

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505435	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/18/2025
NAME OF PROVIDER OR SUPPLIER  Eliseo		STREET ADDRESS, CITY, STATE, ZIP CODE  1301 N Highlands Parkway Tacoma, WA 98406	

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> 29644</p> <p>Based on interview and record review, the facility failed to promptly resolve grievances for 1 of 5 sample residents (Resident 1) reviewed for grievances and missing property. The failure to thoroughly investigate a grievance and either resolve the resident grievance timely or provide an explanation if the grievance could not be resolved placed residents at risk for frustration and a diminished quality of life.</p> <p>Findings included .</p> <p>Review of the facility Resident and Family Grievances policy and procedure, dated 01/2024, showed Staff E, Social Services Director was the designated Grievance Official. Grievances may be in the form of verbal complaint, or written complaint, to a staff member, Grievance Official, to an outside party, or during resident or family council meetings. The staff member receiving the grievance will record the nature and specifics of the grievance on the designated grievance form, or assist the resident or family member to complete the form. The Grievance Official will take steps to resolve the grievance, and record information about the grievance, and those actions on the grievance form. The Grievance Official will issue a written decision on the grievance to the resident or representative at the conclusion of the investigation. The written decision will include at a minimum the date the grievance was received, the steps taken to investigate the grievance, a summary of the pertinent findings or conclusions regarding the resident's concern(s), a statement as to whether the grievance was confirmed or not confirmed, any corrective action taken or to be taken by the facility as a result of the grievance, and the date the written decision was issued.</p> <p>Review of the facility Missing Property policy and procedure, dated 07/22/2022, showed the facility would replace residents' items if they were lost, broken, or misplaced due to negligence while in the possession of, or under the control of, facility staff. In order for these items to be replaced it must be documented in the resident's Personal Belongings Inventory list prior to being lost, broken, or misplaced. According to this policy the admitting nursing assistant would assist with filling out the Personal Belongings Inventory List.</p> <p>Review of the facility Personal Possessions Record/Care of Resident's Property policy and procedure dated 02/2008 showed the Personal Possessions Record was to be completed by nursing staff within eight hours of admission. After completion of the admission inventory, the form was to be dated and signed by the resident or responsible party, and facility employee.</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>Review of the Admission Checklist for Nursing Assistants, dated 11/20/2024, showed the Personal Possession Record was not Completed for Resident 1.</p> <p>Review of Resident 1's record showed a Glasses, Dentures, &amp; Hearing Aids form, dated 11/20/2024, indicating Resident 1 did not have glasses.</p> <p>During an interview on 03/13/2025 at 11:49 AM, Staff D, Registered Nurse (RN), stated staff fill out a paper copy of the inventory list which was scanned and labeled Personal Belongings. Staff D stated, I don't see one for Resident 1.</p> <p>During an interview on 03/18/2025 at 5:04 PM, CC 2 stated at discharge it was noted that nobody filled out the inventory form at admission.</p> <p>Review of the December 2024 Grievance Log showed a 12/31/2025 entry for Resident 1 missing item which was referred to environmental services, and nursing 01/02/2025. According to the log, the grievance was resolved.</p> <p>Review of the Comment &amp; Concern Form showed the Grievance type was identified as missing items; glasses brown and belt brown. Under description was documented, Missing Belt and Glasses. Other Grievances sent via email, awaiting response RE: Social worker and forms. Other Grievances filed as well regarding communication and appointments. The desired resolution was to be contacted regarding the concerns and to have the items returned.</p> <p>During an interview on 02/25/2025 at 2:56 PM Collateral Contact 1 (CC 1) stated they had multiple grievances which were not addressed at all. CC 1 stated Resident 1 had reported missing items; a khaki brown fabric twist belt with a metal clasp and turtle shell reddish colored glasses - cheaters from a pharmacy. They also had a grievance regarding Staff G's, Social Services Assistant, involvement in Resident 1's care.</p> <p>Review of a timeline of notes maintained by Resident 1's family members showed their eyeglasses went missing and was reported to (unnamed) staff on 12/05/2024.</p> <p>During an interview on 02/28/2025 at 11:08 AM, Staff E, Social Services Director, stated they received only one Grievance regarding Resident 1, it was the only one put in the box. Staff E stated the missing items were not found. Staff E stated Staff G called Resident 1, followed up and told them since they were not managing the items they would not be replacing them. Staff E was unable to provide the back side of the Grievance form with the documented investigation, actions taken, and/or resolution.</p> <p>Review of a 12/24/2025 Social Services Note written by Staff F, Social Services Assistant, documented Resident 1's daughter had questions regarding Skilled Nursing Care Advance Beneficiary Notice (SNF ABN) that was signed by the resident. Staff F explained the administrator was following up on SNF ABN and the information provided was all that Staff F had at that time. The conversation was concluded as it was no longer productive. Daughter would like to speak with administration. Staff F alerted proper departments.</p> <p>(continued on next page)</p>		

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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>Review of an email communication to the facility on [DATE] showed a request from Resident 1's daughter to remove Staff F from Resident 1's care, with reasons listed and explained, mainly that Staff F had Resident 1 sign forms that they did not understand. Also regarding communication issues, and wanting a discussion with Staff A, Administrator.</p> <p>Review of an email communication to the facility on [DATE] asked Staff E, Following up again in hopes I can get an ETA (Estimated Time of Arrival) as to when these concerns will be addressed? Another email was sent 01/14/2025 to Staff E and Staff A commenting that they had still not heard from them regarding their concerns and asked them to respond to their emails, phone calls and grievance form.</p> <p>Review of an email communication dated 01/16/2025 showed Staff E wrote, We understand your concerns and want to assure you that during (Resident 1's) stay, they received the highest level of care, comfort, and respect from our team. As previously shared, we have provided all appropriate information regarding their stay and care. Beyond this, we have no additional information to offer regarding Resident 1's time at the facility.</p> <p>Review of email communication showed on 01/22/2025 another email was sent to the facility, with multiple questions, including, Why are the concerns about (their) missing items not being addressed? Why is the grievance form that the nurse asked me to fill out not being addressed?</p> <p>On 01/24/2025 Staff A wrote an email reply, Your concerns have been addressed by the care team.</p> <p>During an interview on 03/18/2025 at 12:22 PM Staff E stated the grievance follow up was documented on the grievance forms, not in the progress notes. Staff E stated they were not able to locate the back side of the grievance form. Staff E stated they addressed the issue regarding Staff F and forms and documented that action in the progress notes.</p> <p>During an interview on 03/18/2025 at 12:22 PM Staff A stated they responded to the grievances and questions posed, in a letter, and in multiple email communications. During an interview on 03/18/2025 at 1:09 PM Staff A stated they followed the missing items policy.</p> <p>REFERENCE: WAC 388-97-0460.</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 29644</p> <p>Based on interview, and record review the facility failed to ensure 1 of 3 sample residents (Resident 1) reviewed for Pressure Ulcers (PU - injury to the skin and underlying tissue due to prolonged pressure) received the necessary care and services, consistent with professional standards of practice, to prevent new ulcers from developing, identify and treat PUs. Failure to implement wound prevention, interventions, and to report on worsening conditions, placed residents at risk for deteriorating PU, increased discomfort, and a diminished quality of life.</p> <p>Findings included .</p> <p>Review of the 11/27/2024 Admission Minimum Data Set (MDS - an assessment tool) showed Resident 1 was alert, oriented and was assessed to require substantial/maximal assistance with bed mobility, and had diagnoses including Peripheral vascular disease, and Diabetes Mellitus. Resident 1 was assessed at risk of developing pressure ulcers, and had no pressure ulcers, no venous ulcers, no arterial ulcers, no diabetic foot ulcers and no open lesions on the foot.</p> <p>Review of the Potential Skin Integrity Care Plan, initiated 11/21/2024, listed interventions to keep the feet clean and dry. The Resident preferred to wear cotton socks, slippers, podus boots etc. to protect the feet. Monitor/document location, size, and treatment of skin injury. Report abnormalities, signs/symptoms of infection, etc. to MD (Medical Doctor).</p> <p>Review of the December 2024 Treatment Administration Record (TAR) showed orders dated 11/20/2024 for nursing to check entirety of skin, update wound rounds assessments for new or known skin issues per protocol, every Thursday. Staff documented performing the task on 12/26/2024.</p> <p>Review of physician orders showed a 12/13/2025 order to apply external lotion to the resident's bilateral arms and legs at bedtime for dry skin. Review of the December 2024 Medication Administration Record (MAR) showed staff documented application to both legs in the evenings of 12/13/2024 through 12/30/2024.</p> <p>Review of a timeline of notes maintained by Resident 1's family members showed on 12/15/2024 Resident 1 began reporting to staff that they had pain in the heels of both their feet and that no treatment was provided other than application of lotion.</p> <p>During an interview on 03/18/2025 at 4:00 PM, CC 2 stated Resident 1 had pain in their heel which they reported days before discharge.</p> <p>Review of a 12/28/2025 10:15 PM Alert Note showed Resident 1 reported left foot swelling and pain in their left heel for a few weeks. 1+ pitting edema (a mild degree of swelling) noted to left foot. RN (Registered Nurse) encouraged them to elevate legs and float heels when in bed.</p> <p>Review of a Care Plan Update Note, dated 12/31/2024, showed Resident 1 discharged from the facility at 12:00 PM - Noon.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the listing of active and inactive wounds in Resident 1's record, showed no heel wounds were identified. No open area to Resident 1's left heel was identified prior to discharge from the facility on 12/31/2025 to another nursing facility.</p> <p>During an interview on 03/18/2025 at 3:27 PM, CC 3 stated Resident 1 was admitted [DATE] with a pressure wound to their left heel that the facility did not disclose prior to admission. CC 3 stated that although the pressure ulcer had since healed, Resident 1 still complained of pain in their heel.</p> <p>Review of the receiving facility's Nursing Admission Assessment, dated 12/31/2024 at 1:21 PM, showed Resident 1 was assessed with a Stage II (partial thickness shallow open ulcer) PU to their left heel measuring 1 centimeter (cm) x 1 cm x 0.1 cm deep. According to the assessment the wound bed was 100% slough tissue (yellow dead cell tissue). The surrounding area was red. Treatment orders were obtained and implemented to apply alginate to the wound and cover with a padded dressing.</p> <p>REFERENCE: WAC 388-97-1060 (3)(b).</p>		