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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                 | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>505324 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing   | (X3) DATE SURVEY COMPLETED<br><br>06/18/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Life Care Center of Puyallup |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>511 10th Avenue Southeast<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |
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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>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> Based on interview and record review the facility failed to implement treatment and/or monitoring orders for skin impairments (damaged skin) for 2 of 3 residents (Residents 2 and 3) reviewed for skin impairments. This failure placed the residents at risk for worsening wounds and other skin conditions, infection, and re-hospitalization.</p> <p>Findings included .</p> <p>Resident 2</p> <p>Review of the admission minimum data set (MDS, a required assessment tool), dated 05/08/2025, showed that Resident 2 admitted on [DATE] with diagnoses to include falls, right lower leg laceration (a tear or cut in the skin), difficulty walking, generalized weakness and need for assistance with personal care. The Care Area Assessment (CAA) Summary, linked to the MDS, for pressure ulcer/injury showed, [Resident 2] has laceration on RLE. Wound was sutured in the hospital. [Resident 2] was then transferred here for ongoing care and rehab.</p> <p>Review of the hospital discharge/transfer orders, dated 05/06/2025, showed that the facility was to follow current wound care recommendations, to treat Resident 2's right leg laceration.</p> <p>Review of the nursing admission evaluation, dated 05/06/2025, showed that Resident 2 had a right shin laceration, with 15 stitches, measuring 9 centimeters (cm) by 7 cm.</p> <p>Review of the treatment administration record (TAR), dated May 2025, showed that there were no treatment or monitoring orders, for Resident 2's right leg laceration, implemented until 05/17/2025 - 11 days after Resident 2 admitted to the facility.</p> <p>Resident 3</p> <p>Review of the admission MDS, dated [DATE], showed that Resident 3 was admitted on [DATE] with multiple medical diagnoses.</p> <p>Review of the nursing admission evaluation, dated 05/27/2025, showed that Resident 3 had a large bruise to their right upper shoulder, and bruises on both arms.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Review of the TAR, dated June 2025, showed that there were no treatment or monitoring orders, for Resident 3's bruises, implemented until 06/10/2025 - 14 days after Resident 3 admitted to the facility.</p> <p>In interview on 06/18/2025 at 3:00 PM, Staff A, Director of Nursing Services (DNS), stated that their expectation was that upon admission, the resident should have had a full-body skin assessment. If the resident was noted to have any skin impairments, including bruises, staff should have contacted the medical provider (doctor, nurse practitioner) and requested treatment and/or monitoring orders. Staff A, DNS, further stated that Resident 2 should have had orders to, at the least, monitor their right leg laceration daily, and Resident 3 should have had orders to monitor their bruises.</p> <p>Reference WAC 388-97-1060(1)</p> |  |  |