Certified Nursing Assistant, said facility staff just had a meeting about call light wait times, and Staff D was told by management the facility expectation for answering call lights was about 15 minutes. In an interview on 04/30/2026 at 1:03 PM, Staff A, Administrator, said Resident 1's long call light time prompted the facility to review the whole call light system. Staff A said there had been recent meetings to educate staff on call light expectations, and that staff should ideally be answering call lights within 20 minutes of activation. Reference WAC 388-97 -1060(1).