

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505211	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/19/2026
NAME OF PROVIDER OR SUPPLIER  Puyallup Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  516 23rd Ave SE Puyallup, WA 98372	

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 0585</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 voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review, the facility failed to promptly resolve grievances for 2 of 3 residents (Resident 1 &amp; 2) reviewed for grievances and missing property. Failure to initiate, investigate, and resolve grievances timely placed residents at risk for frustration and a diminished quality of life. Findings included .Review of the facility undated admission Agreement showed the facility must listen to and act promptly to resolve grievances and recommendations received from a resident and/or their family. Additionally, the facility had established a program designed to prevent theft and loss, which included providing residents with a written inventory of their personal property upon admission to the facility.&lt;RESIDENT 1&gt;During an interview on 01/22/2026 at 2:34 PM, Resident 1's representative stated Resident 1 was missing two phones and an Echo. Resident 1 was hard of hearing, so they bought an Echo, which was never set up, and had now gone missing and nobody knew where it was. Resident 1's representative stated they sent an email on 12/11/2025 to Staff D, Social Services Aide, regarding the missing Echo, and did not receive a response.Review of an invoice receipt showed an Echo and stand were ordered 03/21/2025 to be shipped to Resident 1 at the facility.Review of an invoice receipt showed a white landline phone, Big Button Phone for seniors, corded phone, ordered 07/03/2024, to be shipped to Resident 1 at the facility.During an interview on 01/22/2026 at 2:34 PM, Resident 1's representative stated they recently purchased Resident 1 and Resident 2 each a portable phone, for people who were hard of hearing. The identical phones were on charging stands. No one set them up and no one knew where they were.Review of an invoice receipt dated 12/27/2025 for a Clarity Amplified Cordless Landline Phone for Hard or Hearing, which was delivered directly to a receptionist or someone at the front desk of the facility on 12/30/2025.In an interview on 01/30/2026 at 2:00 PM, Resident 1's representative stated the facility was still not able to locate the missing items.During an interview on 02/04/2026 at 1:03 PM, Resident 1 stated they had not found the gray phone yet. Observations at that time, in the resident room, showed no cordless or landline phones (white or gray in color), and no Echo.Review of the Grievance Logs on 02/04/2026 from November 2025, December 2025, and January 2026 did not list a grievance for Resident 1's missing items.During an interview on 02/04/2026 at 1:16 PM, Staff C, Social Services Director, stated the grievance regarding the missing items did not reach the social services department.Review of Inventory Sheets for Resident 1, dated 04/29/2025, 11/18/2025 and 01/14/2026 showed the two phones and Echo were not added when received by the facility.During an interview on 02/19/2026 at 11:54 AM, Staff C stated the grievances for Resident 1 and Resident 2 were resolved. When the grievance forms were requested Staff C was unable to locate or provide them. Staff C said they knew that they spoke to the residents and their representatives, they looked through their belongings, unpacked boxes. Staff C stated they believed they found the phone, but they needed to follow up about the Echo, with the floor staff who they had go through and organize their</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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>belongings. On 02/19/2026 at 3:30 PM the facility provided the Grievance Logs for January 2026 and February 2026, and Grievances for Resident 1 and Resident 2. Review of the February 2025 Grievance Log showed a 02/04/2026 entry for Resident 1. The nature of the grievance was listed as Missing [NAME] Echo, which was documented as sent to Administration on 02/05/2026. According to the log the grievance was due date was listed as 02/10/2026 but was not documented as resolved until 02/19/2026. The resolution was for the facility to reimburse resident sister/guardian of \$200 Echo [NAME] with stand and missing cordless phone. Review of the Grievance/Concern Form, dated 02/05/2026, showed Resident 1 was missing an [NAME] Echo with stand, phone with charger, and another phone that assisted Resident 1 on hearing. Social Services (SS) went into room and had the floor staff reorganize the room on 02/05/2026. SS spoke with Resident's representative regarding missing [NAME] Echo and they would like to be reimbursed the money for missing items. The Action Plan documented was for Administration to reimburse the representative \$200 for the Echo, \$90 Cordless phone, \$30 phone (\$320.00) for the missing items. The resolution was documented as communicated by phone to Resident representative on 02/19/2029. During an interview on 02/19/2026 at 2:22 PM, Resident 1's Representative stated the facility called them on 02/19/2026 at 1:30 PM and requested information regarding the missing items. Review of an email showed that Resident 1's representative emailed the facility receipts of the missing items on 02/19/2026 at 2:24 PM requesting a refund for a total of \$370.04. &lt;RESIDENT 2&gt; Review of the Grievance Logs on 02/04/2026 for November 2025, December 2025, and January 2026 did not list a grievance for Resident 2's missing phone. Review of an invoice dated 12/27/2025 for a Clarity Amplified Cordless Landline Phone for Hard or Hearing, which was delivered to Resident 2, directly to a receptionist or someone at the front desk of the facility on 12/29/2025. On 02/19/2026 at 12:38 PM, Resident 2's undated Inventory List was observed with Staff B, Director of Nursing, to be blank and did not include the cordless landline phone. Staff B stated they would have it updated right away. On 02/19/2026 at 12:43 PM, the Clarity Amplified Cordless Landline Phone was observed at Resident 2's bedside, charged and turned on. Review of the February 2025 Grievance Log showed a 02/04/2026 entry for Resident 1. The nature of the grievance was listed as Missing Cordless white phone with charging stand, which was documented as sent to Administration on 02/05/2026. According to the log the grievance was due date was listed as 02/08/2026 but was not documented as resolved until 02/19/2026. The resolution was documented as phone in room and on charger, phone also reflected in inventory list. Review of the Grievance/Concern Form dated 02/05/2026 showed Resident 2 was missing a white wireless phone with charger. SS went into the room and had floor staff reorganize the room on 02/05/2026. Social Services Director spoke with Resident 2's representative regarding the missing phone and charger on 02/19/2026, who agreed that they would like the portable phone replaced if not found. Phone found in room and was reflected in inventory list. Resolution communicated to resident representative on 02/19/2026. REFERENCE: WAC 388-97-0460</p>		