STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505485	A. Building B. Wing	10/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Linden Grove Health Care Center	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)
F 0686 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. (continued on next page)

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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F 0686 Level of Harm - Actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide necessary care and monitoring of a Foley catheter (a medical device inserted into the bladder) to prevent the occurrence of an avoidable pressure injury (PI - localized damage to skin and/or underlying soft tissue related to an inserted medical device) for 1 of 3 residents (Resident 1) reviewed for quality of care. Resident 1 experienced harm when they developed an avoidable PI to the skin around the urinary catheter insertion site, with unrelieved pain evidenced by anxiousness, rolling in bed, restlessness, verbalizing pain and discomfort that required transfer to the hospital for evaluation, treatment, and pain management. This failure placed residents at risk of infection, injury and a decreased quality of life.Findings Included.The International Wound Journal, dated 06/14/2021, defines MMPI's as a Pressure Injury [PI] located on mucous membranes with an associated history of medical device use at the site of the injury. The journal lists urinary catheters as a medical device associated with PI development and documents that these ulcers cannot be staged. (reference: Wound J. 2021 Jun 14:19(2):278-293. Doi: 10.1111/iwi.13629).Resident 1 was readmitted to the facility on [DATE] with diagnoses including Obstructive Uropathy (a condition in which the flow of urine is blocked.) The Quarterly Minimum Data Set assessment, dated 09/23/2025, documented Resident 1 as being cognitively intact.During an interview, dated 09/30/2025 at 9:40 AM, Collateral Contact (CC) 12, stated the emergency room (ER) staff said Resident 1 was having penis pain because the catheter and penis were filthy.Review of Resident 1's September 2025 physician orders showed no documented orders for Foley catheter care, monitoring, or securement of the catheter tubing.Review of Resident 1's September 2025 eTAR (electronic Treatment Administration Record) showed no orders for Foley catheter care, monitoring, or securement of the catheter tubing.Review of Resident 1's care plans (treatment plan), current for September 2025, showed no interventions placed for Foley catheter care, monitoring, or securement of the catheter tubing.Review of Resident 1's Point of Care (system used for aide documentation), current for September 2025, showed no tasks for Foley catheter care, monitoring, or securement of the catheter tubing.Review of Resident 1's Kardex (brief overview of resident needs), current for September 2025, showed no guidance for Foley catheter care, monitoring, or securement of the catheter tubing.Review of Resident 1's 09/16/2025 to 09/23/2025 progress notes showed no documentation related to Resident 1's Foley catheter care, monitoring or securement of the catheter tubing.A readmission note, dated 09/18/2025 at 3:58 PM, documented Resident 1 had a Foley catheter in place upon admission to the facility.A physician history & physical note, dated 09/23/2025 at 10:19 AM, documented Resident 1 had a Foley catheter but did not show any related assessment notes.A nursing progress note, dated 09/23/2025 at 7:06 PM, documented Resident 1 complained of severe uncontrolled pain rating it at 10/10 in the genital (penis/testicles), urethra (tube that carries urine from the bladder out of the body). Pain was not relieved by non-pharmacological (other than medication) interventions or the resident's prescribed pain medication. Documentation showed Resident 1 had, anxiousness, as evident by rolling in bed, restlessness, verbalizing [the] pain and discomfort.An SBAR (Situation Background Assessment Recommendation form used as a provider communication tool), dated 09/23/2025 at 7:17 PM, documented Resident 1 had a change in condition related to fever and pain (uncontrolled). The Pain Status Evaluation area of the SBAR documented Resident 1 had pain at the Genitourinary (includes the penis) area. Review showed there was no physical assessment documentation related to Resident 1's Foley Catheter included. Resident 1 was sent to the hospital for further evaluation.An ER triage note, dated 09/23/2025 at 5:32 PM, documented Resident 1 reported penile pain at the Foley catheter insertion site.A hospital provider note, dated 09/23/2025 at 8:55 PM, documented Resident 1 reported having pain at the Foley catheter insertion site since the insertion occurred.An Urology provider note, dated 09/24/2025 at 7:49 PM, documented the following: Upon admission [to the hospital] Resident 1's Foley catheter was exchanged. This led to resolution of the penile pain he had been dealing with. Today's examination findings show a significant meatal erosion (a breakdown of the outer layers of skin around the opening that leads to the bladder to the to the right and to the left).On 09/25/2025 at 8:00 AM, CC 13, a hospital wound nurse, documented wound care orders that included daily cleansing with normal saline, soap, water, and leaving the wound open to air due to Pressure injury stage Mucosal Membrane (MMPI).During an interview 10/09/2025 at 1:43 PM, Staff A, Registered Nurse & Director of Nursing, said she would expect Resident 1 to have provider Foley catheter care and monitoring orders on Resident 1's eTAR and a Foley