

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

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 07/15/2026
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)		
F 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review it was determined the facility failed to provide a safe discharge for 1 of 3 sampled residents (#2) reviewed for unsafe discharge. This placed residents at risk for the lack of a safe and orderly discharge. Findings include: Resident 2 was admitted to the facility in June 2026 with diagnoses including vascular dementia. Review of a hospital Discharge summary dated [DATE] indicated Resident 2 was admitted to the hospital for cognitive impairment, failure to thrive and the inability to care for herself/himself after being found at home disoriented. The resident was diagnosed with a urinary tract infection and treated with antibiotics. The discharge summary also indicated the resident was not safe to return to independent living and was discharged to the facility. Review of Resident 2's Progress Notes indicated the following: -On 6/29/26 at 5:22 PM, indicated the resident was admitted to the facility. The resident was alert and oriented but could not remember why she/he went to the hospital. -On 7/1/26 at 4:29 PM, indicated the resident lived at home with their spouse who was the resident's caregiver. The resident's spouse was not able to provide support for the resident due to an illness. -On 7/4/26 at 9:51 AM, indicated the resident was discharged from the facility to home with discharge orders and medication release forms. Resident 2's BIMS assessment dated [DATE] indicated she/he had a score of 10 out of 15 (moderate impairment of cognition). The assessment indicated the resident was unable to report the correct year, month or day of the week. Review of a progress note dated 7/4/26 at 9:51 AM, indicated the resident was discharged from the facility to home with discharge orders and medication release forms. Review of a social service note dated 7/6/26 at 2:16 PM, indicated the facility contacted the local sheriff's department to do a wellness check on the resident. In an interview on 7/14/26 at 11:20 AM, Staff 3 (Social services) stated the resident had no support at home and did not want the resident to leave the facility. Staff 3 was not at the facility on 7/4/26 when the resident discharged. Staff 3 was able to set up the resident with Meals on Wheels and had the local Sheriff's department do a wellness check on the resident on 7/6/26. Staff 3 stated the resident's spouse was at another nursing facility recovering from an illness and was not at home. Staff 3 stated she had concerns about the resident's cognition and ability to take care of herself/himself. The facility did not contact anyone at the residence to ensure the resident was safe to go home. In an interview on 7/14/26 at 11:57 AM, Witness 1 (Neighbor) stated on 7/4/26 Resident 2 came to her house, about a mile away from the resident's home, and told her she/he was going to the store to get food for her/his cats. Witness 1 was concerned because the outside temperature was 98 degrees and the resident was walking outside. Witness 1 took the resident into her home and gave the resident water. Witness 1 took the resident home and visited the resident on 7/5/26 and found the resident lived with over 100 cats. The resident's home smelled of cat urine and was covered in cat feces. Witness 1 stated the resident was (continued on next page)		

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: 385148	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/15/2026
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)		
F 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	observed in the kitchen where burnt toast filled the house with smoke. Witness 1 stated the resident had little food in the house and called 911. On 7/6/26 and the resident was taken to a local hospital. Witness 1 stated she called the facility and left a voicemail, but no one responded. Witness 1 stated she did not know why the facility discharged the resident home. In an interview on 7/14/26 at 12:19 PM, Resident 2, who was pleasantly confused, stated she/he did not remember being at the facility. Resident 2 stated she/he remembered walking to Witness 1's house who suggested she/he go to the hospital. Resident 2 stated she/he was still at the hospital and was doing ok with no serious injuries. In an interview on 7/14/26 at 2:32 PM, Staff 4 (LPN) indicated on 7/4/26 a local transport company showed up to the facility to pick up Resident 2. Staff 4 was not informed of the resident's discharge and called the unit manager to confirm. The unit manager confirmed the resident's discharge, and she gave the resident a medication list and discharge orders. Staff 4 stated the resident was excited to go home, and Staff 4 was told family was waiting for the resident at home. In an interview on 7/15/26 at 8:05 AM, Staff 1 (Administrator) acknowledged the resident was not discharged in a safe and orderly manner.		

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 07/15/2026
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)		
F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review it was determined the facility failed to complete a discharge summary for 1 of 3 sampled residents (#2) reviewed for unsafe discharge. This placed residents at risk for unsafe discharges. Findings include: Resident 2 was admitted to the facility in 6/2026 with diagnoses including vascular dementia. Resident was discharged from the facility on 7/4/26. Review of a progress note dated 7/4/26 at 9:51 AM, indicated Resident 2 was discharged from the facility to home with discharge orders and a medication release form. Resident 2's clinical record from 6/29/26 through 7/4/26 found no documented evidence a discharge summary was completed for the resident's discharge on [DATE]. In an interview on 7/14/26 at 11:20 AM, Staff 1 (Administrator) stated no discharge summary was completed for Resident 2's discharge to home.		