

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 035249	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/15/2024
NAME OF PROVIDER OR SUPPLIER The Gardens Rehab & Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3131 Western Avenue Kingman, AZ 86401	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>50116</p> <p>Based on clinical record reviews, facility documentation, staff interviews, policy review, and the State Agency (SA) complaint tracking system, the facility failed to ensure that a resident (resident #1) was free from verbal abuse from another resident (resident #2).</p> <p>Findings include:</p> <p>Regarding Resident #1:</p> <p>Resident #1 was admitted at the facility on July 22, 2020 with diagnoses of syncope and collapse, major depressive disorder, schizophrenia.</p> <p>Regarding Resident #2:</p> <p>Resident #2 was admitted at the facility on November 30, 2023 with diagnoses of hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, spastic hemiplegia affecting right nondominant side, major depressive disorder, anxiety disorder. Brief Interview Mental Status (BIMS) 15, cognitively intact.</p> <p>A review of resident #2's progress notes revealed on September 19, 2024 10:30 AM, staff member #5, was at the nursing station and heard cussing. The staff member went to [NAME] Hall and heard resident state, She called me a psycho bitch. The staff member immediately spoke with both residents to deescalate and Resident #2 stated, I know, I am sorry, I should not have said that, I am just so stressed. The staff member then immediately reported to Assistant Administrator and Administrator. The staff member de-escalated situation, ensured residents were safe. Contacted responsible parties. To prevent further disagreements, resident was presented with a room change. Resident agreed, signed advance notice of room change paperwork with Social Services director and moved rooms.</p> <p>Resident #2 was moved to another room in a different Hall.</p> <p>A review of documentation revealed that Resident #2 was served with a 30 day notice of discharge and said to staff member #5 that she should not of said that to resident #1 yesterday and was sorry. Documented on 09/20/2024 at 1133AM.</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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview was conducted with Resident #1 on October 15, 2024 at 6:10PM. The resident stated that it was a big misunderstanding. Resident #2 wanted Resident #1 to wake them up at a certain time. I don't smoke so I did not pay attention. She was saying bad things and called me a crazy bitch. She is no longer here (resident #2), she wanted me to wake her up. Resident concluded the interview with stating, feeling safe in the facility.</p> <p>Care plans were updated on 09/19/2024 for both residents regarding the verbal abuse. Resident #2 had a care plan in place for verbal behavior, makes loud verbal outbursts Manifested by: swearing and insults during meals and activities. Disturbs other individuals. Will yell out/curse at other when uncomfortable in current situation.</p> <p>Resident Rights policy reviewed and the policy states under Procedure 3: Our facility will make every effort to assist each resident in exercising his/her rights to assure that the resident is always treated with respect, kindness, and dignity.</p> <p>Abuse Prevention Program policy reviewed and states: It is the policy of this facility for our residents to have the right to be free from abuse, neglect, exploitation, misappropriation of resident property, corporal punishment and involuntary seclusion.</p>		