

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  03/06/2025
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 30528</p> <p>Based on interview and record review, the facility failed to notify the physician and resident representative for 1 of 4 residents (Resident 2) reviewed for falls. This failure placed the resident at risk for a delay in medical treatment and of not having a resident representative involved in health care decision making.</p> <p>Findings included .</p> <p>Record review of the facility's policy titled, Notification of Changes of Condition, dated 07/2018, showed that the facility would inform the resident representative and the resident's physician changes in condition or accidents resulting in injury.</p> <p>Record review of the facility's policy titled, Accident Hazards Supervision Devices, dated 07/2018, showed that when a resident experienced a fall, the facility would assess for injuries, provide necessary treatment, address risk factors and revise the resident's care plan as needed.</p> <p>&lt;Resident 2&gt;</p> <p>Record review showed Resident 2 was admitted to the facility on [DATE] with diagnoses to include cerebral vascular accident (stroke, when the blood supply to part of the brain is interrupted or reduced, preventing brain tissue from getting oxygen and nutrients) and hemiplegia (paralysis to one side of the body).</p> <p>Review of the 12/02/2024 comprehensive assessment showed Resident 2 had moderate cognitive impairment, required substantial physical assistance from staff for transfers and was at risk for falls.</p> <p>Review of the 12/10/2024 care plan showed the resident was at risk for falls due to confusion and unaware of safety needs. The resident had interventions in place to reduce their risk of falls.</p> <p>Record review of a 02/03/2025 incident report showed Resident 2 had a fall on 01/22/2025 that was not reported to facility management, the resident's physician or resident representative until 02/03/2025.</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a 02/03/2025 witness statement, Staff C, Registered Nurse (RN) and agency nurse, showed they were Resident 2's nurse on 01/22/2025 and had started the post fall paperwork; however, they did not document in the resident's electronic health record (EHR).</p> <p>During an interview of 03/06/2025 at 12:55 PM, Staff D, Licensed Practical Nurse (LPN) and agency nurse stated they started work at the facility in December 2024. Staff D showed where the fall packets were at the nurse's station and stated they would follow all the steps when a resident had a fall. They stated that should the resident require assessment and treatment at the hospital, they would call the physician and the resident's representative to notify of the fall and need to go to the hospital. If there was no apparent injury, they would put a communication form in the doctor rounds file and report to the oncoming shift notifications that still need to be made.</p> <p>Record review of an example of the Post-Fall Checklist showed steps required after resident falls that included:</p> <ul style="list-style-type: none"> <li>-the event was entered into the EHR,</li> <li>-date and time the director of nurses notified,</li> <li>-date and time the medical provider was notified,</li> <li>-place the resident on alert charting for three days.</li> </ul> <p>Record review of Resident 2's progress notes from 08/30/2024 to 02/03/2025 showed the last documented fall was on 10/16/2024.</p> <p>During a telephone interview on 03/10/2025 at 9:10 AM, Resident 2's representative stated they were not notified of Resident 2's fall until a week later.</p> <p>During an interview on 03/06/2025 at 3:25 PM, Staff B, Director of Nurses, stated that when Staff C worked night shift on 01/22/2025 and responded to Resident 2's fall they started filling out the fall packet forms with the resident's head to toe exam, vital signs and neuro checks; however, Staff C had a family emergency that morning, did not give report to the next shift and the forms they started were not found until 02/03/2025. Staff B stated they were not aware Staff C had left abruptly and would have expected notification via a phone text message at a minimum.</p> <p>Reference: WAC 388-97-0320(1)(a)</p> <p>This is a repeat citation from the Statement of Deficiencies dated 10/29/2024.</p>		