STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505010	A. Building B. Wing	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Garden Village	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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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 8 residents (Resident 2) reviewed for abuse investigations. This failure placed residents at risk for further abuse, injury, and diminished quality of life. Findings included.Record review of the facility's policy titled, Freedom from Abuse, Neglect and Exploitation revised on 09/13/2022, showed the facility would keep residents free from abuse, neglect, and exploitation of residents and misappropriation of resident property.Resident 1A record review showed Resident 1 was admitted on [DATE] with multiple diagnoses including stroke (when the blood supply to part of the brain is interrupted or reduced, preventing brain tissue from getting oxygen and nutrients), anxiety disorder (the mind and body's reaction to stressful, dangerous, or unfamiliar situations) and depression. The resident was discharged on 05/26/2026.Review of a 04/26/2026 comprehensive assessment showed that Resident 1 had moderate cognition impairment and required extensive assistance from staff with activities of daily living (ADLs).Review of Resident 1's 05/22/2026 care plan showed they had behaviors related to their anxiety, restlessness, and agitation. The residents' specific behaviors were listed as yelling/screaming, throwing items, and physical aggression.Resident 2A record review showed Resident 2 was admitted on [DATE] with diagnoses to include vascular dementia (a loss of mental ability severe enough to interfere with ADLs) and diabetes mellitus (a metabolic disorder in which the body has high sugar levels for prolonged periods of time).Review of Resident 2's 05/02/2026 comprehensive assessment showed the resident had severe cognitive impairment, verbal behaviors directed toward others and had delusions (a fixed false belief that is resistant to reason or confrontation).Review of Resident 2's 04/29/2026 care plan showed the resident had behaviors related to their dementia. The residents' listed behaviors were verbal aggression, accusations towards staff and rejection of care.Record reviews showed that Resident 1 and Resident 2 were roommates in room [ROOM NUMBER] from 05/20/2026 to 05/25/2026.Record review of a 05/25/2026 investigation report showed that at 10:30 PM, staff heard a noise from room [ROOM NUMBER] and found Resident 2 bleeding from their upper lip. Resident 1 and Resident 2 were each in their beds and a plastic water pitcher was on the floor next to Resident 2. On examination, Resident 2 had a 1.5 centimeter (cm) laceration on their upper left lip area. Resident 2 was moved to another room and one to one staff supervision was provided for Resident 1.Record review of a 05/27/2026 at 8:00 PM progress note showed that social services staff followed up with Resident 2 regarding the incident between them and Resident 1. They reported that Resident 2 felt much better now that the other resident was gone. When asked if they felt safe, Resident 2 responded with yes, now I do.During a concurrent observation and interview on 06/03/2026 at 1:25 PM, Resident 2 was observed in their room, lying on the bed. A 1.5 cm abrasion was noted above their upper lip. They stated, a woman threw a coffee can at my face while asleep in bed. Resident 2 stated that it hurt some at the time and they were very glad that woman was gone.During a telephone interview on 06/04/2026 at 12:05 PM, Resident 1's Representative (RR1) stated that [Resident 1] told them they threw the water pitcher to hit their roommate and could not say why. During an (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	interview on 06/04/2026 at 1:35 PM, Staff A, Administrator, stated that Resident 1 and Resident 2 were roommates for five days and were not aware of any issues between the two of them.Reference: WAC 388-97-0640(1)