

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 385148	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2025
NAME OF PROVIDER OR SUPPLIER Royale Gardens Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>33179</p> <p>Based on interview and record review it was determined the facility failed to ensure sufficient nursing staff to ensure timely incontinent care and resident showers were completed for 6 of 6 sampled residents (#s 5, 8, 12, 14, 15, and 16) reviewed for staffing. This placed residents at risk for unmet care needs. Findings include:</p> <p>The facility's 1/2025 Resident Council Notes revealed concerns related to short staffing and having care needs met.</p> <p>The facility's 3/2025 Resident Council Notes revealed resident showers were not completed as scheduled.</p> <p>Review of the assigned showers on 4/20/25 revealed Resident 5, Resident 12, Resident 14, Resident 15, and Resident 16 did not receive their showers. The CNA staff documented, not attempted due to environmental limitations, refused, or NA.</p> <p>Resident 8's 4/2025 Shower Record revealed she/he did not receive a shower on 4/23/25 and 4/25/25.</p> <p>On 4/30/25 at 5:40 PM, Resident 8 stated the facility was often short staffed, call lights were not answered timely and she/he did not always get her/his scheduled showers.</p> <p>On 4/30/25 at 6:00 PM, Staff 18 (CNA) stated staffing shortages over the past few months caused residents to miss showers and not receive timely incontinent care.</p> <p>On 4/30/25 at 6:10 PM, Staff 19 (CNA) stated he was unable to meet the care plan needs of his assigned residents including showers and had come on shift to find residents soaked in urine.</p> <p>On 4/30/25 at 7:08 PM, Staff 4 (Licensed Nurse) and Staff 5 (Licensed Nurse) stated there was not enough CNA staff to provide residents with their scheduled showers, including Resident 8.</p> <p>On 5/1/25 at 8:23 AM, Staff 17 (CNA) stated on 4/20/25 the facility was short seven CNAs for day shift; showers were missed, incontinent care was not timely, residents did not get out of bed and call lights were not answered timely. Staff 17 stated the facility was short staffed and it was common for residents to miss showers and not get timely incontinent care.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 5/1/25 at 10:00 AM, Staff 10 (CNA) stated the facility was often understaffed, she was unable to complete the assigned resident showers, and incontinent care was not completed timely.</p> <p>On 5/1/25 at 10:07 AM, Staff 9 (CNA) verified Resident 8 was not always offered showers.</p> <p>On 5/1/25 at 10:17 AM, Staff 11 (CNA), Staff 20 (CNA) and Staff 21 (CNA) all stated staffing was terrible and chaotic and resident showers were frequently missed.</p> <p>On 5/1/25 at 12:15 PM, Staff 15 (CNA) confirmed on 4/20/25 resident showers were not completed due to low staffing levels and stated she documented this as refused and NA.</p> <p>On 5/1/25 at 12:27 PM, Staff 1 (Administrator) and Staff 2 (DNS) stated the facility was short staffed for CNAs in 4/2025 and acknowledged resident showers did not occur for Residents 5, 8, 12, 14, 15 and 16 on 4/20/25.</p>		