STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505183	A. Building B. Wing	07/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avalon Healthcare - Tacoma	7411 Pacific Avenue Tacoma, WA 98408

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 ensure medications were secured for one of three residents (Resident #1) observed with medications left unattended on the table in the resident's room. This failure placed the resident at risk for medication error and lost, compromised or ineffective medications. Findings included.Resident 1 was admitted to the facility on [DATE] with multiple diagnoses. The Minimum Data Assessment, a comprehensive assessment, dated 06/02/2026, documented that Resident 1 had impaired judgment and required staff assistance for activities of daily living.On 07/14/2026 at 1:28 PM, observed on Resident 1's overbed table were two clear plastic medication cups, with two white oblong tablets and one small round tablet and another reddish colored tablet between the two plastic cups. The plastic cups were observed on their sides, with the top cup partially away from the bottom cup and the contents not fully contained in the bottom plastic cup.Review of the resident's record showed that they had not been evaluated whether they were a candidate for self-administration of medications.On 07/14/2026 at 2:20 PM, the medications were observed on the resident's table with Staff B, the facility Director of Nursing Services. When asked, Staff B said medications should not be left on residents' tables or in their rooms; if they are not given immediately they should be removed.Reference (WAC): 388-97-1300 (2), -2340

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