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	02/11/2026

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 0728 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that nurse aides who have worked more than 4 months, are trained and competent; and nurse aides who have worked less than 4 months are enrolled in appropriate training. Based on interview and record review, the facility failed to ensure facility staff received dementia training for 5 of 28 sampled staff (Staff H, I, J, K & L) reviewed for staff in-service trainings. This failure placed residents at risk of receiving care from untrained staff.Findings included .Staff H, Certified Nursing Assistant (CNA), was hired on 08/01/2024. The Relias (electronic learning center for staff training) transcript, the Training Sign In Sheets and Continuing Education Certificates for Staff H, did not show documentation of dementia training since date of hire.Staff I, CNA, was hired on 03/18/2025. The Relias transcript, the Training Sign In Sheets and Continuing Education Certificates for Staff I did not show documentation of dementia training since date of hire.Staff J, Licensed Practical Nurse (LPN), was hired on 01/31/2025. The Relias transcript, the Training Sign In Sheets and Continuing Education Certificates for Staff J did not show documentation of dementia training since date of hire.Staff K, Licensed Practical Nurse (LPN), was hired on 12/16/2025. The Relias transcript, the Training Sign In Sheets and Continuing Education Certificates for Staff K did not show documentation of dementia training.Staff L, Dietary Aide, was hired on 07/18/2025. The Relias transcript, the Training Sign In Sheets and Continuing Education Certificates for Staff L did not show documentation of dementia training since date of hire.In an interview on 02/11/2026 at 12:36 PM, Staff N, Staff Development Coordinator, said she was responsible for tracking staff competencies oversight. Staff N said not all initial and annual Dementia Trainings were completed due to a Relias issue, causing the program not to show the required training. In an interview on 02/11/12026 at 12:51 PM, Staff A, Administrator said some staff have completed their training, but some have not due to Relias tracking system fault. Staff A stated, it did not show up on their Relias portal. We have a new tracking system going forward.Reference WAC 388-97-1680 (2)(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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505373	A. Building B. Wing	02/11/2026

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to discard expired food items for 1 of 1 meal preparation (lunch) observed and failed to ensure resident refrigerator temperatures were checked and/or logged daily for 1 of 3 resident snack refrigerators (North Refrigerator) reviewed for food services. These failures placed residents at risk of consuming expired food goods, food-borne illness, and a diminished quality of life.Findings included. Expired Food In an observation on 02/09/2026 at 11:43 AM, during lunch preparation service, two 8-ounce cartons of Sysco [brand] Thickened Dairy Drink were observed on a food tray, sitting on top of the steam table food counter, along with a stack of napkins for the residents' lunch trays. The expiration date observed on the Thickened Dairy Drink showed, 05NOV2025 [November 05, 2025] best if used by. In an interview and observation on 02/09/2026 at 12:34 PM, Staff D, Dietary Director, said she would check expiration dates when she completed food orders and put away food items on Mondays and Fridays. When asked about the two Thickened Dairy Drinks sitting at the beginning of the tray line during lunch preparation service, she said the drinks were ready to be served to residents. Staff D then picked up the two Thickened Dairy Drinks and stated, They are expired, huh. Staff D said they were missed and should have been thrown away. Refrigerator Temperatures In an observation and record review on 02/09/2026 at 1:04 PM, review of the February 2026 log, titled, North Refrigerator Temp Log, no temperatures were documented for 02/07/2026, 02/08/2026, or 02/09/2026. Food items in the North Refrigerator resident snack fridge were observed to include dairy, juice, and protein drinks, sandwiches, and other food items. In an interview on 02/09/2026 at 1:11 PM, Staff E, Licensed Practical Nurse (LPN), said all the nurses were responsible to check the temperatures in the resident snack refrigerator daily. In an interview on 02/09/2026 at 1:13 PM, Staff F, Resident Care Manager/LPN, said the nurses checked the refrigerator temperatures daily, stating, I thought it was night shift. When asked about the North Refrigerator Temp Log, Staff F said the temperature had not been checked since 02/06/2026 and it should have been. In an interview on 02/09/2026 at 1:59 PM, Staff B, Director of Nursing/Registered Nurse, said the dietary department was supposed to check the temperatures in the resident snack refrigerators, not the nursing staff. In an interview on 02/09/2026 at 2:29 PM, Staff D said the dietary department had recently taken over checking the unit refrigerator temperatures daily. When asked about the North Refrigerator resident snack fridge log, last dated for 02/06/2026, Staff D said they checked refrigerator temperatures in the evening and they missed them. In an interview on 02/09/2026 at 2:53 PM, Staff A, Administrator, said she expected expired drinks were thrown out and refrigerator temperatures were checked daily. Reference WAC 388-97-2980 (1)

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	02/11/2026

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 0569 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to convey the trust account funds for 1 of 4 residents (Resident 115) reviewed for trust funds. This failure placed the residents and/or their representatives at risk for loss of funds. Findings included.Resident 115 was admitted to the facility on [DATE]. Resident 115 expired on [DATE].Record review of the facility's trust funds statement titled, Resident Statement Landscape, from [DATE] to [DATE], indicated Resident 115 had a balance of $7.94. As of [DATE], 216 days after Resident 115 expired, Resident 115's account had not been closed. In an interview on [DATE] at 1:17PM, Staff M, Business Office Manager, said trust accounts were supposed to be conveyed no longer than 30 days after discharge or death. Staff M said as of [DATE] Resident 115's account had not been closed. In an interview on [DATE] at 3:30 PM, Staff A, Administrator, said Resident 115's final funds should have been disbursed within 30 days of discharge, but they were not. Reference WAC 388-97-0340 (5)

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	02/11/2026

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 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure 1 of 2 residents (Resident 20) were free from physical restraints. This failure placed residents at risk of injury and a decreased quality of life. Findings included.Resident 20 was admitted to the facility on [DATE]. The Admission's Minimum Data Set, an assessment tool, dated 02/03/2026, indicated Resident 20 was alert and oriented.During an interview and observation on 02/06/2026 at 9:18AM, Resident 20 was observed to have bilateral bedrails. When asked about the bedrails Resident 20 said they were for mobility. Record review of Resident 20's electronic health records (EHR) did not show an assessment, consent or an order for bedrails.During an interview on 02/10/2026 at 3:00 PM, Staff F, Resident Care Manager/Licensed Practical Nurse said before a resident got bedrails they would do an evaluation, get consent and get an order. When asked if Resident 20 had an evaluation, consent and an order Staff F said she could not find any of them in the EHR.During an interview on 02/11/2026 at 11:14 AM, Staff B, Director of Nursing/Registered Nurse, said a safety device assessment, order and consent were needed before bedrails were installed. Staff B said Resident 20 did not have an assessment, order or consent for the bedrails.Reference WAC 388-97-0620 (1)(B)

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	02/11/2026

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to initiate bowel interventions for 1 of 5 residents (Resident 8) reviewed for constipation. This failure to initiate interventions placed residents at risk of discomfort, experiencing health complications and a diminished quality of life.Finding included. Review of the facility's policy titled, Bowel Protocol, dated 02/09/2026, showed, it is the policy of this facility to monitor and provide interventions to ensure routine bowl [sp] elimination by residents of this facility. Physician orders will be obtained for implementation of facility bowel care protocol unless an alternate bowel care regimen is ordered by the physician.At the beginning of each shift (based on an eight-hour shift), the Licensed Nurse will pull the Resident Bowel Management Report and identify resident that have not had a BM (bowel movement) for 3 days (please run the report for the last 7 days and check the box ?Include residents regardless of Bowel Alert Status'. The Licensed Nurse will review the residents' MAR 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 nursing assistant) . Residents who have not had a bowel movement in three days will be given Milk of Magnesia [laxative].Resident 8 was admitted to the facility on [DATE]. The admission Minimum Data Set, an assessment tool, dated 01/17/2026, indicated Resident 8 was alert and oriented.Record review of Resident 8's electronic health record (EHR) Bowel task sheet documented Resident 8 had a BM on 01/27/2026 at 1:49 PM. The next documented BM was on 01/31/2026 at 9:07 PM, over 103 hours since the last BM.Record review of Resident 8's Medication Administration Record (MAR), dated January 30 and January 31, 2026, did not show an intervention was given.In an interview on 02/11/2026 at 9:53 AM, Staff P, Registered Nurse (RN), said the bowel protocol was initiated after 72 hours of no BM. Staff P said if the resident refused an intervention, it would be documented in the EHR.In an interview on 02/11/2026 at 10:29 AM, Staff F, Resident Care Manager/Licensed Practical Nurse, said the Bowel Protocol should be started three days after no BMs. In an interview on 02/11/2026 11:14 AM Staff B, Director of Nursing/RN said the bowel protocol was initiated after 72 hours of no BM. Staff B said nursing should have been documenting if the resident refused an intervention.Reference WAC 388-97-1060(1)(3)(c)

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	02/11/2026

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to secure medications in 2 of 2 residents' rooms (Resident 50 & 67) reviewed for medication access and storage. This failure placed residents, staff, and visitors at risk for accessing unauthorized medication, negative outcomes, and a diminished quality of life. Findings included. Record review of the facility's policy titled, Self Administration of Medication, dated 09/01/2024, revised 02/09/2026, documented, .Medication at bedside is stored in closed, locked cupboards or drawers. This includes over-the-counter medications. 2. the RCM evaluates the resident's ability to self-administer medications using the Self Administration Evaluation form. No medications are stored at bedside nor self-administered until evaluation is complete. 3. A physician order is obtained indicating the specific medications that the resident is able to self-administer. Resident 50 was admitted to the facility on [DATE]. The Quarterly Minimum Data Set (MDS, an assessment tool), dated 01/11/2026, showed Resident 50 was alert and oriented. In an observation on 02/05/2026 at 10:52 AM, one bottle of medication was observed on Resident 50's nightstand labelled Children's Chewable Complete Multivitamin. Two more bottles of medication were further observed on Resident 50's bedside table, one with the label Pure For Men Stay Ready capsules, and one with a pharmacy prescription label, dated 06/13/2025, Chlorhexidine Gluconate 0.12% swish and spit 15 milliliters by mouth twice daily after oral care. Review of Resident 50's Electronic Health Record (EHR) did not show a self-administration of medication evaluation and/or a physician's order to self-administer medications and/or keep medications at bedside. In an interview and observation on 02/05/2026 at 11:08 AM, Staff C, Resident Care Manager/Registered Nurse (RN), said residents that could self-administer medication needed an evaluation completed and a physician's order. Staff C went to Resident 50's room and picked up the three bottles of medications off the nightstand and bedside table. Staff C said Resident 50 should not have had the medication out and the medications should have been stored away. In an interview on 02/09/2026 at 1:44 PM, Staff C said there was not an evaluation completed or physician's order for Resident 50 to self-administer medication or have medications at the bedside and there should have been. In an interview on 02/09/2026 at 2:01 PM, Staff B, Director of Nursing/RN, said it was her expectation medications kept at the bedside should be kept secured and had a physician's order and self-medication evaluation completed for the resident. (continued on next page)

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	02/11/2026

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident 67 was admitted to the facility on [DATE]. The Quarterly MDS, dated [DATE], showed Resident 67 was alert and oriented. In an observation on 02/05/2026 at 12:19 PM, Resident 67 was observed to have two bottles of medication on her bedside table. The medication bottles were labeled Vitamin C 1000mg (milligrams) and CoQ-10 (vitamin/antioxidant). A bottle of nasal spray labeled Fluticasone Propionate was observed in her nightstand drawer. Review of Resident 67's EHR did not show a medication self-administration evaluation and/or a physician's order to self-administer medications and/or keep medications at bedside. In an interview on 02/05/2026 at 12:19 PM, Resident 67 said she took the observed medications occasionally. She said she took the CoQ-10 medication for pain and the Flonase nasal spray for her allergies. In an interview on 02/05/2026 at 12:24 PM, Staff G, Licensed Practical Nurse, said residents who chose to keep medication at their bedside would have to be assessed for medication self-administration and have a physician order to do so. Staff G reviewed Resident 67's EHR but was unable to find an evaluation, care plan or physicians order for medication self-administration. In an observation and interview on 02/05/2026 at 12:28 PM, Staff G, observed the medications at Resident 67's bedside and said the medications should have been stored in the medication cart. Staff G explained to Resident 67 that the medications had to be placed in the medication cart pending a physician order. Reference WAC 388-97-1300 (2)

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	02/11/2026

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 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	Post nurse staffing information every day. Based on interview and record review, the facility failed to ensure nursing hours were accurately posted and updated daily for 4 of 31 days (01/08/2026, 01/11/2026, 01/13/2026 & 01/15/2026) reviewed for nurse staff postings and failed to provide accurate identifiers on daily postings, to include the facility name, census and date. These failures placed residents, resident representatives, and visitors at risk of not being fully informed of the current staffing levels and census information.Findings included . Record Review of the nursing home daily staff postings showed they had not been updated for 4 shifts, dated 01/08/2026, 01/11/2026, 01/13/2026 & 01/15/2026 to accurately reflect the number of nurses and/or nursing assistants working per shift. Record review of the posting for 01/08/2026 showed 16 nursing assistants (CNAs) for the day shift (06:00 AM - 02:00 PM). The actual day shift schedule showed 13 CNAs worked. Record review of the posting for 01/11/2026 showed 15.5 CNAs for the day shift. The actual evening shift schedule showed 12.5 CNAs worked. Record review of the posting for 01/13/2026 showed 13.5 CNAs for the evening shift (02:00 PM- 10:00 PM). The actual evening shift schedule showed 11 CNAs worked. Record review of the posting for 01/15/2026 showed 13.5 CNAs for the day shift. The actual evening shift schedule showed 11 CNAs worked.The posting showed 8 Nurses for the day shift. The actual day shift schedule showed 7 Nurses worked. In an interview on 02/11/2026 at 12:36 PM, Staff Q, Business Office Assistant, said she was the one responsible for updating the staff postings. Staff Q stated, I make the adjustments. Those days were missed. In an interview on 02/11/2026 at 12:51 PM, Staff A, Administrator, indicated the posting errors could not be clarified. No Associated WAC Reference