STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385148	A. Building B. Wing	10/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Royale Gardens Health & Rehabilitation Center	2075 NW Highland Avenue Grants Pass, OR 97526

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. 35855 Based on interview and record review it was determined the facility failed to accommodate resident needs for 1 of 5 sampled residents (#242) reviewed for environment. This placed residents at risk for unmet needs. Findings include: Resident 242 admitted to the facility in 7/2021 with diagnoses including anxiety and dementia. A revised 2/20/24 care plan indicated Resident 242 had an ADL self-care performance deficit, and occasionally required one-person assist with toileting. An 4/10/24 MDS indicated Resident 242 was frequently incontinent of bladder and always continent of bowel. On 4/24/24 the State Survey agency received a public complaint which indicated in 4/2024 Resident 242's bedside commode was not emptied or cleaned and she/he attempted the task by her/himself. On 10/22/24 at 12:52 PM Witness 2 (complainant) confirmed the 4/24/24 public complaint allegations. On 10/24/24 at 7:52 AM Staff 22 (CNA) stated in 4/2024 there was an issue with CNA staff not cleaning bedside commodes and toilet risers for residents. Staff 22 stated there were multiple instances she cleaned Resident 242's bedside commode because assigned CNA staff did not complete the task. On 10/29/24 at 7:39 AM Staff 50 (Housekeeping) stated she remembered in the Spring of 2024 a concern with CNA staff not cleaning bedside commodes timely. Staff 50 stated it was an ongoing concern because she went into a rooms, and the bedside commode was dirty and the room smelled, and she informed the CNAs. Sometimes the CNA did not come and clean the commode so she told the CMA. Staff 50 stated at times she saw a meal tray delivered to a resident, their bedside commode had urine or feces in it, and the CNA left the meal tray and did not clean the bedside commode. On 10/29/24 at 10:08 AM Staff 1 (Administrator) stated the expectation of staff was to clean the bedside commode when completing their rounds of checking on the residents, if a resident did not notify the CNA the bedside commode needed cleaned. When assisting a resident, the expectation was to clean the bedside commode right away.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385148	A. Building B. Wing	10/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Royale Gardens Health & Rehabilitation Center	2075 NW Highland Avenue Grants Pass, OR 97526

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. 41455 Based on interview and record review it was determined the facility failed to protect a resident's right to be free from mental and physical abuse by a resident for 1 of 3 sampled residents (#291) reviewed for abuse. This placed residents at risk for abuse. Findings include: Resident 53 admitted to the facility in 12/2023 with diagnoses including stroke and muscle weakness Resident 291 admitted to the facility in 7/2024 with diagnoses including PTSD (Post-Traumatic Stress Disease) and respiratory failure. A 7/8/24 Admission MDS revealed Resident 291 was cognitively intact. A 7/9/24 care plan revealed Resident 291 had PTSD due to a history of sexual abuse, and staff were to provide interventions and redirect and monitor for trauma triggers. A 7/10/24 SS (Social Services) Post-Traumatic Checklist indicated triggers for Resident 291's PTSD included being jumpy or easily startled when approached and it was helpful to feel safe by others when upset. On 7/14/24 at 6:46 PM the State Survey Agency received a facility reported incident and investigation which indicated on 7/14/24 there was a resident-to-resident incident when Resident 53 approached Resident 291, who was outside smoking. Resident 53 complained that the smoke from Resident 291's cigarette impacted her/his time in the activity room because of an open window where she/he smelled Resident 291's cigarette smoke. Resident 53 was observed through security camera footage to place her/his hand on Resident 291's shoulder and push her/him while they were both outside. Resident 291 was assessed and had no injuries. The conclusion of the investigation indicated abuse for Resident 291 was not ruled out. A 7/14/24 Nursing Note indicated Resident 291 was interviewed about the 7/14/24 incident and stated Resident 53 pushed me, this upset me drastically. On 10/28/24 at 4:04 PM Staff 10 (Unit Manager-LPN) stated Resident 291 was triggered by closed places so was often outside. Staff 10 indicated Resident 291's normal activities did continue after the incident, but the resident was concerned about not causing problems in the facility and kept to herself/himself. On 10/28/24 at 5:42 PM Staff 1 (Administrator) stated during a follow-up conversation with Resident 291 about the 7/14/24 incident the resident indicated she/he was fearful of Resident 53 and abuse could not be ruled out because the altercation did occur.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385148	A. Building B. Wing	10/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Royale Gardens Health & Rehabilitation Center	2075 NW Highland Avenue Grants Pass, OR 97526

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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26991 Based on interview and record review it was determined the facility failed to ensure baseline care plans were developed for 2 of 9 sampled residents (#s 24 and 243) reviewed for accidents and discharge. This placed residents at risk for unmet needs. Findings include: 1. Resident 24 readmitted to the facility on [DATE] with a diagnosis of type 1 diabetes with complications including high blood sugar levels. 9/24/24 hospital Discharge orders revealed Resident 24 was admitted for diabetic ketoacidosis (a complication of diabetes in which acids build up in the blood to levels that can be life threatening) and was discharged to the facility with insulin orders. Resident 24's baseline care plan initiated 9/24/24 did not include Resident 24 was diabetic with history of high blood sugar levels, symptoms to monitor, and interventions to provide if needed. On 10/24/24 at 12:52 PM Staff 2 (DNS) stated when a resident was discharged to the hospital her/his care plan was discontinued and a new care plan was initiated upon her/his return. Staff 2 acknowledged there was no baseline care plan related to Resident 24's diabetes, insulin, and what symptoms staff should monitor related to high and low blood sugar levels. 35855 2. Resident 243 admitted to the facility on [DATE] with diagnoses including altered mental status and fracture of the lower back. A review of Resident 243's hospital History and Physical dated 2/13/24 indicated she/he had an admission to the hospital for recurrent falls. Resident 243's baseline care plan dated 2/16/24 did not contain information regarding her/his risk for falls or fall interventions. On 10/29/24 at 10:17 AM Staff 1 (Administrator) and Staff 2 (DNS) stated they expected fall interventions to be included in the baseline care plan.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385148	A. Building B. Wing	10/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Royale Gardens Health & Rehabilitation Center	2075 NW Highland Avenue Grants Pass, OR 97526

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. 35855 Based on interview and record review it was determined the facility failed to ensure dependent residents received required assistance with ADLs for 2 of 5 sampled residents (#s 31 and 240) reviewed for ADLs. This placed resident at risk for unmet needs. Findings include: 1. Resident 31 admitted to the facility in 8/2018 with diagnoses including stroke and dementia. An 8/23/24 MDS revealed Resident 31's BIMS score was seven which indicated severe cognitive impairment. Resident 31 required substantial to maximal assistance with toilet transfers and was dependent on staff for assistance with toileting hygiene. Resident 31 was frequently incontinent of bladder and bowel. The urinary incontinence CAA indicated Resident 31 required significant assistance with most ADLs. Resident 31 was at risk for complications resulting from bowel and bladder incontinence. Staff were to provide assistance with toileting and incontinence, frequent checks and assistance with incontinent care, and to encourage toileting independence as safely able. A review of Resident 31's care plan revised 2/23/23 indicated Resident 31 was incontinent of bowel and bladder with interventions including check and change frequently and toilet as requested, observe the pattern of incontinence, initiate a toileting schedule if indicated, and for staff to take Resident 31 to the bathroom at the same time each day she/he usually had a bowel movement. A review of the Documentation Survey Report (DSR) for 3/2024 revealed the following for Resident 31's bowel elimination out of 95 opportunities: -Day shift: 20 no bowel movement, five continent, three refused, and four incontinent. -Evening shift: 12 no bowel movement, five continent, three refused, six incontinent and five no documentation. -Night shift: 21 no bowel movement, six refused, four no documentation and one not applicable. A review of the DSR for 4/2024 revealed the following for Resident 31's bowel elimination out of 92 opportunities: -Day shift: 24 no bowel movement, six continent, one refused, and one incontinent. -Evening shift: 19 no bowel movement, five continent, four incontinent and two no documentation. -Night shift: 23 no bowel movement, one continent, three refused, and three no documentation. On 4/24/24 the State Survey Agency received a public complaint which indicated while Resident 31 was in the hallway she/he asked staff to assist her/him to the bathroom. Staff stood in the hallway and ignored her/him. Resident 31 crapped [her/his] pants. On 10/22/24 at 12:52 PM Witness 2 (Complainant) confirmed the 4/24/24 public complaint allegations. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385148	A. Building B. Wing	10/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Royale Gardens Health & Rehabilitation Center	2075 NW Highland Avenue Grants Pass, OR 97526

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 10/25/24 at 9:56 AM Staff 9 (CNA) stated there were one or two instances where Resident 31 requested to use the toilet and the staff were busy passing meal trays or getting ready to go into a resident room which required PPE and Resident 31 had a bowel incontinence episode. On 10/29/24 at 10:08 AM Staff 1 (Administrator) and Staff 2 (DNS) stated it was expected one staff assisted the Resident 31 when she/he needed to use the toilet, and the remaining staff continue with passing trays or other tasks. 2. Resident 240 admitted to the facility in 10/2017 with diagnoses including stroke and anxiety. A review of Resident 240's care plan dated 6/28/23 indicated she/he had an ADL self-care performance deficit and required extensive assistance of one staff. Resident 240 could have a shower upon her/his request. A review of the Documentation Survey Report (DSR) for 3/2024 revealed Resident 240's bathing days were Monday and Thursday. The DSR indicated Resident 240 received bathing on 3/16/24, 3/18/24, and 3/28/24. On 3/4/24, 3/14/24, and 3/25/24 there was no documentation Resident 240 received any type of bathing. On 3/7/24, 3/11/24, and 3/21/24 documentation indicated Resident 240 refused bathing. Resident 240 did not receive any type of bathing for 15 days from 3/1/24 through 3/15/24 and nine days from 3/22/24 through 3/27/24. The DSR from 4/4/24 through 4/23/24 revealed Resident 240's bathing days were Monday and Thursday. The DSR indicated on 4/4/24 bathing was not attempted due to illness, exacerbation, or injury. No additional documentation was found on the DSR Resident 240 received bathing from 4/4/24 through 4/23/24. On 4/24/24 the State Survey agency received a public complaint which indicated Resident 240 was denied showers. The complaint indicated staff stated I am not dealing with [her/him] today. The staff informed Resident 240 it was not her/his shower day when she/he was scheduled for a shower. On 10/22/24 at 12:52 PM Witness 2 (Complainant) confirmed the public complaint allegations. Witness 2 stated some CNAs did not assist a resident if they did not like her/him. On 10/29/24 at 10:11 AM Staff 2 (DNS) stated the expectation for a refusal was for CNAs to ask a resident three times and to notify the nurse. The nurse then checked with the resident and the refusal was documented on the shower sheet. Staff 2 reviewed Resident 240's shower sheets. No additional information was provided.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385148	A. Building B. Wing	10/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Royale Gardens Health & Rehabilitation Center	2075 NW Highland Avenue Grants Pass, OR 97526

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 - Some	Provide appropriate treatment and care according to orders, resident's preferences and goals. 41455 Based on observation, interview and record review it was determined the facility failed to administer bowel care and follow therapy recommendations for 4 of 7 sampled residents (#s 8, 30, 70 and 191) reviewed for pressure ulcers, unnecessary medications, and positioning. This placed residents at risk for unmet care needs. Findings include: 1. Resident 8 admitted to the facility in 9/2024 with diagnoses including stroke and heart disease. A 9/26/24 Admission MDS indicated Resident 8 required setup assistance for eating. An 10/15/24 revised care plan indicated Resident 8 required extensive assistance of one staff for eating, and to encourage the resident to sit upright after meals. An 10/18/24 Occupational Therapy Treatment Encounter Note indicated therapy staff spoke to nursing to ensure Resident 8 was in her/his wheelchair for all meals and communication would be provided to CNAs. On 10/21/24 at 1:35 PM Resident 8 was observed sitting in her/his bed with her/his head in a slouched position. A meal was on a bedside table in front of the resident. Witness 8 (Family Member) stated she spoke with therapy who indicated Resident 8 was to be up in her/his wheelchair for meals. On 10/23/24 at 12:43 PM Staff 9 (CNA) stated he delivered Resident 8's meal while she/he was in bed, and did not provide meal assistance for Resident 8 because the need for meal assistance was not discussed during the change of shift meeting. Staff 9 reviewed the Kardex (CNA care plan) and verified Resident 8 required one staff to assist with her/his meals. On 10/23/24 at 12:59 PM Staff 8 (Therapy) stated she observed staff did not assist Resident 8 with her/his meals in the morning on 10/23/24, and encouraged the resident to be up for meals due to changes in her/his blood pressure. On 10/23/24 at 5:34 PM Staff 10 (Unit Manager-LPN) acknowledged Resident 8's care plan interventions for eating were not followed. 26991 2. Resident 30 admitted to the facility in 2018 with a diagnosis of depression. Bowel records from 9/23/24 through 10/21/24 revealed Resident 52 had a bowel movement on 10/8/24, but did not have a bowel movements on 10/9/24, 10/10/24, 10/11/24, 10/12/24, and 10/13/24. An 10/2024 MAR revealed Resident 30 was to receive bowel care every 24 hours as needed for constipation. The physician was to be notified if there was no bowel movement for four days. Resident 30 did not receive PRN bowel care until 10/13/24 (five days without a bowel movement). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385148	A. Building B. Wing	10/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Royale Gardens Health & Rehabilitation Center	2075 NW Highland Avenue Grants Pass, OR 97526

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 - Some	On 10/23/24 at 9:06 AM Staff 30 (LPN) stated if a resident did not have a bowel movement for three days bowel care was to be provided and if the resident did not have a bowel movement on the fourth day the physician was to be notified. On 10/23/24 at 9:06 AM Staff 30 (LPN) stated if a resident did not have a bowel movement for three days bowel care was to be provided, and if the resident did not have a bowel movement on the fourth day the physician was to be notified. On 10/23/24 at 2:11 PM Staff 10 (LPN Unit Manager) stated Resident 30 was on scheduled bowel care, but did not receive PRN bowel care until 10/13/24. A request was made of Staff 10 to provide documentation PRN bowel care was administered prior to 10/13/24. No additional information was provided. 3. Resident 70 admitted to the facility in 9/2024 with a diagnosis of pneumonia. Bowel records from 9/25/24 though 10/22/24 revealed Resident 70 had bowel a movement on 9/26/24. Resident 70 did not have a bowel movement on 9/27/24, 9/28/24, 9/29/24, 9/30/24, 10/1/24, 10/2/24, and 10/3/24. 9/2024 and 10/2024 MARs indicated PRN bowel care was administered on 10/7/24, but was ineffective, and also on 10/9/24 which was documented as results unknown. On 10/23/24 at 9:06 AM Staff 30 (LPN) stated if a resident did not have a bowel movement for three days bowel care was to be provided, and if the resident did not have a bowel movement on the fourth day the physician was to be notified. On 10/22/24 at 5:05 PM Staff 2 (DNS) stated if a resident did not have a bowel movement and the PRN bowel care was not effective, there should be an assessment in the resident's record, and the physician should be notified. A request was made to Staff 2 to provide documentation additional PRN bowel care was provided or an assessment was completed. No additional information was provided. 34703 4. Resident 191 admitted to the facility in 6/2024 with diagnoses including pressure ulcer and genital wounds. A public compliant was received on 6/25/24 which indicated Resident 191 discharged from the hospital on 6/12/24 with a small tissue wound to her/his genitals. The 6/27/24 care plan indicated Resident 191 had potential for skin impairments related to fragile skin. Staff were to identify and document potential causative factors and eliminate and resolve where possible. The 6/12/24 Admission Skin and Wound Evaluation revealed no documentation regarding the wound to the genitals. The 6/13/24 Skin and Wound Evaluation indicated Resident 191 had an unknown wound to the genitals. There was no documentation of the wound size, description of the wound or wound care. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385148	A. Building B. Wing	10/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Royale Gardens Health & Rehabilitation Center	2075 NW Highland Avenue Grants Pass, OR 97526

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 - Some	A 6/16/24 Nursing Progress Note indicated Resident 191 had a new open area to her/his right buttocks. No Skin and Wound Evaluation or incident report was found in the resident's medical record. A 6/18/24 Nursing Progress Note indicated Resident 191's right buttock had an open area that was dark red, moist, and had purple bruising surrounding the wound. There were two similar openings to the genitals. Resident 191 complained the wounds were painful and burning. No documentation of the wounds or incident report was found. On 10/29/24 at 10:45 AM Staff 2 (DNS) stated the physician was not notified of the new open wounds to the resident's genitals and there was no skin evaluation or assessment completed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385148	A. Building B. Wing	10/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Royale Gardens Health & Rehabilitation Center	2075 NW Highland Avenue Grants Pass, OR 97526

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. 34703 Based on interview and record review it was determined the facility failed to accurately assess, care plan, implement, follow and maintain pressure ulcer treatments and care plans for 1 of 1 sampled resident (#191) reviewed for pressure ulcers. Resident 191 developing an avoidable unstageable (obscured full-thickness skin and tissue loss) pressure ulcer. Findings include: Resident 191 admitted to the facility in 6/2024 with diagnoses including kidney failure. The 6/17/24 Admission MDS indicated Resident 191 had pressure ulcers and was at risk for pressure ulcers due to incontinence and decreased mobility. Resident 191 admitted with a Stage 2 (shallow open wound) pressure ulcer to the coccyx. A public compliant was received on 6/25/24 which indicated Resident 191 discharged from the hospital on 6/12/24 with a Stage 2 (shallow open wound with red or pink base) pressure ulcer on her/his coccyx (tailbone) measuring 2 cm by 0.1 cm. Resident 191 returned to the hospital on 6/19/24 with worsening wounds to her/his coccyx. The 6/27/24 care plan indicated Resident 191 had potential for skin impairments related to fragile skin. Staff were to identify and document potential causative factors, and resolve them where possible. The 6/12/24 Skin and Wound Evaluation indicated the resident had a Stage 2 pressure ulcer, but did not identify where the wound was located. The picture of the resident's pressure in wound the electronic record revealed the wound bed had slough (a layer of dead tissue on the base of a pressure wound) which indicated an unstageable (covered by necrotic tissues making it impossible to determine the depth of the wound) pressure ulcer. A 6/16/24 Nursing Progress Note indicated Resident 191 had a new open area to her/his right buttocks. No Skin and Wound Evaluation or incident report was found in the resident's electronic record. A 6/18/24 Nursing Progress Note indicated Resident 191's right buttock had a wound that was open, dark red, moist, and had purple bruising surrounding the wound. Resident 191 complained the wounds were painful and burning. No documentation of the wounds or incident report was found in the resident's electronic record. The 6/24/24 Skin and Wound Evaluation indicated Resident 191 had a Stage 2 pressure ulcer to the coccyx but there was no documentation or description of the wound or wound care treatment. Resident 191's pressure ulcer was an unstageable pressure wound to the buttocks, not the coccyx. There was no documented description or treatment for an unstageable pressure ulcer. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385148	A. Building B. Wing	10/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Royale Gardens Health & Rehabilitation Center	2075 NW Highland Avenue Grants Pass, OR 97526

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	On 10/27/24 at 1:25 PM Staff 12 (RN) stated she remembered the resident and the pressure wound she/he had. Staff 12 stated the resident admitted to the facility with a Stage 2 pressure ulcer to her/his coccyx which became worse and she/he returned to the hospital. Staff 12 stated the resident acquired an unstageable pressure ulcer to her/his buttocks which never should have happened. Staff 12 stated the treatments were not working, nurses were not documenting on the Skin and Wound Evaluation documents, and the doctor was not notified. On 10/29/24 at 10:45 AM Staff 2 (DNS) stated wound measurements are part of the admission process. The admission nurse did not complete a Skin and Wound Evaluation, and did not provide a thorough Skin and Wound Evaluation for the coccyx wound. Staff 2 stated the physician was not notified of the resident's worsening unstageable pressure ulcer to her/his buttocks and should have been before the wound became worse.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385148	A. Building B. Wing	10/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Royale Gardens Health & Rehabilitation Center	2075 NW Highland Avenue Grants Pass, OR 97526

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35855 Based on observation, interview and record review it was determined the facility failed to ensure a resident was thoroughly assessed after a fall, failed to update care plans, and ensure the environment remained free from accident hazards for 5 of 7 sampled residents (#s 14, 52, 70, 85 and 292) reviewed for accidents and dementia care. This placed resident at risk for accidents. Findings include: 1. Resident 14 admitted to the facility in 3/2024 with diagnoses including dysphagia (difficulty swallowing). A review of a Speech Discharge Summary signed on 5/9/24 revealed Resident 14 required supervision or assistance at mealtime because of swallow safety zero to 25 percent of the time. Strategies included it was recommended Resident 14 use general swallow techniques and precautions. A review of Resident 14's revised care plan dated 7/8/24 revealed Resident 14 had a swallowing problem because of dysphagia with interventions including the following: diet as ordered, monitor, document, and report PRN any signs or symptoms of pocketing, choking, coughing, drooling or holding food in the mouth or if there were several attempts at swallowing, refusing to eat or appearing concerned during meals. Additionally the plan indicated to refer to a speech therapist for a swallowing evaluation, and Resident 14 was to eat only with supervision. On 10/21/24 at 12:54 PM Resident 14 was observed with a Styrofoam container with food in it with a concerned appearance on her/his face. No staff were observed in the room. On 10/23/24 at 12:09 PM during a continuous observation Resident 14's Styrofoam container was delivered to her/his room. After the delivery of the tray and set up of her/his meal the door was closed. At 12:11 PM Resident 14 pushed her/his bedside table about a foot from her/his bed. When asked if she/he wanted to eat she/he shook her/his head no while presenting with a concerned appearance on her face. On 10/23/24 at 12:15 PM Staff 11 (CNA) stated Resident 14's supervision during meals was because she/he threw items and staff needed to stand there and watch to make sure she/he did not throw items during a meal. On 10/28/24 at 12:37 PM Staff 7 (Regional Director of Therapy Operations) stated Resident 14's supervision was for cueing while eating and supervision on the care plan meant frequent checks. Resident 14 was physically capable to eat on her/his own, but needed reminders to eat. Staff 7 stated frequent meant staff were to set tray in front of her/him, remind her/him to eat, and then repeat the reminder once during the meal and again at the end of the meal. Staff 7 stated most residents who required supervision wer up for meals and in the dining room so staff could watch and cue residents as needed. On 10/29/24 at 10:22 AM Staff 1 (Administrator) and Staff 2 (DNS) confirmed Resident 14's care plan should be followed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385148	A. Building B. Wing	10/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Royale Gardens Health & Rehabilitation Center	2075 NW Highland Avenue Grants Pass, OR 97526

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	2. Resident 52 admitted to the facility in 9/2023 with diagnoses including blindness and muscle weakness. A 3/3/24 Fall Risk Evaluation indicated Resident 52 had one to two falls in the last three months, had visual impairment and was independent and continent. Resident 52 used an assistive device. A review of Resident 52's 3/12/24 quarterly MDS revealed Resident 14's BIMS score was 14 which indicated she/he was cognitively intact. Resident 52 did not fall since admission or previous the MDS assessment. A 3/15/24 an Un-witnessed Fall report indicated one of the CNAs went to the nursing station to report Resident 52 fell . Resident 52 stated she/he tried to sit up from a lying down position and screwed up. The conclusion of the investigation indicated Resident 52 was found on the floor next to her/his bed by Staff 9 (CNA). On 4/24/24 the State Survey agency received a public complaint which indicated Resident 52 wheels to her/his wheelchair were never locked and she/he fell as a result. A review of Resident 52's care plan dated 10/4/24 revealed she/he was at risk for falls. Resident 52 had impaired balance, blindness, generalized fatigue, generalized weakness, pain, and decreased awareness. Interventions included to place the call light within reach and ensure the resident was aware of it, and encourage its use to call for assistance. Additionally the plan indicated to remind Resident 52 to use her/his mobility aides, ensure commonly used items were within reach before leaving the room, to let her/him know where items were placed, and to ensure she/he was wearing appropriate footwear prior to any transfers, ambulation or mobilizing in her/his wheelchair. Resident 52 needed a safe environment with floors free of spills clutter. A review of Resident 52's Weight Summary report revealed on 3/15/24 Resident 52 was weighed in her/his wheelchair. An 4/8/24 Nursing Note indicated Staff 19 (LPN Unit Manager) discussed Resident 52's placement of her/his wheelchair in her/his room. Resident 52 stated she/he remembered to check the locks on the wheelchair prior to transferring and the care plan was updated. No documentation was found on Resident 52's care plan regarding placement of Resident 52's wheelchair or staff and Resident 52 to ensure wheelchair brakes were locked prior to transfers. On 10/22/24 at 12:52 PM Witness 2 (Complainant) confirmed the 4/24/24 public complaint. On 10/25/24 at 10:01 AM Staff 9 stated he vaguely remembered the fall, but he was the first person in the room. Staff 9 could not remember any details about Resident 52's fall. On 10/25/24 at 10:21 AM Resident 52 stated when she/he fell on [DATE] staff took her/his wheelchair away to weigh it, and when they brought the wheelchair back to the room staff did not set the brakes on the wheelchair. When she/he went to transfer to her/his wheelchair the wheelchair rolled back and she/he fell to the floor. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385148	A. Building B. Wing	10/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Royale Gardens Health & Rehabilitation Center	2075 NW Highland Avenue Grants Pass, OR 97526

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 10/29/24 at 10:13 AM Staff 19 (LPN Unit Manager) stated when she interviewed Resident 52 she/he was unsure if she/he locked the brakes. Staff 19 stated staff knew where Resident 52's wheelchair should be placed. Staff 19 stated she/he was not sure if she updated the care plan regarding the orange tape by Resident 52's bed to let staff know where to place Resident 52's wheelchair. On 10/29/24 at 10:16 AM Staff 1 and Staff 2 (DNS) stated they expected the care plan to be updated. 26991 3. Resident 70 admitted to the facility in 9/2024 with a diagnosis of pneumonia. A 9/25/24 Fall Risk Evaluation Tool revealed Resident 70 was at risk for falls. A care plan dated 9/25/24 indicated Resident 70 was at risk for falls related to confusion and balance problems. Interventions included staff were to anticipate and meet the resident's needs. An 10/7/24 Unwitnessed Fall investigation revealed Resident 70 attempted to go to the bathroom and fell . Resident 70 reported she/he hit her his head. No additional interventions were identified to be implemented to prevent falls. Neurological Assessments (assessment to identify head injuries) for the 10/7/24 fall indicated assessments were to be performed at the time of the fall then every 15 minutes for three assessments, every 30 minutes for two assessments, every one hour for four assessments, every four hours for four assessments, and every eight hours for three assessments (a total of 17 assessments). The form indicated the initial assessment, one of three 15 minute checks, one of the three 30 minutes checks and two of the four hourly checks were completed. An 10/17/24 Unwitnessed Fall investigation revealed on 10/17/24 Resident 70 was found on the ground. Resident 70 reported she/he reached for her/his phone and fell . No additional care plan interventions were identified to be implemented. No neurological assessments were done after the 10/17/24 fall. On 10/22/24 at 12:13 PM Resident 70 was observed in bed and mats were observed on the floor on both sides of the bed. On 10/23/24 at 9:06 AM Staff 30 (LPN) stated if a resident had an unwitnessed fall, neurological checks should be done even if the resident denied a head injury. On 10/23/24 at 10:01 AM Staff 19 (LPN Unit Manager) stated Resident 70's care plan was not updated to include mats. Staff 19 stated if a resident had an unwitnessed fall neurological assessments were to be completed. A request was made to Staff 19 to provide documentation all neurological assessments were completed for the 10/7/24 and 10/17/24 fall. No additional information was provided. 41455 4. Resident 85 admitted to the facility in 9/2024 with diagnoses including dementia, repeated falls and orthostatic hypotension (a sudden drop in blood pressure when standing). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385148	A. Building B. Wing	10/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Royale Gardens Health & Rehabilitation Center	2075 NW Highland Avenue Grants Pass, OR 97526

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The 9/30/24 Admission MDS and Fall CAA indicated Resident 85 was severely cognitively impaired and had multiple falls prior to admission and within the facility. An 10/11/24 revised care plan indicated Resident 85 had orthostatic hypotension with interventions which included to assess for shortness of breath and monitor for symptoms of heart disease. The care plan also indicated Resident 85 had impulsive behaviors and falls with interventions including to ensure the resident's call light and commonly used items were within reach, ensure she/he wore appropriate footwear, to anticipate and meet the resident's needs and keep the resident's routine consistent to decrease confusion. An 10/14/24 physician order indicated Resident 85 required an abdomen binder which was to be on at night and removed in the morning. On 10/25/24 at 10:09 AM Staff 10 (Unit Manager-LPN) stated because of Resident 85's dementia, repeat falls and inability to remember to use her/his call light, staff were to check on her/him routinely which was not in the care plan. Staff 10 identified Resident 85's abdomen binder was used as an intervention for the resident's hypotention which was a fall prevention and the information was not in the resident's care plan. Staff 10 acknowledged Resident 85's care plan needed to be more personalized to address the resident's specific needs. 5. Resident 292 admitted to the facility in 1/2024 with diagnoses including dementia and a displaced fracture of a right femur (hip bone). A 1/27/24 Nursing Pain Evaluation indicated Resident 292 had no history of pain, her/his current pain level was a five out of 10 due to her/his hip fracture, and pain increased when she/he ambulated. A 1/30/24 Nursing Bowel and Bladder Screener indicated Resident 292 was a candidate for scheduled toileting, and she/he was not currently on a toileting program. The 1/31/24 Admission MDS indicated Resident 292 was severely cognitively impaired and was at risk for falls due to her/his generalized fatigue, decreased ROM to her/his right lower extremity and impaired safety awareness. A 2/12/24 initiated care plan indicated fall interventions for Resident 292 included to wear appropriate footwear when ambulating or in her/his wheelchair, have her/his call light within reach, ensure the floor was free of clutter, ensure her/his bed was in the lowest position, and personalized items were within reach. No interventions or changes were made to Resident 292's fall care plan until 3/12/24. The 2/2024 and 3/2024 MAR indicated oxycodone (narcotic pain medication) was provided every four hours as needed for pain. Documented pain levels ranged from five out of 10 to 10 out of 10 one to three times daily when the medication was administered. Unwitnessed Fall investigations for Resident 292 indicated the following: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385148	A. Building B. Wing	10/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Royale Gardens Health & Rehabilitation Center	2075 NW Highland Avenue Grants Pass, OR 97526

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-On 2/18/24 at 12:30 AM the resident was found sitting on a fall mat in vomit and stated she/he tried to get up to vomit. No injuries were found or pain indicated by the resident, neurological checks (assessment of the nervous system) were initiated and frequent rounding was to be implemented to prevent further occurrences. -On 2/21/24 at 3:15 AM the resident had a fall in her/his room and was found on the floor with a fall mat next to her/his bed. Resident 292 could not recall her/his fall and denied any pain. No injuries were found or pain indicated by the resident and neurological checks were initiated. The resident was last toileted at 2:00 AM and educated to ask for assistance to prevent further occurrences. -On 3/1/24 at 1:00 AM the resident was found with her/his brief at her/his knees and urine on the floor. No lights were on and the resident was last toileted at 10:15 PM on 2/29/24. No injuries were observed at the time of the accident or pain indicated by the resident and neurological checks were initiated. The first responder report indicated the fall mat was in place and the call light was within reach. The resident was educated to ask for assistance to prevent further occurrences (no additional change were made from the 2/21/24 fall). -On 3/3/24 at 10:50 PM the resident was found sitting in the center of the floor with blankets around her/him. No apparent injury or fall related pain was noted and the fall mat was at the bedside (not under the resident). Neurological checks were initiated and the current fall interventions did not change to prevent further occurrences. A 3/3/24 First Responder/Witness Form indicated there were no interventions identified at the time of the fall. The 3/2024 Documentation Survey Report indicated Resident 292 refused her/his shower on 3/3/24 (no skin sheet completed). A 3/5/24 Discharge Assessment indicated Resident 292 discharged to a memory care facility and no skin assessment was completed. A 3/9/24 Communication to Physician Note (from Resident 292's memory care) revealed the resident was assessed by a hospice nurse who found a goose egg on top of Resident 292's scalp with a yellowish-colored border. The physician note indicated the coloring of the head injury was approximately a week old that coincided with a fall which occurred at a previous facility according to the resident's family. On 10/24/24 at 8:57 PM Staff 54 (LPN) stated she completed an investigation related to one of Resident 292's many falls in the facility. Staff 54 stated education was given to Resident 292 to wait for assistance or use her/his call light to prevent her/his falls, but it was ineffective due to her/his dementia. On 10/28/24 at 5:27 PM Staff 19 (Unit Manger-LPN) stated she relied on First Responder reports from staff to determine what actually occurred at the time of Resident 292's falls and was only able to walk around after the fact to ensure the fall mat and other fall interventions were in place. Staff 19 acknowledged the resident's falls occurred mainly at night and confirmed there was no evidence of scheduled toileting or frequent checks by staff as interventions to reduce Resident 292's falls. Staff 19 acknowledged since Resident 292's care plan for falls was not updated, interventions to prevent further falls did not occur. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385148	A. Building B. Wing	10/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Royale Gardens Health & Rehabilitation Center	2075 NW Highland Avenue Grants Pass, OR 97526

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 10/29/24 at 9:15 AM Witness 7 (Executive Director) stated on 2/29/24 she assessed Resident 292 in her/his room within the facility prior to her/his planned discharged on [DATE] and found no fall mat in place, no call light within the resident's reach, and she/he wore footwear that was not slip resistant. Witness 7 confirmed Resident 292 was not able to assess her/his own pain accurately or ask for pain medication (which would impact fall investigations). Witness 7 stated a few days after Resident 292's admission to memory care, a hospice nurse discovered a goose egg that was indicative of an earlier fall. On 10/29/24 at 10:20 AM Staff 19 stated there was no documentation of a skin check completed by the facility after Resident 292's fall on 3/3/24. Staff 19 acknowledged Resident 292 was already in pain due to her/his hip injury and pain due to a fall would be difficult to assess because of the resident's dementia. Staff 19 acknowledged an alternative pain assessment was needed and not used for Resident 292.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385148	A. Building B. Wing	10/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Royale Gardens Health & Rehabilitation Center	2075 NW Highland Avenue Grants Pass, OR 97526

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. 35855 Based on interview and record review it was determined the facility failed to provide sufficient staffing to meet the needs of residents on 3 of 4 halls (A, B and G wings) reviewed for staffing. This placed residents at risk for unmet needs. Findings include: On 4/24/24 the State Survey agency received a public complaint which indicated in 4/2024 call light wait times frequently exceeded 30 minutes. On 10/21/24 the following interviews occurred: -12:32 PM Resident 48 stated she/he had to wait a long time for staff and she/he wanted to go to complete some exercises, but staff did not assist her/him with her/his oxygen. -12:36 PM Resident 18 stated CNAs told nurses what she/he needed, but it took so long for the nurse to respond Resident 18 forgot what she/he needed. -12:52 PM Resident 12 stated sometimes call light wait times were an hour or two. Staff took too long to respond to the call lights. -1:11 PM Resident 63 stated she/he had to wait a long time for staff to help, a couple of times it was a couple of hours, and this occurred mostly on day shift. Resident 63 stated the facility changed staff so often residents did not know the staff and staff did not know what the residents' needs were. Resident 63 stated about half the time the facility was short-staffed. -1:29 PM Resident 70 stated call light wait times were long, up to 30 minutes, and mornings were the worst time. On 10/22/24 at 12:52 PM Witness 2 (complainant) confirmed the public complaint allegation. On 10/24/24 at 7:52 AM Staff 22 (CNA) stated in 9/2024 the facility was short-staffed, and she was assigned 10 to 14 residents on day and evening shifts. Staff 22 stated she was disappointed in herself and it was embarrassing not to answer call lights timely. Staff 22 stated she could not complete resident showers and could not get residents up for meals when the facility was short-staffed. On 10/24/24 at 11:27 AM Staff 28 (CNA) stated the facility was short-staffed at times and she had one to three residents more than the state staffing requirements allowed. Staff 28 stated if she knew she was assigned an entire hall of residents she started her resident checks earlier, and stayed late to finish her required tasks. On 10/25/24 at 10:14 AM Witness 10 (Staff) stated staffing at the facility was not good. The facility did not have a good system in place to cover for staff who called off work or did not show up to their shift. The facility had to scramble to try and find people. At times there was only one nurse assigned for the entire facility on day shift, so the night shift nurse had to stay over until another nurse could be found. Residents did not always get their showers according to the schedule. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385148	A. Building B. Wing	10/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Royale Gardens Health & Rehabilitation Center	2075 NW Highland Avenue Grants Pass, OR 97526

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 10/29/24 at 10:06 AM Staff 1 (Administrator) and Staff 2 (DNS) stated the facility was still working with agency staff and at times they did not show up to work. The facility reached out to all staff and attempted to have staff stay late or come in early.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385148	A. Building B. Wing	10/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Royale Gardens Health & Rehabilitation Center	2075 NW Highland Avenue Grants Pass, OR 97526

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 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. 35855 Based on interview and record review it was determined the facility failed to staff a registered nurse for eight consecutive hours per day seven days per week for 6 out of 55 days reviewed for staffing. This placed residents at risk for unmet assessment needs. Findings include: A review of the Direct Care Staff Daily Reports dated 4/1/24 through 4/24/24, 9/20/24 through 9/30/24 and 10/1/24 through 10/20/24 revealed there were six days without eight consecutive hours of registered nurse coverage on any shift in a 24-hour period. On 10/29/24 at 10:03 AM Staff 1 (Administrator) and Staff 2 (DNS) stated at times the facility had RNs call off work and a replacement was difficult to find.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385148	A. Building B. Wing	10/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Royale Gardens Health & Rehabilitation Center	2075 NW Highland Avenue Grants Pass, OR 97526

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 0730 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observe each nurse aide's job performance and give regular training. 35855 Based on interview and record review it was determined the facility failed to ensure CNA staff annual performance reviews were completed for 1 of 5 sampled CNA staff (#35) reviewed for staffing. This placed residents at risk for a lack of competent staff. Findings include: During a review of the most recent performance reviews for CNA staff no documentation was provided for Staff 35 (CNA) who was hired on 5/22/22. On 10/29/24 Staff 1 (Administrator) confirmed there was no performance review for Staff 35.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385148	A. Building B. Wing	10/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Royale Gardens Health & Rehabilitation Center	2075 NW Highland Avenue Grants Pass, OR 97526

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 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Post nurse staffing information every day. 35855 Based on interview, and record review, it was determined the facility failed to post accurate and complete staffing information for 1 of 1 facility reviewed for staffing. This placed residents at risk for incomplete and inaccurate staffing information. Findings include: Observations of the Direct Care Staff Daily Reports (DCSDR) from 10/21/24 through 10/25/24 revealed the following: -10/21/24 at 11:52 AM no census was documented for day shift. -10/22/24 at 6:51 AM the 10/22/24 DCSDR was not posted. -10/23/24 at 8:09 AM the 10/23/24 DCSDR was not posted. -10/25/24 at 10:31 AM no census was documented for day shift. A review of the DCSDR from 10/1/24 through 10/20/24 revealed no census was documented on evening and night shift. On 10/29/24 at 10:04 AM Staff 1 (Administrator) and Staff 2 (DNS) stated the reports would be reviewed and adjustments made as needed. Staff 1 stated she would collect in the morning for the previous day and would try to complete before the morning meetings.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385148	A. Building B. Wing	10/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Royale Gardens Health & Rehabilitation Center	2075 NW Highland Avenue Grants Pass, OR 97526

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 0835 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Administer the facility in a manner that enables it to use its resources effectively and efficiently. 35855 Based on multiple immediate jeopardy situations and numerous citations including antibiotic stewardship, staffing, care plan revisions, professional standards of practice, accidents, significant medication error, and pressure ulcer treatments, it was determined the facility was not managed in a manner that enabled it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This resulted in multiple occurrences of immediate jeopardy and substandard quality of care. Findings include: 1. The facility failed to implement, follow, and maintain pressure ulcer treatments for Resident 191 resulting in harm due to a worsening pressure ulcer. Refer to F686 2. The facility failed to ensure residents were thoroughly assessed after a fall and ensure the environment remained free from accident hazard for Residents 14, 52, 70, 85 and 292. Refer to F689 3. The facility failed to provide nursing services to ensure adequate RN and CNA staffing to meet the needs of the residents. Refer to F725 and F727 4. The facility failed to ensure residents were seen by a physician and physician orders were reviewed and signed by a physician. Refer to F711 and F712 5. The facility failed to provide timely pharmaceutical services for Residents 21, 78, and 198. This consitituted an Immediate Jeopardy situation. Refer to F755 6. The facility failed to ensure residents were free from significan medication errors for Resident 198. This consitituted an Immediate Jeopardy situation and Substandard Quality of Care. Refer to F760 7. The facility failed to follow infection control standards for Resident 37 and for four halls. Refer to F880 9. The facility failed to ensure an appropriate antibiotic was administered for UTIs for Residents 29, 30 and 242. This consitituted an Immediate Jeopardy situation. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385148	A. Building B. Wing	10/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Royale Gardens Health & Rehabilitation Center	2075 NW Highland Avenue Grants Pass, OR 97526

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 0835 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Refer to F881

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385148	A. Building B. Wing	10/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Royale Gardens Health & Rehabilitation Center	2075 NW Highland Avenue Grants Pass, OR 97526

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 0881 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Implement a program that monitors antibiotic use. 35855 Based on interview and record review it was determined the facility failed to ensure an appropriate antibiotic was administered for 3 of 9 sampled residents (#s 29, 30 and 242) reviewed for dental needs and antibiotics. Resident 242 did not receive appropriate antibiotic therap for multiple UTIs resulting in hospitalization . This deficient practice was determined to be an Immediate Jeopardy (IJ) situation. Findings include: On 10/25/24 at 3:13 PM the facility administrative staff, including Staff 1 (Administrator), Staff 2 (DNS), Staff 51 (Vice President of Operations), Staff 65 (Regional Director of Business Development) and Staff 64 (Senior Regional Reimbursement Specialist) were notified of the IJ situation and provided a copy of the IJ Template related to the facility's failure to administer an appropriate antibiotic for a UTI for Resident 242. On 10/25/24 at 4:15 PM an acceptable facility plan to remove the immediate risk was submitted by the facility. The plan indicated the facility would implement the following actions: -Resident 242 no longer resided in the facility. -Residents in the facility would be assessed for UTI symptoms and those assessed to have UTI symptoms would be placed on alert charting and the provider notified for recommendations. -Review of residents who were treated for a UTI since 9/25/24 would be completed on 10/25/24 to ensure the residents' UTIs were treated with an appropriate antibiotic based on the Culture and Sensitivity Reports. The provider would be contacted regarding any changes in antibiotic therapy as indicated. -On 10/25/24 Residents in the facility on hospice services or on comfort measures would have Physician Orders for Life Sustaining Treatment (POLST) forms reviewed regarding their wishes for treatment, including antibiotics, to ensure the information on the POLST form remained accurate to the residents' current wishes. -Licensed Nurses would be educated on follow-up required for residents who complain of symptoms consistent with a UTI including provider notification. Daily morning clinical review process would be updated to include a review of any urinalysis tests completed to be followed up daily until the Culture and Sensitivity report was available to ensure antibiotics ordered were appropriate. Providers would be notified of the Culture and Sensitivity results as well as what antibiotics residents were currently administered if applicable. -Staff education would be completed on reporting resident complaints or potential changes in condition to the charge nurse for follow up. -Nurse managers would be educated on the need to review a resident's POLST wishes related to antibiotic treatment as indicated for residents on hospice or comfort services if an infection developed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385148	A. Building B. Wing	10/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Royale Gardens Health & Rehabilitation Center	2075 NW Highland Avenue Grants Pass, OR 97526

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 0881 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	-The DNS or designee would audit residents treated for UTIs to ensure the Culture and Sensitivity reports were reviewed and followed up on as they became available, and the appropriate follow-up was done if the ordered antibiotic was not effective weekly for four weeks, and monthly for two months. -the consultant pharmacist would review antibiotic use for UTIs and the accompanying Culture and Sensitivity results to ensure appropriate antibiotics were prescribed monthly for three months. Findings would be reported to the QAPI Committee and Medical Director. Reviews would continue ongoing if indicated. From 10/25/24 through 10/29/24 the IJ removal plan was verified independently by the survey team. No additional concerns related to the immediate jeopardy situation were noted. 1. Resident 242 admitted to the facility in 7/2021 with diagnoses including dementia. A review of a 7/29/21 POLST revealed Resident 242's preference was limited treatment, which included antibiotics. Resident 242 would be transferred to the hospital if indicated and provided basic medical treatments. A 3/11/24 Encounter Note indicated Resident 242 was assessed by the provider, she/he was a long-term care resident, was very gregarious, participated in therapy, had some joint pain, but was without complaints. A 3/17/24 Lab Requestion revealed Resident 242's urinalysis with microscopy indicated the following in the urine: clarity was turbid, blood was present, and a large number of leukocytes (white blood cells that help the immune system; when elevated in urine it is typically a sign of infection). A 3/20/24 Lab Requisition revealed Resident 242's urine culture (identifies antibiotic effective to kill a specific organism) revealed Enterococcus faecalis (the identified organism in urine) was resistive to antibiotics including Levofloxacin (antibiotic found in the fluoroquinolone class). A 3/2024 MAR revealed Resident 242 was administered Cipro (antibiotic found in the fluoroquinolone class) from 3/18/24 through 3/21/24. A 3/29/24 Nursing Note revealed Resident 242 continued to work with therapy for balance, endurance, and strengthening with transfers and ambulation. Resident 242 was independent in her/his room and was often seen ambulating with her/his front wheel walker. A 3/30/24 Nursing Note revealed Resident 242 refused to get up for breakfast, refused lunch, and a CNA reported she/he stated I just don't feel like it, honey. I don't feel very good. An 4/3/24 Nursing Note revealed Resident 242 received therapy and was noted to have increased fatigue. Nursing Notes indicated the following occurred for Resident 242 on 4/4/24: -12:58 PM new orders for urinalysis with microscopy and culture and sensitivity through straight catheterization; hospice referral. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385148	A. Building B. Wing	10/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Royale Gardens Health & Rehabilitation Center	2075 NW Highland Avenue Grants Pass, OR 97526

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 0881 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	-1:15 PM urine collected. Resident 242 was very lethargic, not eating or drinking, her/his face was very flushed and she/he moaned when spoken to. -1:47 PM Resident 242 was very tired and lethargic, refused meals, and was incontinent of urine. Staff 48 (Nurse Practitioner) ordered a hospice consult. -1:54 PM Witness 4 (Family Member) was notified of Resident 242's weight loss and overall decline, and a urinalysis was collected to test for a UTI. -1:46 PM Clysis (IV infusion of fluids to treat dehydration) was administered. An 4/4/24 Lab Requisition revealed Resident 242's urinalysis with microscopy indicated the following in the urine: clarity was cloudy, blood was present, and a moderate number of leukocytes. An 4/6/24 Nursing Note indicated Resident 242 was admitted to Hospice and Witness 4 was present. Resident 242 did not eat or drink. An 4/6/24 Physician/Practitioner Note revealed Resident 242 was assessed for a UTI, did not have complaints of burning with urination, IV fluids were ordered and a urine culture with sensitivity. Vitals were within normal limits. An 4/8/24 Lab Requisition indicated Resident 242's urine culture revealed Enterococcus faecalis and Lactobacillus (organism) were present in the urine. The organisms were resistant to antibiotics including levofloxacin. An 4/22/24 Provider Order Sheet revealed a hospice nurse visited and indicated the resident complained of urinary discomfort. A review of a 4/30/24 Nursing Note indicated Resident 242 was found to have no heart beat. Hospice was notified of Resident 242's death. On 10/25/24 at 7:49 AM Witness 4 stated Resident 242 had multiple UTIs and had to be transferred to the hospital. Witness 4 stated the facility did not speak to him about treating Resident 242's UTI. On 10/25/24 at 11:28 AM Staff 2 (DNS) stated Resident 242 was placed on hospice on 4/4/24 and the provider did not provide a rationale for why he did not order an antibiotic for Resident 242's 4/4/24 UTI. On 10/25/24 at 11:54 AM Staff 49 (Pharmacist) stated Cipro may be ineffective to treat a UTI caused by the Enterococcus faecalis organism. Staff 49 stated he hoped a susceptibility culture was completed to determine if the medication was effective. 2. Resident 29 admitted to the facility in 10/2020 with diagnoses including stroke and UTI. 10/5/24 Alert Notes at 8:58 AM and 1:49 PM indicated Resident 29 was found on the floor and complained of pain. Resident 29 was transported to the emergency room (ER) for evaluation. Resident 29 was to return to the facility. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	385148	A. Building B. Wing	10/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Royale Gardens Health & Rehabilitation Center	2075 NW Highland Avenue Grants Pass, OR 97526

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 0881 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	A review of Resident 29's Culture, Urine test results from the ER dated 10/5/24 revealed last results on 10/6/24 as No Growth to Date. Resident 29's urine was cloudy, with blood in her/his urine and a small number of leukocytes (white blood cells that help the immune system; when elevated in urine it is typically a sign of infection). An 10/5/24 physician order instructed staff to administer Keflex (an antibiotic which treats infections) two times a day for a UTI. A review of Resident 29's 10/2024 MAR instructed staff to administer Keflex two times a day for a UTI for 20 administrations with a discontinue date of 10/15/24. A review of an 10/9/24 Antibiotic Time Out assessment, which was completed on 10/15/24, revealed Resident 29 started on Keflex on 10/6/24, and the antibiotic was not effective to treat her/his bacterial infection; Resident 29 was not on the most appropriate antibiotic. Resident 29's antibiotic therapy was completed, but the duration of therapy could be shortened. The assessment indicated necessary documentation was not present to support the clinical team's assessment and decisions. In the comments section it was documented the provider declined to respond to the antibiotic time out, and Resident 29 had complete her/his antibiotic course. On 10/28/24 at 10:07 AM Staff 12 (Infection Preventionist) stated Resident 29 was transported to the ER for a fall. The hospital initiated a urine culture and did not proceed to complete the culture. The culture was provided to Resident 29's provider but no culture results were obtained as required. 3. Resident 30 admitted to the facility in 10/2018 with diagnoses including stroke and chronic kidney disease. An 10/3/24 Lab Requestion with latest culture result dated 10/7/24 revealed Resident 30's urine culture containing Klebsiella pneumoniae MDR (a bacterial infection which can infect lungs, brain, bladder, blood, wounds, liver, and eyes and is multi-drug resistant). Klebsiella was resistive to antibiotics including amoxicillin (antibiotic found in the ampicillin class). An 10/7/24 physician order instructed staff to administer Resident 30 amoxicillin-Pot clavulanate (a combination prescription antibiotic; amoxicillin is a penicillin antibiotic which fights bacteria and clavulanate is a beta lactamase inhibitor which helps prevent certain bacteria from becoming resistant to amoxicillin) every 12 hours for a UTI with MDR Klebsiella pnuemonia for five days. A review of Resident 30's 10/2024 MAR instructed staff to administer amoxicillin-Pot clavulanate two times a day for a UTI with MDR Klebsiella pneumonia for five days with a discontinue date of 10/12/24. On 10/29/24 at 2:15 PM Staff 1 (Administrator) and Staff 2 (DNS) were notified of the concerns identified with Resident 30's antibiotic Lab Requisition. 34703