

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 12/20/2024
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45117</p> <p>Based on observation, interview, and record review, the facility failed to ensure the comprehensive care plan was revised for 1 of 3 residents (Resident 1) reviewed for care plan revisions after a significant change. This failure placed the residents at risk for injury and unmet care needs.</p> <p>Findings included .</p> <p>Review of a policy titled, Comprehensive Care Plans, dated 11/2017, showed the care plan was comprehensive, person-centered, and would drive the type of care and services a resident would receive. The care plan would describe the resident's medical, nursing, physical, mental and psychosocial needs and preferences, and how the facility would assist in meeting those needs. The Minimum Data Set [(MDS) a federally mandated assessment tool that helps nursing homes evaluate the health and functional capabilities of their residents] would be used to assess the resident's clinical condition, cognitive and functional status, and use of services in developing the comprehensive care plan. The care planning process would be an on-going process; care needs and interventions would be communicated to direct care staff.</p> <p><Resident 1></p> <p>Review of the medical record showed Resident 1 was readmitted to the facility on [DATE] with diagnoses including a left neck of the femur (the narrow, cylindrical portion of the thigh bone that connects the ball-shaped part of the bone to the long, straight part of the bone) fracture. The 12/09/2024 Significant Change comprehensive assessment showed Resident 1 required substantial/maximum assistance of one staff member for activities of daily living and dependent (helper does all of the effort; resident does none of the effort to complete the activity, or the assistance of two or more helpers is required for the resident to complete the activity) on one to two staff for transfers from the bed to a chair. The assessment also showed Resident 1 had a severely impaired cognition.</p> <p>Record review of a nursing Functional Data assessment dated [DATE], showed Resident 1 was dependent for sit to lying and chair/bed-to-chair transfers.</p> <p>Record review of Resident 1's comprehensive care plan revised 11/18/2024, showed transfer equipment - gait belt (a device used to prevent falls). There were no additional interventions related to Resident 1's transfer needs, including how many staff members were required for a safe transfer.</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
---	-------	-----------

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 12/20/2024
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation on 12/18/2024 at 12:15 PM, Staff C, Nursing Assistant (NA), entered Resident 1's room to assist them from their bed to their wheelchair for lunch. Staff C was observed reviewing Resident 1's Kardex (a brand name for an informational filing system that is used as a quick reference for resident care needs) to see how Resident 1 transferred from a bed to a wheelchair. Staff C was unable to locate the information and asked Staff D, Licensed Practical Nurse (LPN), how the resident transferred. Staff D stated they did not know but if Staff C needed help to let them know. At 12:21 PM, Staff C was still in the hallway outside of Resident 1's room. They asked Staff E, NA, if Resident 1 used the sit-to-stand (a mechanical lift that helps residents transfer from one seated surface to another). Staff E stated no, (they) can kind of stand and turn to the chair. Staff C asked if Staff E knew Resident 1's weight bearing status. Staff E replied no. Staff F, NA, came to Resident 1's room to assist Staff C with the transfer. Staff F stated, I was told (they) can stand and pivot. Staff F lifted Resident 1's legs off the bed as Staff C assisted Resident 1 to sit at the edge of the bed. Staff C placed both of their arms under Resident 1's arms and lifted Resident 1 off of their bed and placed them into their wheelchair. Neither Staff C nor Staff F used a gait belt. Resident 1 stayed in the seated position during the transfer and did not place either foot on the ground.</p> <p>During an interview on 12/19/2024 at 1:27 PM, Staff G, LPN, stated Resident 1 had a fracture of their left hip. Staff G stated staff should have used two staff members and a gait belt to transfer the resident. Staff G stated the information for transfers should have been updated on Resident 1's care plan , that would then be reflected on the Kardex for the NAs to see.</p> <p>During an interview on 12/19/2024 at 1:44 PM, Staff H, MDS Coordinator, stated they completed a significant change MDS when Resident 1 had a change in their ability to transfer and needed additional help with personal care. They stated it was their normal process to update the care plan with changes immediately after they completed the MDS. Staff H stated they missed this, I should have updated it.</p> <p>During an interview on 12/20/2024 at 10:31 AM, Staff A, Director of Nursing, stated the process for care plan revisions was the nursing staff/unit manager should be updating the care plan upon readmission of the resident. They stated they were unsure why that was not completed for Resident 1.</p> <p>Reference: WAC 388-97-1020(4)(f)(5)(b)</p>		