

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505211	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/05/2014
NAME OF PROVIDER OR SUPPLIER PUYALLUP NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 516 23RD AVE SE PUYALLUP, WA 98372	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETION DATE
F 000	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Quality Indicator Survey conducted at Puyallup Nursing and Rehabilitation Center on 12/1/14, 12/2/14, 12/3/14, 12/4/14 and 12/5/14. A sample of 41 residents was selected from a census of 92. The sample included 33 current residents and the records of 8 former and/or discharged residents.</p> <p>The survey was conducted by: Ruth Futch RN, BSN, MBA Sonya Conway, MSW Jonathan Berliner, RN, MN Rebecca Kane, RN, MN</p> <p>The survey team is from: Department of Social and Health Services Aging and Long Term Support Administration Residential Care Services, District 3 P.O. Box 45819 Olympia, Washington 98504-5819 Telephone: 360.664.8420 Fax: 360.664.8451</p> <p>DEFICIENCY FREE SURVEY-Puyallup Nursing and Rehabilitation IS IN COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR Part 483, Subpart B, REQUIREMENTS FOR LONG TERM CARE FACILITIES.</p> <p><i>[Signature]</i> 12/15/14 Residential Care Services Date</p>	F 000	<p style="text-align: center;">RECEIVED JAN 02 2015 DSHS RCS Region 3</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER/REPRESENTATIVE'S SIGNATURE _____ TITLE *Administrator* (X6) DATE *12/23/14*

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.