

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  12/05/2024
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 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36854</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure consents were obtained for 2 of 5 residents (Residents 1 and 2) reviewed for consents for Wanderguard (a device worn on or close to the resident's body designed to alarm when the resident came within close proximity to an alarmed exit door), and failed to ensure physician orders and consents were obtained for 2 of 5 sampled residents (Residents 3 and 4) reviewed for physical restraints. This failure placed residents at risk for injury, unmet needs, and a diminished quality of life.</p> <p>Findings included .</p> <p>Record review of the facility's policy entitled, Use of Restraints, revised April 2017, documented, 1. Physical Restraints' are defined as any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body that the individual cannot remove easily, which restricts freedom of movement or restricts normal access to one's body . 9. Restraints shall only be used upon the written order of a physician and after obtaining consent from the resident and/or representative .</p> <p>&lt;Resident 3&gt;</p> <p>Resident 3 was admitted to the facility on [DATE], last readmitted [DATE], with multiple diagnoses. The Minimum Data Set (MDS), an assessment tool, dated 11/18/2024, documented Resident 3 was cognitively impaired and was dependent upon staff for assistance with activities of daily living.</p> <p>On 12/05/2024 at 4:08 PM, Resident 3's bed was observed against the wall, and a perimeter/scoop-style mattress (built-up outside edges) observed on the bed.</p> <p>An interview on 12/05/2024 at 4:09 PM with Staff D, a Registered Nurse, stated the bed was up against the wall because the resident was a high fall risk.</p> <p>Record review of Resident 3's Electronic Health Record (EHR) did not show physician orders for the bed being against the wall or for the perimeter mattress.</p> <p>Record review of Resident 3's EHR did not show a consent for Resident 3's bed being against the wall or for the perimeter mattress</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 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>&lt;Resident 4&gt;</p> <p>Resident 4 was readmitted to the facility with multiple diagnoses on 11/13/2024. The MDS assessment, dated 11/19/2024, documented Resident 4 was cognitively impaired and required substantial assistance with activities of daily living.</p> <p>On 12/05/2024 at 4:12 PM, Resident 4's bed was observed against the wall and a perimeter mattress observed on the bed.</p> <p>An interview on 12/05/2024 at 4:13 PM with Staff E, a Registered Nurse, stated the bed was up against the wall because Resident 4 had falls.</p> <p>Record review of Resident 4's EHR did not show physician orders for the bed being against the wall or for the perimeter mattress.</p> <p>Record review of Resident 4's EHR did not show consent for Resident 4's bed being against the wall or for the scoop mattress</p> <p>&lt;Resident 1&gt;</p> <p>Resident 1 was admitted to the facility with multiple diagnoses on 12/22/2023. The MDS assessment, dated 10/28/2024, documented Resident 1 was cognitively impaired and required assistance with activities of daily living.</p> <p>On 12/05/2024, with Staff C, a Licensed Practical Nurse and Unit Manager, Resident 1 was observed to wear a Wanderguard on their right wrist.</p> <p>During an interview on 12/05/2024 at 2:43 PM, Staff C was not able to locate the consent for Resident 1's Wanderguard. Staff C said they did not believe there was a form for that and that staff would document consent in the progress notes. When asked, Staff C was not able to locate documentation of consent for Resident 1's Wanderguard in the progress notes.</p> <p>Record review of Resident 1's EHR did not show a consent for Resident 1's Wanderguard.</p> <p>&lt;Resident 2&gt;</p> <p>Resident 2 was admitted to the facility with multiple diagnoses on 09/27/2024. The MDS assessment, dated 10/04/2024, documented Resident 2 was cognitively impaired and required substantial staff assistance with activities of daily living.</p> <p>During an interview on 12/05/2024 at 2:43 PM with Staff C, a Licensed Practical Nurse and Unit Manager, said Resident 2 had a Wanderguard alarm placed on their person. When asked, Staff C was not able to locate the consent for Resident 2's Wanderguard. Staff C said they did not believe there was a form for that and that staff would document consent in the progress notes. When asked, Staff C was not able to locate documentation of consent for Resident 2's Wanderguard in the progress notes.</p> <p>Record review of Resident 2's EHR did not show a consent for Resident 2's Wanderguard.</p> <p>(continued on next page)</p>		

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<p>F 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 12/05/2024 at 4:50 PM, Staff B, a Registered Nurse and the Director of Nursing Services, said there was not an actual form to use for consents to devices or restraints such as beds placed against the wall, perimeter mattress, mattresses on the floor. Staff B said there had been recent changes to the facility's charting system and they had planned to do chart audits.</p> <p>Reference WAC 388-97-0620</p>		