

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 04/16/2025
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 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>30528</p> <p>Based on interview and record review, the facility failed to ensure that direct care staffing information, including information for agency and contract staff, was electronically submitted to the Centers for Medicare and Medicaid Services (CMS), for 1 of 3 quarters (3rd quarter of 2024), reviewed for Payroll Based Journal (PBJ, mandatory reporting of staffing information based on payroll data) submission. This failure caused the CMS to have inaccurate data related to nursing home staffing levels and had the potential to impact resident care and services.</p> <p>Findings included .</p> <p>Review of the Certification and Survey Provider Enhanced Reports (CASPER) Payroll-Based Journal Staffing Data Report showed the facility failed to report data for the period of July 1, 2024, through September 30, 2024, as required.</p> <p>During an interview on 04/16/2025 at 1:42 PM, Staff C, Business Office Manager, stated that they were responsible for reporting the PBJ data in 2024. The 3rd quarter report was the last one they transmitted, and now corporate accounting were responsible.</p> <p>During a telephone interview on 04/16/2025 at 2:00 pm, Staff D, Director of Business Intelligence at corporate, stated they were looking at the CASPER and it showed the data was not submitted and there should have been a report sent back that the submission went through to CMS.</p> <p>During an interview on 04/16/2025 at 2:05 pm, Staff C stated they could not remember if they ran the report and were not aware the submission did not go through.</p> <p>During an interview on 04/16/2025 at 2:20 pm, Staff A, Administrator, stated they were not the administrator at that time, and this was the first they were aware CMS did not receive the staffing data for 3rd quarter of 2024</p> <p>Reference: WAC 388-97-1090(1)(2)(3)</p> <p>This is a repeat citation from the Statement of Deficiencies dated 04/05/2024.</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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