

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505010	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/16/2024
NAME OF PROVIDER OR SUPPLIER Garden Village		STREET ADDRESS, CITY, STATE, ZIP CODE 206 South Tenth Avenue Yakima, WA 98902	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30528</p> <p>Based on observation, interview, and record review the facility failed to protect a resident's right to be free from verbal and physical abuse for 1 of 6 residents (Resident 1) reviewed for abuse. This failure placed the resident at risk for further abuse, injury, and diminished quality of life.</p> <p>Findings included .</p> <p>Record review of the facility's policy titled, Abuse, Neglect and Exploitation, dated 09/20/2023, showed that the facility will provide protections for the health, welfare, and rights of each resident by prohibition and prevention of abuse.</p> <p><Resident 1></p> <p>Review of the medical record showed Resident 1 was admitted on [DATE] with diagnosis including dementia (a loss of mental ability severe enough to interfere with normal activities of daily living), anxiety (the mind and body's reaction to stressful, dangerous, or unfamiliar situations) and depression. Review of the 03/01/2024 comprehensive assessment showed that the resident had severe cognitive impairment and required extensive assistance from staff for incontinent brief changes and personal hygiene.</p> <p>Record review of the 04/28/2024 incident report showed on 04/28/2024 at 8:50 PM, Staff C, Nursing Assistant (NA), reported that Staff D, NA, grabbed Resident 1's arm aggressively causing pain and then screamed profanity [at the resident] while providing personal care for the resident. Further review of the report showed Staff E, Registered Nurse (RN), documented the resident stated [Staff D] grabbed my right arm and it's hurting, [they] should not [be] working here.</p> <p>Record review of the April 2024 Medication Administration Record showed Resident 1 complained of wrist pain and received an opioid (a broad group of pain-relieving drugs that work by interacting with opioid receptors in cells. A class of drugs used to treat moderate to severe pain) pain medication on 04/28/2024 at 9:00 PM for pain described by Resident 1 as five of 10 (with 10 as highest pain) and received a non-narcotic pain medication on 04/29/2024 at 5:00 AM for wrist pain of three of 10.</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Staff C's witness statement from 04/28/2024 showed they were assisting Staff D change Resident 1, who was complaining like normal [Resident 1], then Staff D told the resident [they] were not gonna {sic} put up with their b*****t today. When it was time to turn [Resident 1] towards Staff D, Staff D grabbed [Resident 1] from the right wrist and pulled [them] aggressively and [Resident 1] yelled that Staff D hurt their wrist. [Resident 1] then hit Staff D on the face and Staff D yelled don't hit my f*****g face.</p> <p>Record review of a 04/29/2024 at 5:30 AM progress note showed an Xray of the right wrist was ordered for later in the morning. The results were negative.</p> <p>During an observation and interview on 05/16/2024 at 10:10 AM, Resident 1 stated their arm did not hurt any more while holding up their right hand/wrist. They stated they had not seen the staff that grabbed their arm since it happened and stated, It was not right for anyone to do that, it is abuse and should not happen.</p> <p>During an interview on 05/16/2024 at 10:50AM, Staff D stated the allegation from Resident 1 was false.</p> <p>During a telephone interview on 05/16/2024 at 11:15 AM, Staff C stated that they were assisting Staff D provide incontinent care that also required a complete bed change. They stated that it was usual for Resident 1 to be combative during cares and that was why it required two staff. Staff C stated when they finished cares for Resident 1, they reported immediately what they witnessed to the charge nurse.</p> <p>During an interview on 05/16/2024 at 12:20 PM, Staff A, Administrator, stated although there was no lasting injury to Resident 1, Staff D was immediately terminated due to substantiating physical and verbal abuse.</p> <p>Reference: (WAC) 388-97-0640 (1)</p> <p>This is a repeat citation from the Statement of Deficiencies dated 12/08/2023 and 08/31/2023.</p>		