

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/28/2013  
FORM APPROVED  
OMB NO. 0938-0391

1437

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>505010</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><br><b>06/26/2013</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>GARDEN VILLAGE</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>206 SOUTH TENTH AVENUE<br/>YAKIMA, WA 98902</b> |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
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| F 000 | <p><b>INITIAL COMMENTS</b></p> <p>This report is the result of an unannounced Abbreviated Survey conducted at Garden Village on June 25, 2013 and June 26, 2013. A sample of 12 residents was selected from a census of 92 residents. The sample included 12 current residents.</p> <p>The following were complaints investigated as part of this survey:<br/>#2827350<br/>#2830805<br/>#2833475</p> <p>The survey was conducted by:<br/>[REDACTED], R.N.</p> <p>The survey team is from:<br/>Department of Social &amp; Health Services<br/>Aging &amp; Long Term Support Administration<br/>Residential Care Services, District 1, Unit C<br/>3611 River Road, Suite 200<br/>Yakima, Washington 98902</p> <p>Telephone (509) 225-2800<br/>Fax: (509) 574-5597</p> <p><i>[Signature]</i> <i>6/26/13</i><br/>Residential Care Services Date</p> <p>F 253<br/>SS=D 483.15(h)(2) HOUSEKEEPING &amp; MAINTENANCE SERVICES</p> <p>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</p> <p>This REQUIREMENT is not met as evidenced</p> | F 000 | <p>Our unannounced, complaint investigation was completed on June 26, 2013. The survey process serves as a guide to "measure" the quality of our services. However the final decision of the quality of our services rests with <b>you</b>: our resident, family, doctor and friend of Garden Village.</p> <p>Thank you for your continued interest in Garden Village. As you review this survey report and have any questions about any aspect of it please do not hesitate to ask for assistance.</p> <p>[REDACTED] Administrator</p> <p>Submission of this Response and Plan of Correction is <u>not</u> a legal admission that a deficiency exists or that this Statement of Deficiency was correctly cited, and is also <b>not</b> to be construed as an admission of interest against the facility, the Administrator or any employees, agents or other individuals who draft or may be discussed in this Response and Plan of Correction. In addition preparation and submission of this Plan of Correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.</p> <p>F 253</p> <p>Accordingly, the Facility has prepared and submitted this Plan of Correction solely because of the requirements under state and federal law that mandate submission of a</p> <p>Plan of Correction within ten (10) calendar days of receipt of the survey report as a</p> |  |
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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE<br><i>[Signature]</i> | TITLE<br><i>[Signature]</i> | (X6) DATE<br><b>7/9/2013</b> |
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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.

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>GARDEN VILLAGE</b> |   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>206 SOUTH TENTH AVENUE<br/>YAKIMA, WA 98902</b>  |  |   |
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| F 253   | Continued From page 1<br>by:<br>Based on observation and interviews the facility failed to provide a clean environment for residents in 2 of 5 bathrooms (Room #'s 205 and 207) as evidenced by soiled toilets. This placed residents at risk for a diminished quality of life. Findings include:<br><br>Room #205: On 6/25/13 at 11:05 a.m. and 6/26/13 at 10:00 a.m. large brown colored stains/residue was noted on the inside of the toilet bowl in the bathroom shared by six residents.<br><br>On 6/25/13 at 11:10 a.m. Resident #1 (resided in room [REDACTED]) stated the inside of the toilet bowl in the bathroom was "disgusting" and was that way all the time.<br><br>Room #207: On 6/25/13 at 11:30 a.m. and 6/26/13 at 10:00 a.m. the inside of the toilet bowl in the bathroom had large brown stains/residue.<br><br>An interview on 6/26/13 at 11:20 a.m. with Staff A ([REDACTED]) revealed she was unaware of the above condition of the toilets in Rooms 205 and 207. Following Staff A's cleaning the toilet bowls she stated she had to really scrub at the stains but much of it was removed. She stated the stains appeared to be rust residue.<br><br>Observation on 6/26/13 at 11:45 a.m. noted both toilet bowls were much improved. All the stains were removed from the toilet in Room 207 with minimal amount of stains still present in the toilet of Room 205. | F 253   | condition to participate in the Title 18 and Title 19 programs.<br><br>The submission of the Plan of Correction within this time frame should in no way be considered or construed as agreement with the allegations of non-compliance or admissions by the facility.<br><br><b>F-253 483.15(h)(2)<br/>HOUSEKEEPING &amp;<br/>MAINTENANCE SERVICES</b><br><br>Toilets with stains and discoloration will be replaced by August 31, 2013 by Maintenance Director.<br><br>The Housekeeping Supervisor reviewed all cleaning supplies and equipment to ensure that proper tools for cleaning toilets are available.<br><br>New soft toilet brushes were purchased and distributed to all Housekeeping Carts.<br><br>In-Service demonstration and training on toilet cleaning was done for All Housekeeping staff. Standards for reporting stains or damages were also reviewed. | 8/31/13<br><br>6/27/13<br><br>6/28/13<br><br>6/28/13 |   |
| F 281<br>SS=D   | 483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS   | F 281   |  |  |   |

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| F 281   | <p>Continued From page 2</p> <p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Based on record review and interviews the facility failed to ensure professional standards of practice were followed for medication administration for 1 of 4 residents (#1) reviewed. Staff B (Licensed Nurse) administered a medication to the resident without a physician's order. This failed practice could potentially result in harm to the resident. Findings include:</p> <p>Resident #1: Review of physician's orders noted Tylenol suppository, initially ordered on 5/2/13, to be administered rectally every 4-6 hours as needed for elevated temperature of 101 if resident unable to take oral medication; that order was discontinued by the physician on 5/17/13. There remained in place a physician's order for oral Tylenol two tablets every four hours as needed for pain or elevated body temperature of 100.0 degrees rectally or above.</p> <p>Review of the resident's medical record noted documentation on 6/11/13 which stated the resident had an elevated body temperature of 101.2 degrees, was short of breath, weak, had abdominal pain, and was noncompliant with cooling measures. Documentation stated in order to decrease the body temperature "as fast as possible" the Licensed Nurse asked the resident if he wanted the suppository and he stated yes. Despite the resident's ability to take oral medication without difficulty and lack of a</p> | F 281   | <p>A procedure and documentation log were implemented for the Housekeeping Supervisor to inspect all resident toilets weekly for 90 days to insure proper cleanliness and good repair and report progress to the Quality Assurance Committee. On-going through 9/28/2013</p> <p><b>F-281 483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</b></p> <p>DNS reviewed issue with LN. If no order, LN will call physician. LN truly thought she had an order.</p> <p>Resident discharged home.</p> <p>Protocol for Tylenol prn order has been modified by medical director.</p> <p>DNS will QA LN #B for next 30 days R/T having order for an prn used.</p> <p>All current residents have had their Tylenol protocols modified with physician approval.</p> | <p>6/26/13</p> <p>6/25/13</p> <p>7/2/13</p> <p>ongoing</p> <p>7/9/13</p> |

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| F 281 | <p>Continued From page 3</p> <p>physician's order (as it had been discontinued on 5/17/13) a Tylenol suppository was administered to the resident on 6/11/13.</p> <p>Review of the resident's May 2013 Medication Administration Record revealed the Tylenol suppository order was clearly noted as being discontinued on 5/17/13.</p> <p>An interview with Staff B on 6/25/13 at 3:20 p.m. revealed she was unaware the Tylenol suppository order had been discontinued on 5/17/13 and wanted to administer a suppository rather than oral Tylenol as it "worked faster."</p> | F 281 |  |  |
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