

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505324	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/28/2025
NAME OF PROVIDER OR SUPPLIER  Life Care Center of Puyallup		STREET ADDRESS, CITY, STATE, ZIP CODE  511 10th Avenue Southeast 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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39501</p> <p>Based on interview and record review, the facility failed to identify an allegation of abuse and failed to report the allegation to the State Agency with the required timeframe for 1 of 3 sampled residents (Resident 1) reviewed for reporting alleged violations. These failures placed the resident at risk for ongoing abuse/neglect, unmet needs and a decreased quality of life.</p> <p>Findings included .</p> <p>Review of the electronic medical record (EMR) showed that Resident 1 admitted to the facility on [DATE] with diagnoses to include hemiplegia (a medical condition characterized by paralysis or severe weakness on one side of the body), muscle weakness, difficulty walking, and need for assistance with personal care.</p> <p>Review of a facility grievance form, dated 04/21/2025 at 8:00 AM, written by Staff C, Speech Language Pathologist (SLP, a health professional who evaluates, diagnoses, and treats communication and swallowing disorders), showed that Resident 1 reported that the previous night, a staff member refused to give them their bed remote control, and pushed them in their shoulder. Resident 1 reported feeling that the staff member was mad at them.</p> <p>Review of the facility incident report log, dated April 2025, showed that there was an allegation of abuse logged for Resident 1 on 04/22/2025, and an investigation into the allegation initiated the same day.</p> <p>Review of the online State Agency reporting confirmation, dated 04/22/2025 at 4:50 PM, showed that the facility reported Resident 1's allegation of abuse to the State Agency. The facility reported the allegation to the State Agency approximately 33 hours after the resident voiced the allegation to facility staff.</p> <p>During interview on 04/28/2025 at 1:28 PM, Staff C, SLP, stated that they spoke with Resident 1 on the morning of 04/21/2025, and Resident 1 reported the allegation to them. Staff C, SLP, then stated they discussed the allegation with their supervisor who instructed them to write it down on a grievance form, which they did, and dropped it into the grievance box (a receptacle near the social services office used to securely collect the forms).</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During interview on 04/28/2025 at 1:30 PM, Staff B, Director of Nursing Services (DNS), stated that they did not know why the allegation was not called in to the State Agency immediately. Staff B, DNS, stated that the grievance form was sitting on their desk the morning of 04/22/2025, at which time it was identified as an allegation of abuse and reported.</p> <p>During interview on 04/28/2025 at 1:55 PM, Staff A, Administrator, stated that Resident 1's allegation should not have been left to a grievance form. It should have been reported to the State Agency within 2 hours as an allegation of abuse.</p> <p>Reference WAC 388-97-0640 (5)(a)</p>