

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 01/23/2025
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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36854</p> <p>Based on interview and record review, the facility failed to ensure dressing changes were completed as ordered by the provider for 1 of 3 sample residents (Resident 1) reviewed for quality of care. This failure placed residents at risk of unmet needs, decline in status, and decreased quality of life.</p> <p>Findings included .</p> <p>Resident 1 was admitted to the facility on [DATE] with multiple diagnoses, including high blood pressure, a stroke, and one-sided paralysis. The Minimum Data Assessment, an assessment tool, dated 04/04/2024, documented Resident 1 was alert and non-verbal, and required substantial assistance with activities of daily living.</p> <p>Review of Resident 1's record showed an order dated 12/20/2024 for wound care and dressing changes to one of Resident 1's feet to be done two times a day and as needed. The dressings were to be done at 7:00 AM and at 5:00 PM every day.</p> <p>Review of Resident 1's Treatment Administration Record for December 2024 showed blanks or spaces without documentation for the 5:00 PM dressing change on 12/20/2024, 12/21/2024, 12/22/2024, 12/23/2024, 12/24/2024, and 12/26/2024. The 7:00 AM dressing changes showed blank spaces on 12/24/2024 and 12/25/2024. Out of 23 opportunities for timely wound care, the documentation reflected that there were 8 missed dressing changes.</p> <p>On 01/23/2024 at 5:01 PM, when asked, Staff D, a Registered Nurse and the Assistant Director of Nursing, said if a dressing change was not done, nursing staff should write a progress note or something to document why it wasn't done, such as if the resident was not there, was at the hospital, out of the facility for an activity, if they refused, etc.</p> <p>When asked, Staff D acknowledged that if it was not charted, the task was considered as not done. After Staff D reviewed Resident 1's Treatment Administration Record for December 2024, they agreed that it appeared the dressings were not changed on the dates with blanks and there should have been additional documentation.</p> <p>Reference WAC 388-97-1060(1)</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
---	-------	-----------

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 01/23/2025
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36854</p> <p>Based on observation, interview and record review the facility failed to ensure medications were properly labeled and stored prior to medication administration, in accordance with accepted professional standards, in 1 of 4 medication carts reviewed. This failure placed residents at risk of medication errors and potential adverse events.</p> <p>Findings included .</p> <p>According to Elsevier Clinical Nursing Skills & Techniques, 8th edition, p. 495 (Mosby 2014), when administering oral medications, nurses are to follow the five rights of medication administration (right patient, right drug (medication), right dose, right route, and right time), and to prepare medications for one patient at a time.</p> <p>Review of the facility's policy, Medication and Treatment Administration Guidelines, revised [DATE], documented medications are to be administered in a safe and timely manner and as prescribed.</p> <p>On [DATE] at 4:57 PM, Staff C, Registered Nurse (RN), was observed at a medication cart parked on 200 Hall. On top of the cart were observed multiple clear plastic medication cups that contained various pills and each had a second plastic cup on top of the pills, and handwriting on the outside of each of the plastic cups. When asked about the plastic cups, Staff C said, Oh, I know you're not supposed to do that. I never do that. My computer battery died . It's been a really busy day. When asked to clarify, Staff C said they never make them (medications) up ahead like that because it is not safe. Staff C said the medications were scheduled to be given at 5:00 PM and 6:00 PM that day. Six cups were observed, each had a single name handwritten on the outside of the cup. Staff C looked at their reference sheet and identified each resident's room numbers. Staff C said the names written on the outside of the cups were the residents' first names. No other resident identifiers were observed. In the top drawer of the medication cart was observed a small clear plastic bag, approximately 2 inches by 3 inches, that contained two white, oblong-shaped tablets and a single resident name handwritten on the outside. Staff C explained the resident was supposed to get the medication while at dialysis, but they did not eat so it was sent back with them. Staff C showed surveyor the medication card that it came from, labeled as Sevelamer (to be taken with meals to bind to dietary phosphate and prevent high levels of phosphorous), and identified the resident's room number. When asked, Staff C said that was not how they were trained to prepare and administer medications. Staff C said, No, it's not safe. Staff C was observed to put the medication cups into the top drawer of the medication cart, locked the cart, walked away and said they were going to go and tell on himself.</p> <p>On [DATE] at 5:14 PM, Staff B, RN and the Director of Nurses, said Staff C had explained that their laptop battery had died and Staff C was just trying to get everything done before it shut down. Staff B said Staff C knew they should not have done it that way. Staff B said they did not go and look at the medication cups and was not aware that the medication cups were identified by residents' first names only. Staff B said that the practice observed did not meet nursing expectations for safe medication administration and acknowledged that it represented a significant safety risk to residents.</p> <p>(continued on next page)</p>		

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 01/23/2025
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Reference WAC [DATE](2)</p>