

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505485	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/30/2024
NAME OF PROVIDER OR SUPPLIER  Linden Grove Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  400 - 29th Street Northeast Puyallup, WA 98373	

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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>46827</p> <p>Based on interview and record review, the facility failed to provide eight consecutive hours of direct care supervision by a Registered Nurse (RN) for 9 of 29 days reviewed and failed to meet the State RN staffing requirement of 24-Hour RN coverage for 29 of 29 days reviewed for RN staffing. This failure placed residents at risk for delay in resident assessments, identification of changes in condition, provision of care and services outside the scope of practice of the Licensed Practical Nurse (LPN), and unmet care needs.</p> <p>Findings included .</p> <p>Review of the daily nursing staff forms for May 2024 provided by Staff C, Staffing Coordinator, on 05/30/2024, showed no RN coverage for the following dates: 05/04/2024, 05/05/2024, 05/10/2024, 05/11/2024, 05/12/2024, 05/18/2024, 05/19/2024, 05/25/2024, and 05/26/2024. The daily nursing staff forms for the remainder days of May 2024 showed 8-hour RN coverage only.</p> <p>In an interview on 05/30/2024 at 2:15 PM, Staff B, Director of Nursing Services (DNS)/RN, said they were aware the facility did not provide 24-hour RN coverage. Staff B said there were only LPNs to work the floor and the only time there was RN coverage was when the Assistant Director of Nursing worked. Staff B said they had just hired 2 RN's and one will be working weekends. Staff B said starting on 05/24/2024 the facility started using agency to assist in covering LN and NAC positions. Staff B said the facility recently increased their pay scale to be more competitive and have revamped their employee retention tactics. Staff B said they were continuing to actively recruit RNs.</p> <p>REFERENCE: WAC 388-97-1080(3)(a).</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
---	-------	-----------