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	06/17/2026

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide showers/bathing for 2 of 5 sampled residents (Residents 1 and 2) and implementation of orders for 1 of 3 sampled residents (Resident 3) when reviewed for quality of care. This failure placed residents at risk for unmet needs, poor personal hygiene, and a decreased quality of life.Findings included.<Showers>Policy titled [NAME] Grove Healthcare Center Resident Shower and Personal Hygiene Policy Level II, review date: March 2021, under Policy documents [NAME] Grove Healthcare Center will provide showers, bathing assistance, and personal hygiene services according to each resident's preferences, care plan, physician orders, and individual needs while maintaining privacy, dignity, safety, and infection control standards.Resident 1 was originally admitted to the facility in 2014 with the latest readmission on [DATE] with multiple diagnoses including multiple sclerosis (a chronic autoimmune disease of the central nervous system). The Quarterly Minimum Data Set, (MDS-an assessment tool), dated 04/09/2026, documented Resident 1 as cognitively intact.Record review documented Resident 1 was care planned for two showers a week with a preference for evening showers by a female caregiver.On 06/17/2026 at 11:40 AM, Resident 1 said she gets a shower a week. Resident 1 said she has reported to staff multiple times that she wants at least two showers a week. Resident 1 said sometimes she will go for 8 or more days without a shower as the shower aides get pulled to the floor to work as a floor aide if someone calls out. Resident 1 said when that happens no one gets a shower. Resident 1 said she looks and feels good today because she had her first shower in 8 days last night and her hair was washed.Resident 2 was originally admitted to the facility on [DATE] with the most recent readmission on [DATE] with multiple diagnoses including type 2 diabetes mellitus without complications (a chronic metabolic condition in which your body either resists the effects of insulin or doesn't produce enough insulin to maintain normal glucose levels). The Quarterly MDS, dated [DATE], documented Resident 2 as cognitively intact.Record review documented Resident 2 was care planned for a tub bath on evening shift and has no preference on gender providing assistance. Resident 2 prefers a tub bath twice a week.On 06/17/2026 at 12:14 PM, Resident 2 said there are times he will get a weekly shower but sometimes it might be closer to every other week. Resident 2 said his preference would be to have 2 showers a week every week especially now that the weather is getting warmer.On 06/17/2026 at 12:35 PM, Staff D, Certified Nursing Assistant (CNA) / Shower aide, said he works the North Hall (200 hall) day shift and works 8 hours a day. Staff D said there is a weekly tally of who had a shower and who haven't. Staff D said he would prioritize those who had not had a shower lately and shower them. Staff D said the residents get 1 or 2 showers a week but honestly it is closer to 1 shower a week. Staff D said the shower aides get pulled to the floor a lot and when that happens showers will not get done. Staff D said after a shower or at least by the end of the shift he will try to chart in the computer what showers were completed and fill out a shower sheet for each shower.On 06/17/2026 at 1:44 PM, Staff E Licensed Practical Nurse (LPN) / Resident Care Manager (RCM), said there is a shower schedule for each side of the building. The shower schedule usually has the residents scheduled for 2 showers a week. If a resident wants more or less showers this preference is accommodated. After a shower a shower sheet should be filled out. The Point Of Care (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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	(POC-a computer system acting as a real-time hub for patient care) charting is not always completed, but the shower sheets usually are. Staff E said showers will be done by the shower aides unless they are not working then the showers are supposed to be completed by the floor aides. Staff E said sometimes there are several floor staff call outs and the staff will try to do what they can for showers and the ones not done will be made up later. <Medication orders>Resident 3 was admitted to the facility on [DATE] with multiple diagnoses including type 1 diabetes mellitus with foot ulcer (a lifelong autoimmune disease where the body's immune system mistakenly attacks and destroys the insulin producing cells in the pancreas). The admission MDS, dated [DATE], documented Resident 3 as cognitively intact.Record review of Resident 3's progress notes documented, on 05/17/2026 at 8:11 PM Resident 3 arrived back to facility with the dad and her belongings (carry-on suitcase several paper bags). Resident 3's father reported that from her visit with the provider on Friday, the medication Trazadone (an antidepressant medication) dose was increased to 150mg from 100mg and a new medication Naltrexone (medication used to treat alcohol and opioid use disorder) 50 mg, 1 tablet daily by mouth was prescribed and the resident had it on hand and gave to this RN (Registered nurse). An SBAR (Situation Background Assessment Recommend communication form) about the medication update will be done for the NP (Nurse Practitioner).The SBAR was located in the eChart dated 05/17/2026 documenting Resident 3 has new medication prescribed Naltrexone and trazodone dose increased from 100 to 150mg summary notes attached to SBAR. NP responded to SBAR documenting will review with resident this AM. Discussed with Resident 3. Will update meds dated 05/18/2026.Provider note dated 05/18/2026 and uploaded to eChart on 05/19/2026 at 4:52 PM, documented Provider discussed Kaiser recommendations to increase Trazodone 150 milligrams (MG) at HS (hour of sleep) and Naltrexone 50 MG daily. Resident 3 agreeable.Physician orders for Resident 3 updated with Natrexone 50 MG by mouth daily DX (diagnosis) substance use with a start date of 05/19/2026. A Trazodone order for increase to 150 MG was not located in physician orders.On 06/17/2026 at 1:44 PM, Staff E, LPN/RCM, said if a resident goes to an outside provider and comes back with orders the new orders are looked at as recommendations. These new orders will be put on an SBAR for the in-house provider to review. The in-house provider will then talk to the resident about the new medications. The in-house provider might put in the orders themselves into Point Click Care (PCC-a cloud-based electronic health record) or place the SBAR in the box for the nurses to complete. Staff E said the trazodone order was approved by the in-house approved to be increased to 150mg and the order should have been put into PCC for the resident to get. Staff E said he doesn't see where the trazodone order was increased and it should have been.Reference WAC: 388-97-1060 (1) - (3)