

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 01/08/2026
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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>Based on documentation, staff interviews, and the facility's policy and procedures, the facility failed to ensure a registered nurse was scheduled for 8 consecutive hours, or the DON (Director of Nursing) to serve as a charge nurse when the facility has an average daily occupancy of 60 or fewer residents on May 26, 2025. The deficient practice could impact the quality of care provided to residents and support for the staff scheduled. Findings include: Review of the daily staff posting dated May 26, 2025, revealed that a Registered Nurse (RN) was not scheduled to work on the day shift, 6 AM to 6:30 PM, or on the night shift, 6 PM to 6:30 AM. Review of the daily assignment sheet dated May 26, 2025, revealed that there were two Licensed Practical Nurses (LPNs) scheduled for the day shift, 6 AM to 6:30 PM, and two LPNs scheduled to work the night shift, 6 PM to 6:30 AM. Review of the time cards dated May 26, 2025, revealed that there were two Licensed Practical Nurses (LPNs) who worked the day shift, 6 AM to 6:30 PM, and two LPNs who worked the night shift, 6 PM to 6:30 AM. During an interview conducted on January 7, 2026, at 11:33 AM, with the DON (Staff # 82) the daily staff posting, staff schedule, and time cards were reviewed for May 26, 2025. Staff #82 confirmed that there were not a RN scheduled to work for 8 consecutive hours on May 26, 2025. Staff #82 stated that the facility is expected to ensure an RN is scheduled and on shift, as an RN can delegate care and oversee the tasks of LPNs and nursing aides. Staff #82 also stated that the risk of not having an RN on shift can delay patient care, put patients at more risk for falls, lead to a lack of customer satisfaction, increase complaints of care, and lead to a lack of supervision for LPNs and nursing aides. Staff #82 stated that due to the bed occupancy of the facility, she can serve as the charge nurse and will review the timecards and schedule for the day of May 26, 2025. During an interview conducted on January 7, 2026, at 1:04 PM with the DON (Staff #82), she stated that she did not serve as the charge nurse on May 26, 2025, and that the facility is expected to have an RN working for 8 consecutive hours daily, or the DON to serve as the charge nurse to ensure registered professional coverage in the facility for 8 consecutive hours. During an interview conducted on January 7, 2026, at 1:18 PM with the Administrator (Staff #96) and the CEO (Chief Executive Officer/Staff #200), Staff #96 stated that the schedule expectations is to ensure there is a RN during either the day or night shift to ensure that there is a RN coverage for a consecutive 8 hours, 7 days a week. Staff #96 also confirmed that the DON did not serve as the charge nurse on May 26, 2025, so no hours could be considered applicable towards the requirement. In the facility assessment, last updated on October 24, 2025, under the part of the facility assessment titled Facility Resources Needed to Provide Competent Support and Care for our Resident Population Every Day and During Emergencies, do not reveal staffing expectations regarding RN coverage. The facility assessment states that nursing services, such as the DON, RN, LPN, CNA (certified nursing assistant), medication technician, wound nurse, and MDS (Minimum Data Set) nurse are needed to provide support and care for residents.</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: 035249	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/08/2026
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 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, staff interview and policy review, the facility failed to ensure that 3 residents (#5, #15 and #4) out of 13 sampled had a PASARR (Preadmission Screening and Resident Review) level 2 completed and submitted to the state for review. The universe was 44. The deficient practice could impact the resident's ability to receive the care and services in the most integrated setting appropriate to their needs. Findings include:-Regarding Resident #5 Resident #5 was admitted on [DATE] with diagnosis including schizophrenia, encephalopathy, unspecified psychosis, hallucinations, recurrent bipolar disorder, anxiety disorder and other depressive episodes. A review of the quarterly MDS (minimum data set) dated October 25, 2025 revealed a BIMS (brief interview of mental status) score of 12 indicating that the resident was moderately cognitively impaired. A review of the physician orders revealed that the resident was actively prescribed Risperidone (An Antipsychotic medication) and Duloxetine (An Antidepressant medication). A review of the PASSAR dated August 18, 2024 revealed diagnosis of schizophrenia, major depression, bipolar disorder and anxiety disorder as well as the prescribed medication of Duloxetine. The PASSAR was signed by staff #111, the admissions coordinator.-Regarding Resident #15 Resident #15 was admitted on [DATE] with diagnosis including schizophrenia, anxiety disorder and recurrent major depressive disorder. A review of the quarterly MDS dated [DATE] revealed a BIMS score of 15, indicating that the resident was cognitively intact. A review of the physician orders revealed that the resident had active orders for Fluoxetine for depression and Olanzapine for schizophrenia. A review of the PASSAR dated March 14, 2025 revealed documentation that the resident was diagnosed with schizophrenia, major depression, and anxiety disorder. The PASSAR further revealed that the resident was receiving Olanzapine and Fluoxetine. The PASSAR was signed by staff #111 admissions coordinator.-Regarding Resident #4 Resident #4 was admitted on [DATE] with diagnosis including unspecified mood disorder, and bipolar disorder. A review of the admission MDS dated [DATE] revealed a BIMS score of 12 indicating that the resident was moderately cognitively impaired. A review of the PASSAR dated November 9, 2025 revealed diagnosis including major depression and anxiety disorder as well as the prescribed medication of Depakote. It was documented that staff #111 signed the PASSAR form. A review of the physician orders revealed a referral to psychiatry on December 8, 2025 and that Depakote was prescribed. An interview was conducted on January 7, 2026 at 1:23 PM with staff #111 admissions coordinator. Staff #111 stated that she reviews resident referrals for potential placement and that she conducts both the admission and 30-day PASSAR's as well as conducting any PASSAR's if there were behavioral changes with the resident. Staff #111 stated that the purpose of the PASSAR is to screen resident's for appropriate settings and supports. Staff #111 further stated if a resident has a diagnosis such as a bipolar disorder, they would require a level II PASSAR referral. Staff #111 read the facilities current policy and stated that based on the facilities policy all residents with an SMI (serious mental illness) diagnosis should be referred. She further stated that the risk for not submitting a referral as required could include the residents not being in the appropriate setting. Staff #111 stated that she had not sent resident #5, #15 and #4 for a level II PASSAR referral and that per the facilities policy, all 3 should have been referred. An interview was conducted on January 7, 2026 at 1:39 PM with DON (Director of Nursing/ Staff #84). Staff #84 stated that she knew that PASSAR's were conducted at admission if a resident had diagnosis that included things like psychotic disorder or depression. She stated that if a PASSAR was not conducted per policy the risk could include not getting the help or interventions needed. An interview was conducted on January 7, 2026 at 1:44 PM with staff #96, the administrator. Staff #96 stated that the expectations for PASSAR are that they are conducted as required and that there is a learning curve with appropriate implementation of the PASSAR, but that going forward the facility would be on the look out to ensure that PASSAR's are conducted as required and would conduct audits to ensure accuracy. A review of the facility policy (continued on next page)</p>		

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 01/08/2026
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 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>titled Pre-admission screening and Resident Review signed March 1, 2025 revealed that all individuals with mental disorders and intellectual disability will be referred to the state for all level two determination.</p>

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 01/08/2026
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 0926</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have policies on smoking.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, staff interviews, observation of current practice, and review of facility policy, the facility failed to ensure the smoking policy was followed for 7 out of 7 residents (Resident #8, #30, #21, #20, #40, #52, #38). The sample Size was 44. The deficient practice could result in injury to residents. Findings include:-Regarding resident #8:Resident #8 was admitted on [DATE], with diagnoses including end stage renal disease, hypotension of dialysis, hypertension, and atrioventricular block.A review of the care plan initiated on August 29, 2023 revealed no initial identified risk of smoking.Further review of the care plan revealed an identified smoking risk dated November 30, no year noted. The problem identified in the care plan indicated risk related to smoking, with interventions including order signed by medical doctor (MD), consent signed by responsible party, smoking only allowed with supervision in designated area, and a goal of no physical injury related to smoking with exception of health complications as recognized by Surgeon General.A review of the physician orders revealed no order for smoking.A review of the smoking contract signed on August 28, 2023 revealed a signature from the resident in acknowledgement of the facility policy regarding smoking. -Regarding resident #30:Resident #30 was admitted on [DATE] with diagnoses including history of malignant neoplasm of the large intestine, acute embolism and thrombosis of deep veins of lower extremity, and acute respiratory failure with hypoxia.A review of the care plan initiated on November 12, 2025 revealed no identified risk of smoking.Further review revealed that activities interests were care planned on November 14, 2025, and listed activities interventions including a desire to be included for smoking, written as, Come get me for smoke breaks.A review of the physician orders revealed no order for smoking.A review of the smoking contract signed on November 12, 2025 revealed a signature from the resident in acknowledgment of the facility policy regarding smoking. -Regarding resident #21:Resident #21 was admitted on [DATE] with diagnoses including hypertension, atherosclerotic heart disease, and chronic obstructive pulmonary disease.A review of the care plan initiated on August 24, 2025 revealed an identified smoking risk. Further review of the care plan revealed a problem area of risk related to smoking, with interventions including order signed by MD, consent signed by responsible party, smoking only allowed with supervision in designated area, and a goal of no physical injury related to smoking with exception of health complications as recognized by Surgeon General.A review of the physician orders revealed no order for smoking.A review of the smoking contract signed on August 23, 2024 revealed a signature from the resident in acknowledgment of the facility policy regarding smoking. -Regarding resident #20:Resident #20 was admitted on [DATE] with diagnoses including schizoaffective disorder, acute kidney failure, and history of traumatic brain injury.A review of the care plan initiated on October 13, 2025 revealed an identified smoking risk. Further review of the care plan revealed a problem area of risk related to smoking, with interventions including order signed by MD, consent signed by responsible party, smoking only allowed with supervision in designated area, and a goal of no physical injury related to smoking with exception of health complications as recognized by Surgeon General.A review of the physician orders revealed no order for smoking.A review of the smoking contract signed on October 13, 2025 revealed a signature from the resident in acknowledgment of the facility policy regarding smoking. -Regarding resident #40:Resident #40 was admitted on [DATE] with diagnoses including acute respiratory failure with hypoxia, hypotension, and personal history of transient ischemic attack.A review of the care plan initiated on March 25, 2025 revealed an identified smoking risk. Further review of the care plan revealed a problem area of risk related to smoking, with interventions including order signed by MD, consent signed by responsible party, smoking only allowed with supervision in designated area, and a goal of no physical injury related to smoking with exception of health complications as recognized by Surgeon General.A review of the physician orders revealed no order for smoking. A review of the smoking contract signed March 14, 2025 revealed a signature from (continued on next page)</p>		

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 01/08/2026
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 0926</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>the resident in acknowledgment of the facility policy regarding smoking.-Regarding resident #52:Resident #52 was admitted on [DATE] with diagnoses including displaced fracture of the right tibia, atherosclerotic heart disease, and peripheral vascular disease.A review of the care plan initiated on January 2, 2026 revealed an identified smoking risk. Further review of the care plan revealed a problem area of risk related to smoking, with interventions including order signed by MD, consent signed by responsible party, smoking only allowed with supervision in designated area, and a goal of no physical injury related to smoking with exception of health complications as recognized by Surgeon General.A review of the physician orders revealed no order for smoking.A review of the smoking contract signed January 2, 2026 revealed a signature from the resident in acknowledgment of the facility policy regarding smoking.-Regarding resident #38:Resident #38 was admitted on [DATE] with diagnoses including hypertension, type 2 diabetes mellitus, and hypokalemia.A review of the care plan initiated on October 4, 2022 revealed an identified smoking risk. Further review of the care plan revealed a problem area of risk related to smoking, with interventions including order signed by MD, consent signed by responsible party, smoking only allowed with supervision in designated area, and a goal of no physical injury related to smoking with exception of health complications as recognized by Surgeon General.A review of the physician orders revealed no order for smoking.A review of the contract signed February 15, 2016 revealed a signature from the resident acknowledging facility policy, including regarding smoking. An interview was conducted on January 8, 2026 at 7:45 am, with a certified nursing assistant (CNA/staff #126). Staff #126 stated she was not sure if there was a place in the chart to identify if a resident was a smoker. She also stated she was made aware which residents are smokers when the other staff make her aware. She stated she did not know about the smoking policy.An interview was conducted on January 8, 2026 at 7:55 am with a licensed practical nurse (LPN/staff #104). Staff #104 stated he knew which residents were smokers because he had been employee at the facility for so long, he was familiar with them. Staff #104 further stated he did not think that residents needed an order for smoking and each resident signs the contract. When asked about the care plan interventions for smoking residents, staff #104 referred to the care plan for resident #8 and read aloud that interventions for smoking in the care plan included having a physician's order.An interview was conducted on January 8, 2026 at 8:08 am, with the admissions coordinator (staff #111). Staff #111 stated that she is not often aware of the smoking status of residents when they are admitted . She further stated that if she is aware of the smoking status of a resident when they are admitted , she initiates communication in the clinical record and on physical records that the resident is a smoker. Staff #111 stated she did not know what the policy was for smoking, but that she did know where to find the policy, that there are designated smoking times, and that the residents need to be accompanied. An interview was conducted on January 8, 2026 at 8:30am with the director of nursing (DON/staff #82). Staff #82 stated that upon admission, residents are required to sign the smoking contract, regardless of smoking status. She further stated that she was not aware of the smoking policy beyond what is outlined in the smoking contract. Staff #82 stated that the risk associated with not having smoking orders is that the provider may be unaware of the smoking status of residents, which could result in orders being placed that are contraindicated to the resident's total care.An interview was conducted on January 8, 2026 at 8:45 am with the administrator (staff #96). Staff #96 stated that the smoking policy includes supervision and the use of smoking aprons for safety. Staff #96 reviewed the facility policy regarding smoking and stated that, based on the policy, the care plan interventions would be included as part of the policy. A review of the facility policy titled, Resident Smoking, reviewed October 2, 2025, revealed, The following procedures will be abided by: . 4. Smoking safety is included in the Standard Care Plan and is reviewed at least quarterly.A review of the Standard Care Plan revealed the following problem and corresponding intervention: Problem: Risks related to smoking. Interventions: Smoking only allowed with supervision in designated area, at designated smoking times. Consent signed by responsible party. Order signed by MD. Smoking assess quarterly and follow protocol per assessment. Smoking supplies left with personnel. Visitors/family aware of smoking policy.</p>		

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 01/08/2026
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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, clinical record review, staff interview and policy review, the facility failed to ensure the resident's right to privacy and confidentiality was followed for one resident (Resident #40). The sample size was 44. The deficient practice could result in risk of unauthorized access. Findings include: Resident #40 was initially admitted on [DATE], and re-admitted on [DATE], with diagnosis that included hypotension, history of transient ischemic attack (TIA) and cerebral infarction without residual deficits; unspecified dementia; hypotension; acute respiratory failure with hypoxia; major depressive disorder; and anxiety disorder. A review of the care plan for resident #40 revealed a problem area for confusion and poor decision-making related to cognitive impairment. Interventions include explaining the procedure, determining limitations, and reorienting to situation as needed. A review of the physician orders revealed orders for medications including Loperamide HCl [hydrochloride] Oral Tablet 2mg [milligrams], give 2mg by mouth as needed for diarrhea; Ondansetron HCl Tablet 4mg, give one tablet by mouth every four hours as needed for nausea and vomiting; Hydroxyzine HCl Oral Tablet 25mg, give one tablet by mouth every four hours as needed for itching; and Aluminum and Magnesium Hydroxide Oral Suspension 200-200mg/5 mL [milliliters], give 20mL by mouth every 24 hours as needed for indigestion. On January 8, 2026, at 6:18 AM, a medication cart was observed unattended. On top of the cart, a device was unlocked and displayed resident #40's full name, date of birth, photo, room location, code status, and medications. An interview was conducted on January 8, 2026, at 6:20 AM with a nurse (LPN/staff #59). Staff #59 stated she thought she had locked the computer. Staff #59 further stated that the risk of not closing the computer is that people could access patient's information. She stated she could not remember the word for this. An interview was conducted on January 8, 2026, at 8:30 AM with the director of nursing (DON/Staff #82). Staff #82 stated that a medication cart computer being open would be a HIPAA violation. She further stated the facility policy for patient information as it relates to nursing computers is that computers should be locked in compliance with HIPAA. An interview was conducted on January 8, 2026, at 8:45 AM with the administrator (staff #96). Staff #96 stated that medication cart computers left open would be a HIPAA violation if someone saw them. He also stated that the facility policy regarding resident information being left out is to follow HIPAA, and that he would not want information left out, such as first and last names, and that resident information should be protected. He further stated the risk of having resident information out is personal information being left out. Review of a facility policy, Confidentiality of Information, reviewed March 1, 2025, revealed that resident information is to be treated confidentially. Further review of the procedure section of the policy revealed 1. The facility will safeguard all resident records, whether medical, financial, or social in nature, to protect the confidentiality of the information.</p>		