

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  04/11/2025
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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47518</b></p> <p>Based on interview and record review, the facility failed to obtain and/or maintain Advance Directives (AD) for 2 of 20 sampled residents (59 &amp; 65) reviewed for AD. This failure placed residents at risk for losing their right to have their healthcare preferences and/or decisions honored.</p> <p>Findings included .</p> <p>Review of the facility's policy entitled, Advance Directives, dated September 2022, documented, .1. Prior to or upon admission of a resident, the social services director or designee inquires of the resident, his/her family members and/or his or her legal representative, about the existence of any written advance directives. 2. The resident or representative is provided with written information concerning the right to refuse or accept medical or surgical treatment and to formulate an advance directive if he or she chooses to do so .</p> <p>1) Resident 59 was admitted to the facility on [DATE]. The Significant Change Minimum Data Set (MDS) assessment, dated 02/27/2025, documented Resident 59 was severely cognitively impaired.</p> <p>The Social History Assessment, dated 09/27/2024, documented in Section O. Financial/Legal, None of above, for Responsible/Legal Guardian. The assessment documented none of the above for ADs.</p> <p>Review of Resident 59's care plan did not document a focus area addressing an AD.</p> <p>Review of Resident 59's Electronic Health Record (EHR) did not show AD documentation or information or assistance was provided related to the development of an AD.</p> <p>2) Resident 65 was admitted to the facility on [DATE]. The Quarterly MDS assessment, dated 03/26/2025, documented Resident 65 was alert and oriented.</p> <p>Review of Resident 65's AD care plan, dated 07/02/2024, documented, [Resident 65] does not wish to execute an Advance Directive at this time. Offer quarterly and as needed.</p> <p>Review of Resident 65's EHR did not show an AD was reviewed quarterly and/or as needed.</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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 04/11/2025 at 10:05 AM, in an interview with Staff C, Social Services Director; Staff J, Social Services Assistant, said when residents were admitted , they encouraged the residents to have an AD. Staff J said if the residents were alert and oriented, they would offer AD information to them. Staff C said they could not find documentation about an AD for Resident 59. Staff J said they could not find documentation that information about an AD was reviewed or offered quarterly with Resident 65.</p> <p>At 10:56 AM, Staff C said they should have reached out to Resident 59's son to talk about guardianship for her.</p> <p>At 11:26 AM, Staff A, Administrator, and Staff B, Director of Nursing and Registered Nurse, indicated it was their expectation information for ADs were reviewed and/or offered upon admission and quarterly for residents.</p> <p>Reference WAC 388-97-0240 (3)(a)(b)(i-iii)</p>		

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<p>F 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47518</b></p> <p>Based on observation, interview, and record review, the facility failed to obtain an assessment, consent, and/or physician's order regarding bed rails for 2 of 3 sampled residents (264 &amp; 50) reviewed for physical restraints. This failure placed residents at risk of injury, unmet needs, and a diminished quality of life.</p> <p>Findings included .</p> <p>Review of the facility's policy entitled, Physical Restraint Application, dated October 2010, documented, . Preparation 1. Verify physician's order for the use of restraints .</p> <p>1) Resident 264 was admitted to the facility on [DATE]. The Admission/Medicare - 5 day Minimum Data Set (MDS) assessment, dated 04/09/2025, documented Resident 264 was severely cognitively impaired.</p> <p>Review of Resident 264's Electronic Health Record (EHR) did not show an assessment, resident and/or representative consent, or physician's order related to bed rails.</p> <p>On 04/08/2025 at 10:53 AM, Resident 264's bed was observed with a padded covered bed rail, about one third length of the bed, on the upper right side of the bed.</p> <p>On 04/09/2025 at 8:45 AM, Resident 264 was observed lying in bed with a padded covered bed rail, about one third length of the bed, on the upper right side of the bed.</p> <p>At 10:52 AM, Resident 264's bed was observed with a padded covered bed rail, about one third length of the bed, on the upper right side of the bed.</p> <p>At 11:14 AM, Staff L, Registered Nurse (RN), said when bed rails or mobility bars were used; an assessment, consent, and physician order was needed.</p> <p>At 11:19 AM, Staff F, Resident Care Manager and Licensed Practical Nurse (LPN), said a safety evaluation, consent, and physician order was needed when bed rails were used. Staff F said she could not find an assessment, consent, or physician orders for Resident 264's bed rail in the EHR.</p> <p>At 11:38 AM, Staff B, Director of Nursing Services and RN, said it was her expectation an assessment, consent, and physician order was obtained for bed rails or mobility bars used on a residents' bed.</p> <p>50416</p> <p>2) Resident 50 was admitted to the facility on [DATE]. The Admission Medicare - 5 day MDS assessment, dated 03/20/2025, documented Resident 50 was moderately cognitively impaired.</p> <p>Review of Resident 50's EHR did not show orders for quarter bedrails and the bed against the wall.</p> <p>(continued on next page)</p>		

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<p>F 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident 50's care plan did not address quarter bedrails and the bed against the wall.</p> <p>On 04/07/2025 at 3:01 PM, Resident 50's bed was observed with quarter bed rails on the bed.</p> <p>On 04/08/2025 at 9:15 AM, Resident 50's bed was observed with quarter bed rails on the bed and the bed was against the wall.</p> <p>On 04/09/2025 at 3:13 PM, Resident 50 was observed lying in bed with quarter bed rails on the bed and with the bed against the wall.</p> <p>On 04/10/2025 at 9:44 AM, Staff K, Resident Care Manager and LPN, said residents using bed rails and who had their bed against the wall should have an assessment, consent, physician's order, and a care plan in the EHR. After reviewing Resident 50's EHR, Staff K said Resident 50 did not have a physician's order or care plan for bed rails and the bed against the wall, and the resident should have had both.</p> <p>At 1:38 PM, Staff B, said it was the expectation all residents with bed rails and beds against the wall had care plans and physician orders prior to bed rails being installed or the bed placed against the wall.</p> <p>Reference WAC 388-97-0620 (4)(a)(b)</p>

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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 51254</p> <p>Based on interview and record review, the facility failed to coordinate the Preadmission Screen and Resident Review (PASARR) for Level II services for 2 of 7 sampled residents (36 &amp; 54) reviewed for PASARR. This failure placed residents at risk of not receiving the necessary mental health services and diminished quality of life.</p> <p>Findings included .</p> <p>Per Facility policy, entitled [PASARR] Screening for Mental Disorder/Intellectual Disability, revised 01/22/2025, documented, A positive Level I Screen (PASARR Indicates that individual required PASARR Level II Referral) necessitates an in-depth evaluation of the individual by the state-designated authority (PASARR Level II) which must be conducted prior to admission to a nursing facility OR upon identification that the individual may need a Level II PASARR Referral while at the Nursing Facility.</p> <p>1) Resident 36 was admitted to the facility on [DATE]. The quarterly Minimum Data Set (MDS) assessment, dated 03/30/2025, indicated Resident 36 was moderately cognitively impaired.</p> <p>Review of the Level I PASARR, dated 11/11/2020, indicated a Level II evaluation was required.</p> <p>Record review of Resident 36's medical record did not show an assessment was ever requested or obtained. The medical record showed on 12/12/2023, Resident 36 experienced new delusions and hallucinations and started on new psychotropic medications. The PASARR for Resident 36 was not updated to indicate the resident was experiencing new symptoms which would indicate the need for PASARR Level II services.</p> <p>46751</p> <p>2) Resident 54 was admitted to the facility on [DATE] with diagnoses including Post-Traumatic Stress Disorder (anxiety disorder caused by very stressful, or distressing events). The Quarterly MDS assessment, dated 02/23/2025, documented Resident 54 was alert and oriented.</p> <p>Review of the PASARR Level I, dated 09/06/2024, documented a Level II evaluation was required. , however the assessment was never requested or obtained.</p> <p>Resident 54's Electronic Health Record (EHR) showed an assessment for a Level II evaluation was never requested or obtained. The EHR showed Resident 54 had been exhibiting signs and symptoms of mood instability, agitation, racing thoughts, and refusals of care. The EHR showed Resident 54 was treated with Seroquel (antipsychotic), and Sertraline &amp; Trazadone (antidepressants).</p> <p>(continued on next page)</p>		

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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 04/10/2025 at 10:01 AM, Staff J, Social Services Assistant, said the admission coordinator would make sure the PASARR was completed prior to any resident admitting into the facility. Staff J said the social worker (SW) would redo the PASARR Level I if it were found to be inaccurate. The SW would then send out the Level I assessment to the PASARR evaluator for recommendations. Staff J were unable to locate the referral in the EHR.</p> <p>At 10:01 AM, Staff C, Director of Social Services, said the PASARR would need to be reviewed on admission for accuracy. If the PASARR was inaccurate or if new behaviors presented after admission, the PASARR would need to be redone, and sent to the evaluator at that time. Staff C said it is best practice to send a PASARR for Level II right away. Staff C was unable to locate the referral in the EHR.</p> <p>At 1:03 PM, Staff B, Director of Nursing Services and Registered Nurse, said it was her expectation for Level II PASARRs to be sent off as soon as possible. Staff B was unable to provide further documentation showing a referral for Level II PASARR for Resident 36 and Resident 54.</p> <p>Reference WAC 388-97-1915 (4)</p>

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47518</b></p> <p>Based on interview and record review, the facility failed to ensure a Pre-Admission Screening and Resident Review (PASARR) assessment was completed to reflect accurate mental health diagnoses for 1 of 7 sampled residents (94) reviewed for PASARR. This failure placed residents at risk of not receiving mental health services and a diminished quality of life.</p> <p>Findings included .</p> <p>Per Facility policy, entitled [PASARR] Screening for Mental Disorder/Intellectual Disability, revised 01/22/2025, showed, 2. The PASARR process requires all individual be screened for possible serious mental disorders or intellectual disabilities and related conditions. The initial pre-screening [PASARR level I] should be completed prior to admission to facility. A negative level I requires no further action.</p> <p>Resident 94 was admitted to the facility on [DATE] with diagnoses including schizoaffective disorder (a mental health condition characterized by symptoms of both schizophrenia, like delusions and hallucinations; and a mood disorder, like depression or mania). The admission Minimum Data Set assessment, dated 02/26/2025, showed Resident 3 was moderately cognitively impaired, had schizophrenia, and was on antipsychotic and antidepressant medication.</p> <p>Record review of Resident 94's Level 1 PASARR, dated 02/12/2025, did not document a serious mental illness (SMI) indicator to include Schizophrenic or Mood disorders. Resident 94's Level 1 PASARR, Section IV Service Needs and Assessor Data, was not completed and did not document if a Level II evaluation was indicated.</p> <p>On 04/10/2025 at 8:59 AM, Staff C, Social Services Director, said after a resident was admitted from the hospital, social services would review the PASARR to make sure it was accurate. Staff C said they would redo the PASARR if it was inaccurate, and would make a referral for a Level II PASARR if indicated. After looking at Resident 94's Level I PASARR, Staff C said the SMI indicator was checked no and Section IV was blank. Staff C indicated Resident 94's PASARR was incorrect and they should have re-done it.</p> <p>At 10:22 AM, Staff A, Administrator, said they were working on issues with the social services department and indicated Resident 94's PASARR should have been corrected upon admission.</p> <p>Reference WAC 388-97-1975 (1)(9)</p>

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50416</p> <p>.</p> <p>Based on observation, interview and record review, the facility failed to develop a person-centered activities care plan for 1 of 6 sampled residents (97) reviewed for activities. This failure placed residents at risk for unmet care needs and a diminished quality of life.</p> <p>Findings included .</p> <p>Resident 97 was admitted to the facility on [DATE]. The Admission Medicare - 5 Day Minimum Data Set assessment, dated 03/06/2025, documented Resident 97 was severely cognitively impaired.</p> <p>Review of Resident 97's electronic health record (EHR) did not show a care plan addressing activity preferences, goals or interventions.</p> <p>On 04/07/2025 at 11:00 AM, Resident 97 was observed lying in bed sleeping.</p> <p>At 12:38 PM, Resident 97 was observed lying in bed sleeping.</p> <p>At 2:35 PM, Resident 97 was observed lying in bed.</p> <p>On 04/09/2025 at 9:42 AM, Resident 97 was observed lying in bed.</p> <p>On 04/10/2025 at 11:21 AM, Resident 97 was observed lying in bed sleeping.</p> <p>At 1:01 PM, Resident 97 was observed lying in bed.</p> <p>On 04/11/2025 at 8:54 AM, Staff P, Activities Director, said Resident 97 enjoyed singing, morning exercises and watching TV in her room. When asked if Resident 97 had a care plan addressing her activities preferences and goals, Staff P reviewed Resident 97's EHR and stated, [Resident 97] doesn't have one.</p> <p>At 1:01 PM, Staff R, Registered Nurse, said Resident 97 spent most of her time in bed and stated, [Resident 97] doesn't participate in many activities.</p> <p>At 1:04 PM, Resident 97 said she gets out of bed sometimes but not all the time. When asked how she spent her day, Resident 97 said she would like to go do some things.</p> <p>At 1:08 PM, Staff Q, Activities Assistant, said Resident 97 did not participate in group activities. Staff Q stated, If we can get her here, she would participate. I think it's just getting her out of bed.</p> <p>Reference WAC 388-97-1020 (1)(2)(a)(b)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50416</p> <p>Based on observation, interview and record review, the facility failed to ensure services provided met professional standards of practice with inaccurate enteral nutrition (method of providing nutrition directly into the gastrointestinal tract via a feeding tube) pump settings and not documenting medication administration for 1 of 1 sampled residents (101) reviewed for professional standards of practice. These failures placed residents at risk for unmet care needs and a diminished quality of life.</p> <p>Findings included .</p> <p>Resident 101 was admitted to the facility on [DATE] with diagnoses including Dysphagia (difficulty swallowing). The Admission Medicare - 5 day Minimum Data Set assessment, dated 03/23/2025, documented Resident 101 was moderately cognitively impaired and required extensive assistance with activities of daily living.</p> <p>&lt;Enteral Nutrition Pump Settings&gt;</p> <p>A review of Resident 101's electronic health record (EHR) showed a physician order dated 03/28/2025, Enteral Feed Order in the evening Enteral Feeding Jevity 1.2 @ 70ml (milliliters)/hr (hour) over 18 hours (1500hrs to 0900hr) water to run concurrent with formula @ 60ml/hr: Flush feeding tube with 50ml water [pre and post] feeding.</p> <p>On 04/08/2025 at 8:57 AM, Resident 101 was observed lying in bed with her tube feeding pump on and running. The Pump settings were observed with tube feeding running at 70ml/hr and water flushes at 50 ml/hr.</p> <p>At 9:23 AM, after observing the tube feeding pump settings, Staff T, Licensed Practical Nurse (LPN), said the tube feeding pump was set as 70ml/hr for the enteral feeding and 50ml/hr for the water flushes. After reviewing Resident 101's enteral feeding physician orders, Staff T said the water flushes should have been running at 60ml/hr.</p> <p>&lt;Medication Administration&gt;</p> <p>Review of the April 2025 Medication Administrative Record (MAR) on 04/02/2025 did not show documentation of medications being administered. The MAR entry fields were blank for the following:</p> <ol style="list-style-type: none"> <li>1. Pro-Stat Liquid (Amino Acids-Protein Hydrolys) Give 30 ml via G (gastrostomy) -Tube one time a day for Wound Healing. mix in 60mL of water &amp; 60mL water pre &amp; post. Due at 1:00 PM.</li> <li>2. Amoxicillin-Pot Clavulanate Tablet 875- 125 MG (milligrams) Give 1 tablet by mouth every 12 hours for Aspiration pneumonia for 10 Days. Due at 9:00 PM.</li> <li>3. Guaifenesin ER Tablet Extended Release 12 Hour 600 MG Give 1 tablet by mouth every 12 hours for Cough, chest congestion for 7 Days. Due at 9:00 PM.</li> </ol> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>4. Gabapentin Oral Solution 300 MG/6ML (Gabapentin) Give 6 ml via G-Tube three times a day for neuropathy. Due at 9:00 PM.</p> <p>On 04/10/2025 at 9:44 AM, Staff K, Resident Care Manager and LPN, said it was the expectation that nurses receive report from the outgoing nurse and verify correct pump settings per physician's orders at the beginning of shift.</p> <p>At 1:38 PM Staff B, Director of Nursing Services and Registered Nurse, said it was the expectation that nurses review physician orders prior to initiating tube feeding. Staff B said it was the expectation that nurses administer medication and document in the MAR confirming the medications were administered.</p> <p>Reference WAC 388-97-1620 (2)(b)(ii)(6)(b)(i)</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47518</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure assistance was provided with shaving for 1 of 3 sampled residents (59) reviewed for Activities of Daily Living (ADL) for Dependent Residents. This failure placed residents at risk for unmet care needs, decreased self-esteem, and a diminished quality of life.</p> <p>Findings included .</p> <p>Resident 59 was admitted to the facility on [DATE]. The Significant Change Minimum Data Set assessment, dated 02/27/2025, documented Resident 59 was severely cognitively impaired and was dependent on assistance for personal hygiene.</p> <p>On 04/07/2025 at 11:45 AM, Resident 59 was observed lying in bed with thick facial hair about one quarter inch long on her upper lip and chin. Resident 59 said it bothered her when she had hair on her chin and lip.</p> <p>On 04/08/2025 at 10:40 AM, Resident 59 was observed with thick upper lip and chin hair about one quarter inch long.</p> <p>On 04/09/2025 at 8:40 AM, Resident 59 was observed with thick upper lip and chin hair present at least one quarter inch long. Resident 59 said she would like it if they shaved her more often. Resident 59 said they sometimes shave her on a shower day, but did not offer to in between showers.</p> <p>Review of Resident 59's personal hygiene task record for shaving, dated 03/30/2025 through 04/10/2025, showed no refusal of care for personal hygiene.</p> <p>On 04/10/2025 at 10:08 AM, Resident 59 was observed with thick upper lip and chin hair present at least one quarter inch long. Upon entering room, Resident 59 asked if this surveyor found her razor yet to shave her.</p> <p>At 11:26 AM, Staff E, Certified Nursing Assistant, said ADL care, which included shaving facial hair, was offered daily for dependent female residents with facial hair. Staff E said if a resident refused care, it would be documented in their electronic health record (EHR).</p> <p>At 11:45 AM, Staff F, Resident Care Manager and Licensed Practical Nurse, said shaving was offered during showers. Staff F said if a resident refused care, it would be documented somewhere.</p> <p>At 11:48 AM, Staff B, Director of Nursing Services and Registered Nurse, said shaving should be offered to residents when they were showered and whenever staff saw facial hair. Staff B said if a resident refused care, it should be documented in their EHR. Staff B went to Resident 59's room to observe the resident's facial hair. Resident 59 stated, I have all this hair on my face. I'm embarrassed. It's not ok . Can you shave it? Staff B said she expected residents were offered to be shaved daily or as needed.</p> <p>Reference WAC 388-97-1060 (1)(2)(c)</p>		

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  04/11/2025
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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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide activities to meet all resident's needs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50416</p> <p>Based on observation, interview and record review, the facility failed to provide resident centered activities incorporating the resident's preferences for 1 of 1 sampled resident (97) reviewed for activities. This failure placed residents at risk of a decreased quality of life.</p> <p>Findings included .</p> <p>Resident 97 was admitted to the facility on [DATE]. The Admission Medicare - 5 Day Minimum Data Set assessment, dated 03/06/2025, documented Resident 97 was severely cognitively impaired.</p> <p>Review of Resident 97's electronic health record (EHR) did not show a care plan addressing activities preferences, goals or interventions.</p> <p>On 04/07/2025 at 11:00 AM, Resident 97 was observed lying in bed sleeping.</p> <p>At 12:38 PM, Resident 97 was observed lying in bed sleeping.</p> <p>At 2:35 PM, Resident 97 was observed lying in bed.</p> <p>On 04/09/2025 at 9:42 AM, Resident 97 was observed lying in bed.</p> <p>On 04/10/2025 at 11:21 AM, Resident 97 was observed lying in bed sleeping.</p> <p>At 1:01 PM, Resident 97 was observed lying in bed.</p> <p>On 04/11/2025 at 8:54 AM, Staff P, Activities Director, said Resident 97 enjoyed singing, morning exercises and watching TV in her room. When asked if Resident 97 had a care plan addressing her activities preferences and goals, Staff P reviewed Resident 97's EHR and stated, [Resident 97] doesn't have one.</p> <p>At 1:01 PM, Staff R, Registered Nurse, said Resident 97 spent most of her time in bed and stated, [Resident 97] doesn't participate in many activities.</p> <p>At 1:04 PM, Resident 97 said she gets out of bed sometimes but not all the time. Resident 97 said she would like to go to do some things when asked how she spent her day.</p> <p>At 1:08 PM, Staff Q, Activities Assistant, said Resident 97 did not participate in group activities. Staff Q stated, If we can get her here, she would participate. I think it's just getting her out of bed.</p> <p>Reference WAC 388-97-0940 (2)</p>

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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)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50416</p> <p>Based on interview and record review, the facility failed to initiate bowel interventions for 6 of 7 sampled residents (37, 50, 86, 92, 102 &amp; 105) reviewed for quality of care related to bowel management. This failure placed residents at risk for health complications and a diminished quality of life.</p> <p>Findings included .</p> <p>Review of facility's bowel policy entitled Bowel Protocol, revised on 09/2024, documented, .1. At the beginning of each shift (based on an eight-hour shift), the Licensed Nurse will pull the Resident Bowel Management Report and identify residents that have not had a BM (Bowel Movement) for 3 days. (please run the report for last 7 days and check the box Include residents regardless of Bowel Alert Status). The Licensed Nurse will review the residents MAR (medication administration record) to determine if the PRN (as needed) Bowel Protocol had been initiated by the previous shift. Bowel movements are charted every shift by CNA (Certified Nurse Assistant).</p> <p>2. Unless resident is physically unable to tolerate use of toilet or bedside commode they shall be assisted to toilet or bedside commode for bowel elimination as per plan of care.</p> <p>3. Residents who have not had a bowel movement in three days will be given Milk of Magnesia.</p> <p>4. If no bowel movement by the following shift, a Dulcolax suppository is given.</p> <p>5. If resident continues without bowel movement by the next shift a Fleets enema will be given.</p> <p>7. If resident exceeds four days without a bowel movement, the Licensed Nurse will complete an abdominal assessment and the physician will be notified for further orders .</p> <p>1) Resident 37 was admitted to the facility on [DATE]. The Admission Medicare - 5 Day Minimum Data Set (MDS) assessment, dated 03/25/2025, showed Resident 37 was moderately cognitively impaired.</p> <p>The BM task sheet documented Resident 37 did not have a BM on 03/25/2025, 03/26/2025, 03/27/2025, 03/28/2025, 03/29/2025, 03/30/2025, 03/31/2025 and 04/01/2025. The BM task sheet documented Resident 37 had a BM on 04/02/2025, over 160 hours since the resident's last BM (over six and a half days).</p> <p>2) Resident 50 was admitted to the facility on [DATE]. The Admission Medicare-5-day MDS, dated [DATE], documented Resident 50 was moderately cognitively impaired.</p> <p>The BM task sheet documented Resident 50 did not have a BM on 03/24/2025, 03/25/2025, 03/26/2025, 03/27/2025, 03/28/2025, 03/29/2025, 03/30/2025, 03/31/2025, 04/01/2025 and 04/02/2025. The BM task sheet documented Resident 50 had a BM on 04/03/2025 over 168 hours since the resident's last BM (seven days).</p> <p>46751</p> <p>(continued on next page)</p>		

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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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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>3) Resident 86 was admitted to the facility on [DATE]. The End of PPS (prospective payment system) Part A MDS, dated [DATE], documented Resident 86 was alert and oriented.</p> <p>The BM task sheet documented Resident 86 did not have a BM on 03/26/2025, 03/27/2025, 03/28/2025, 03/29/2025, 03/30/2025, and 03/31/2025. The BM task sheet documented Resident 86 had a BM on 03/31/2025, over 139 hours since the resident's last BM (over five and a half days).</p> <p>4) Resident 92 was admitted to the facility on [DATE]. The Admission Medicare-5 Day MDS, dated [DATE], documented Resident 92 was alert and oriented.</p> <p>The BM task sheet documented Resident 92 did not have a BM on 03/31/2025, 04/01/2025, 04/02/2025, 04/03/2025, and 04/04/2025. The BM task sheet documented Resident 92 had a BM on 04/05/2025, over 133 hours since the resident's last BM (over five and a half days).</p> <p>5) Resident 102 was admitted to the facility on [DATE]. The End of PPS Part A Stay MDS, dated [DATE], documented Resident 102 was alert and oriented.</p> <p>The BM task sheet documented Resident 102 did not have a BM on 03/23/2025, 03/24/2025, 03/25/2025, 03/26/2025, 03/27/2025, and 03/28/2025. The BM task sheet documented Resident 102 had a BM on 03/29/2025, over 163 hours since the resident's last BM (over six and a half days).</p> <p>6) Resident 105 was admitted to the facility on [DATE]. The Admission/5 Day MDS, dated [DATE], documented Resident 105 was moderately cognitively impaired.</p> <p>The BM task sheet documented Resident 105 did not have a BM on 03/28/2025, 03/29/2025, 03/30/2025, 03/31/2025, and 04/01/2025. The BM task sheet documented Resident 105 had a BM on 04/02/2025, over 143 hours since the resident's last BM (almost six days).</p> <p>On 04/09/2025 at 2:24 PM, Staff Z, Licensed Practical Nurse (LPN), said after three days of no BM, Miralax (laxative) was given, and the administration was documented in EHR. Staff Z was unable to produce documentation of BM protocol being initiated for Resident 86, Resident 92, Resident 102, and Resident 105. Staff Z stated, I don't see anything was given to them.</p> <p>On 04/10/2025 at 9:44 AM, Staff K, Resident Care Manager and LPN, said bowel alerts triggered when a resident had not had a BM in more than 48 hours. Staff K said the nurses on the floor were expected to review bowel alerts at the beginning of shift and initiate the bowel protocol. After reviewing Resident 37's BM task sheet and BM history dating from 03/25/2025 to 04/01/2025, Staff K stated, That is a long period. When asked if the bowel protocol was initiated for Resident 37, Staff K stated, It was not initiated. There does not seem to be documentation. After reviewing Resident 50's BM task sheet and BM history dating from 03/24/2025 to 04/02/2025, Staff K said there was no documentation of Resident 50 having had a BM during that period, and there was not any documentation of the bowel protocol being initiated.</p> <p>At 1:03 PM, Staff B, Director of Nursing Services and Registered Nurse, said it was the expectation the nurses assess the residents and initiate the bowel protocol.</p> <p>Reference WAC 388-97-1060 (1)(3)(c)</p>		

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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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50416</p> <p>Based on observation, interview and record review, the facility failed to ensure continuous supplemental oxygen (O2) was provided for 1 of 4 sampled residents (97) reviewed for respiratory care and services. This failure placed residents at risk of discomfort, medical decline and a diminished quality of life.</p> <p>Findings included .</p> <p>Review of the facility's policy entitled Oxygen Administration, revised October 2010, documented, After completing the oxygen setup or adjustment, the following information should be recorded in the resident's medical record:</p> <p>3. The rate of oxygen flow, route, and rationale.</p> <p>5. The reason for p.r.n. (as needed) administration .</p> <p>Resident 97 was admitted to the facility on [DATE]. The Admission Medicare - 5 Day Minimum Data Set assessment, dated 03/06/2025, documented Resident 97 was severely cognitively impaired.</p> <p>Review of physician's order, dated 03/02/2025, noted, O2 @ 1-5 L(liters)/min(minute) per NC (Nasal Cannula) as needed SpO2 (oxygen saturation) &lt; (less than) 88% as needed for prn oxygen use.</p> <p>Review of the April 2025 Medication Administration Record (MAR) and Treatment Administration Record (TAR) showed no oxygen flow rate documentation.</p> <p>Review of nurse's daily skilled charting summaries dated 04/02/2025, 04/03/2025, 04/04/2025, 04/05/2025, 04/06/2025, 04/07/2025, 04/08/2025, documented Resident 97's breath sounds and respiratory rate were clear, regular and normal with no documentation of respiratory distress.</p> <p>Review of Resident 97's SpO2 levels for the month of April 2025 ranged from 92% to 98%.</p> <p>On 04/07/2025 at 10:59 AM, 12:38 PM and 2:35 PM, Resident 97 was observed using 4L of oxygen via nasal cannula.</p> <p>On 04/08/2025 at 9:03 AM, Resident 97 was observed using 4L of oxygen via nasal cannula.</p> <p>On 04/09/2025 at 9:17 AM, Resident 97 was observed using oxygen via nasal cannula.</p> <p>On 04/10/2025 at 9:44 AM, after reviewing Resident 97's oxygen orders, Staff K, Resident Care Manager and Licensed Practical Nurse, stated, [Resident 97's] orders say PRN. After reviewing Resident 97's SpO2 history, Staff K stated, [Resident 97's] saturations are good. When asked if and when the resident was switched from oxygen via NC to room air, Staff K said the nurses should monitor Resident 97's SpO2 on room air to determine if she still needed supplemental oxygen.</p> <p>At 1:09 PM, Resident 97 was observed using oxygen via nasal cannula.</p> <p>(continued on next page)</p>		

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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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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>At 1:38 PM, Staff B, Director of Nursing Services and Registered Nurse, said it was the expectation the nurses should assess and document the need for Resident 97 to use continuous oxygen instead of PRN oxygen, and document the use of PRN oxygen in the MAR/TAR.</p> <p>Reference WAC 388-97-1060 (3)(j)(vi)</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>47518</p> <p>Based on observation, interview, and record review, the facility failed to ensure medications were properly stored and labeled in 1 of 4 medication carts (Middle South) reviewed for medication storage. This failure placed residents at risk for receiving the wrong medication, adverse outcome, and a diminished quality of life.</p> <p>Findings included .</p> <p>Review of the facility's policy entitled, Medication Labeling and Storage, undated, documented .Medications are stored in an orderly manner in cabinets, drawers, carts, or automatic dispensing systems. Each resident's medications are assigned to an individual cubicle, drawer, or other holding area to prevent the possibility of mixing medication of several residents.</p> <p>On 04/10/2025 at 11:11 AM, the Middle South medication cart was observed with Staff S, Licensed Practical Nurse. The top drawer of the medication cart contained about six or seven loose plastic medication cups with multiple unlabeled medications in each cup. The plastic medication cups had writing on them of a room number. Staff S quickly grabbed all the plastic medication cups with multiple medications in each of them, stacked them on top of one another and threw them in the garbage before surveyor could count the medication cups. When asked who and what the medications were for, Staff S said they were for residents that were going out to appointments. Staff S said he had four residents with an appointment, and one resident had refused their medications. Staff S said he had three residents with appointments and one resident had refused their medications.</p> <p>At 1:56 PM, Staff B, Director of Nursing Services and Registered Nurse, said it was her expectation medications were not pre-poured. Staff B indicated there should not be cups with unlabeled medications in them for multiple residents stored in the medication cart drawer.</p> <p>Reference WAC 388-97-1300 (2)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50416</p> <p>.</p> <p>Based on observation, interview, and record review, the facility failed to ensure they were compliant with infection prevention and control guidelines and practices when staff did not clean and disinfect shared medical equipment between resident use on 2 of 2 hallways (North &amp; South) reviewed for infection prevention and control. This failure placed residents, staff and visitors at risk for potential infection.</p> <p>Findings included .</p> <p>On 04/09/2025 at 9:48 AM, a facility staff was observed removing a Hoyer lift (a device used to help caregivers safely transfer individuals with mobility limitations from surface to surface) from room [ROOM NUMBER] and placed it in the hallway. Staff did not disinfect the Hoyer lift.</p> <p>At 3:14 PM, Staff V, Nurse Assistant Registered (NAR), was observed leaving room [ROOM NUMBER] with a vital sign (VS) machine (takes blood pressure, pulse and oxygen) after using it on the resident in Bed 1. Staff V did not disinfect the machine.</p> <p>At 3:26 PM, Staff V was observed going back into room [ROOM NUMBER] Bed 2 and took the resident's vitals with the same machine. When finished, Staff V did not disinfect the machine.</p> <p>At 3:39 PM, Staff V and another Certified Nurse Assistant (CNA), were observed in room [ROOM NUMBER], dressed in personal protective equipment with a hooyer lift in the room. Once care was completed, the 2nd CNA was observed placing the Hoyer lift in the hallway and did not disinfect it.</p> <p>At 3:47 PM, disinfecting wipes were not observed in the isolation carts in North Hall and in room [ROOM NUMBER] and room [ROOM NUMBER].</p> <p>On 04/11/2025 at 9:04 AM, Staff W, Licensed Practical Nurse, said he used disinfecting wipes located in the medication cart he was assigned to disinfect shared medical equipment between resident use. Upon request, Staff W was unable to locate disinfecting wipes in the medication cart he was assigned.</p> <p>At 9:20 AM, Staff X, CNA, said she had not used disinfecting wipes on the shared medical equipment that morning.</p> <p>At 9:40 AM, Staff Y, CNA, said she had not used disinfecting wipes to clean the shared medical equipment that morning.</p> <p>At 11:50 AM, in a joint interview with Staff B, Director of Nursing and Registered Nurse (RN) and Staff U, Infection Prevention Nurse and RN, Staff U said it was the expectation staff disinfect resident shared medical equipment between resident use.</p> <p>Reference WAC 388-97-1320 (5)(c)(e)</p>		

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<p>F 0909</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Regularly inspect all bed frames, mattresses, and bed rails (if any) for safety; and all bed rails and mattresses must attach safely to the bed frame.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47518</b></p> <p>Based on observation and interview, the facility failed to ensure bed rails were securely fastened to the bed and without gaps between the mattress and bed rail for 1 of 3 sampled resident (264) reviewed for physical restraints. This failure placed residents at risk for injury and/or entrapment.</p> <p>Findings included .</p> <p>Resident 264 was admitted to the facility on [DATE]. The Admission/Medicare - 5 day Minimum Data Set assessment, dated 04/09/2025, documented Resident 264 was severely cognitively impaired.</p> <p>On 04/08/2025 at 10:53 AM, Resident 264's bed was observed with a padded covered bed rail, about one third length of the bed, on the upper right side of the bed. The bed rail was observed to be loose with about six to seven inches of movement back and forth, and leaning six to seven inches out from the mattress. The bracket attaching the bed rail to the bed frame was observed to be loose.</p> <p>On 04/09/2025 at 8:45 AM, Resident 264 was observed lying in bed. Resident 264's right side bed rail was observed to be loose.</p> <p>At 10:52 AM, Resident 264's bed was observed with a padded covered bed rail, about one third length of the bed, on the upper right side of the bed. The bed rail was observed to be loose with about six to seven inches of movement back and forth, and leaning six to seven inches out from the mattress. The bracket attaching the bed rail to the bed frame was observed to be loose.</p> <p>At 11:19 AM, Staff F, Resident Care Manager and Licensed Practical Nurse, said for broken or loose bed rails, they would request maintenance to fix them through TELS (an electronic work order system). Staff F was observed going into Resident 264's room to look at the bed rail. Staff F said she was not sure if the bed rail on Resident 264's bed should be tighter. She needed to go ask.</p> <p>At 11:28 AM, Staff B, Director of Nursing Services and Registered Nurse, was observed going into Resident 264's room to look at the bed rail. Staff B said the bed rail was too loose and should be tighter.</p> <p>At 11:29 AM, Staff G, Maintenance Director, said a work order through TELS was generated for work on bed rails. Staff G said there was not a routine schedule to check for broken or loose bed rails. Staff G said the staff would notify him if one needed to be worked on. Staff G was observed going into Resident 264's room to look at the bed rail on the right side of the bed. After wiggling the bed rail back and forth, Staff G said the bed rail needed to be tightened.</p> <p>At 11:38 AM, Staff B said she expected bed rails on resident beds were maintained so they were not loose.</p> <p>Reference WAC 388-97-2100 (1)</p>		