

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 12/17/2025
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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. (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

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure residents were assisted with activities of daily living (ADLs) for 1 of 5 sampled residents (Resident 2) reviewed for ADLs. Failure to provide assistance with bathing to residents who were dependent on staff for provision of such care, placed the residents at risk for poor hygiene, embarrassment, impaired skin integrity, and a decreased quality of life. Findings included. Record review of the facility's policy titled, Quality of Life, dated 11/2017, showed the facility would provide the necessary assistance to provide good personal hygiene that included bathing to resident's dependent on staff for their ADLs. If residents refuse assistance with their ADLs, staff were to document the refusal in the resident's medical record. Resident 2 Record review showed Resident 2 was admitted on [DATE] with diagnoses including heart failure (a progressive heart disease that affects pumping action of the heart muscles), respiratory failure and recent cervical spinal fusion (surgery to connect two or more bones in the neck). Resident 2 discharged home on [DATE]. Review of Resident 2's 10/20/2025 comprehensive assessment showed that the resident was cognitively intact, had incontinence of bowel/bladder, and was dependent on two staff for ADLs such as bathing and hygiene. During a telephone interview on 12/02/2025 at 11:35 AM, Resident 2 stated that they did not receive a shower or bath until they had been at the facility for two weeks. They stated they did not recall refusing showers during that time, nor did they recall being offered a shower. Resident 2 stated they got a shower after telling [Resident 2's Representative, RR2] that their perineal area (region located between anus and the genitals) was itching and burning. Resident 2 stated they had a yeast rash (overgrowth of a fungus on the skin that causes itching, redness, and discomfort commonly occurs in warm, moist body areas) and told RR2 they had not showered since admission. During a telephone interview on 12/02/2025 at 11:45 AM, RR2 stated on 10/27/2025 they told facility staff right away when [Resident 2] said they had no showers since admission. RR2 stated the staff gave [Resident 2] a shower that day, I was not happy that this took so long especially with a yeast rash. Record review of a 10/23/2025 at 5:58 PM progress note showed that Resident 2 was examined by the facility physician on 10/22/2025 and received an order for an antifungal (medicine to kill or stop the growth of fungi) treatment to the yeast rash in the perineal area. Review of Resident 2's shower record, in their electronic medical record, showed their first shower was on 10/27/2025. (11 days after admission). Further record reviews showed no documented refusals or alternative bathing methods such as bed/sponge bath in the bathing record, behavior monitoring or nursing progress notes during the first 11 days in the facility. During an interview on 12/17/2025 at 1:00 PM, Staff A, Administrator, stated they reviewed the shower book looking for Resident 2's showers and found the first shower was dated 10/27/2025 in the evening. Record review of Resident 2's Skin/Shower - Bathing Review dated 10/27/2025, showed the resident had dry skin on their face and arms and the perineal area was hot/red. The form also included a prompt to document resident refusals after three approaches that included notifying a licensed nurse. During a telephone interview on 12/18/2025 at 3:00 PM, Staff C, Nursing Assistant, stated that they started as evening shift bath aide the middle of October 2025 and gave Resident 2 their shower on 10/27/2025. Staff C stated there was a different shower aide working evenings during the first two weeks Resident 2 was at the facility. Staff C stated when they looked at the shower/bath schedule book they found that Resident 2's name was not entered for Monday/Thursday evening showers until they wrote it down on 10/27/2025. Staff C stated, anyone looking at the book would not know it was [Resident 2's] shower day on the previous Mondays and Thursdays, they were not on the schedule. During an interview on 12/17/2025 at 4:30 PM, Staff A stated Resident 2 should not have gone that long without a shower. Reference: WAC 388-97-1060(2)(c)</p>		