

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056229	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER Palm Springs Healthcare & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 277 S Sunrise Way Palm Springs, CA 92262	

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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48240</p> <p>Based on observation, interview, and record review, the facility failed to ensure that the ventilators (vent -a medical device that helps a patient breathe), for eight of 12 residents, Residents 1, 2, 3, 4, 5, 6, 7, and 8, were serviced by the due dates indicated on the label at the back of the vents and according to the manufacturer ' s recommendation.</p> <p>This failure had the potential to result in Residents 1, 2, 3, 4, 5, 6, 7, and 8 ' s increased risk for infection and improper ventilation.</p> <p>Findings:</p> <p>On February 26, 2025, an unannounced visit was conducted at the facility.</p> <p>On February 26, 2025, at 8:36 a.m., during a concurrent observation of Resident 1 with Respiratory Therapist (RT) 1, Resident 1 was lying in bed with eyes closed, with a tracheostomy tube (trach tube - a tube inserted through a surgically created opening in the neck, directly into the windpipe to help a person breathe when their mouth and nose are obstructed or not working properly) connected to a vent. RT 1 stated Resident 1 ' s vent had a label indicating a service due date of March 2, 2024. The RT checked the vent settings and stated the vent had 22,864 blower hours (BH - cumulative runtime of the vent ' s blower or turbine, which is responsible for generating airflow and pressure for patient ventilation).</p> <p>On February 26, 2025, at 9:03 a.m., during a concurrent observation of Resident 2 and an interview with RT 1, Resident 2 was in her room awake, alert and sitting in bed, with a trach tube connected to a vent. RT 1 stated Resident 2 ' s vent had a service due date of March 22, 2024, and had 25,042 BH.</p> <p>On February 26, 2025, at 9:08 a.m., during a concurrent observation of Resident 3 and an interview with RT 1, Resident 3 was in her room, lying in bed with eyes closed, with a trach tube connected to a vent. RT 1 stated Resident 3 ' s vent had a service due date of December 6, 2024, and had 11,645 BH.</p> <p>On February 26, 2025, at 9:12 a.m., during a concurrent observation of Resident 4 and an interview with RT 1, Resident 4 was in his room, lying in bed with eyes closed, with a trach tube connected to a vent. RT 1 stated Resident 4 ' s vent had a service due date of December 6, 2024, and had 7,938 BH.</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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On February 26, 2025, at 9:24 a.m., during a concurrent observation of Resident 5 and an interview with RT 1, Resident 5 was in his room, , awake, alert, lying in bed, watching television, with a trach tube connected to a vent. RT 1 stated Resident 5 ' s vent had a service due date of December 6, 2024, and had 10,861 BH.</p> <p>On February 26, 2025, at 9:30 a.m., during a concurrent observation of Resident 6 and an interview with RT 1, Resident 6 was in her room, lying in bed with eyes closed, with a trach tube connected to a vent. RT 1 stated Resident 6 ' s vent had a service due date of July 5, 2023, and had 18,298 BH.</p> <p>On February 26, 2025, at 9:43 a.m., during a concurrent observation of Resident 7 and interview with RT 1, Resident 7 was in his room, lying in bed with eyes closed, with a trach tube connected to a vent. RT 1 stated Resident 7 ' s vent had a service due date of December 6, 2024, and had 13,234 BH.</p> <p>A review of Resident 1 ' s medical record indicated she was admitted to the facility on [DATE], with diagnoses which indicated anoxic brain damage (damage to the brain caused by a complete lack of oxygen), respiratory failure (a serious condition that occurs when your lungs can't get enough oxygen into your blood) with tracheostomy and dependence on vent.</p> <p>A review of Resident 2 ' s medical record indicated she was admitted readmitted to the facility on [DATE], with diagnoses which indicated respiratory failure with tracheostomy and dependence on vent.</p> <p>A review of Resident 3 ' s medical record indicated she was admitted to the facility on [DATE], with diagnoses which included anoxic brain damage (a condition when the brain is completely deprived of oxygen) and respiratory failure with tracheostomy and dependence on vent.</p> <p>A review of Resident 4 ' s medical record indicated he was readmitted to the facility on [DATE], with diagnoses which included nontraumatic intracerebral hemorrhage (bleeding within the brain tissue without any head injury) and respiratory failure with tracheostomy and dependence on vent.</p> <p>A review of Resident 5 ' s medical record indicated he was readmitted to the facility on [DATE], with diagnoses which included respiratory failure with tracheostomy and dependence on vent.</p> <p>A review of Resident 6 ' s medical record indicated she was readmitted to the facility on [DATE], with diagnoses which included respiratory failure with tracheostomy and dependence on vent.</p> <p>A review of Resident 7 ' s medical record indicated he was readmitted to the facility on [DATE], with diagnoses which included stroke (a condition when blood flow to the brain is interrupted) with right sided weakness, respiratory failure with tracheostomy and dependence on vent.</p> <p>On February 26, 2025, at 10:59 a.m., during an interview, RT 1 stated the vents should undergo preventative maintenance (PM) yearly, based on the due dates indicated on the labels, to ensure that the vents were functioning properly and for residents ' safety. RT 1 stated he was instructed to focus on the vents ' BH instead. RT 1 stated if the vent had not reached 30,000 BH, it was considered safe to use. RT 1 stated it was his responsibility to ensure that the vents undergo PM, and he requested for the PM of the vents last week to his Supervisor and the owner of (name of respiratory company) over the phone. RT 1 stated once he made the request, it was beyond his control.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On February 26, 2025, at 4:45 p.m., during an interview, the ADM stated the RN Sub-acute Coordinator and RT 1 should ensure that all vents are functioning and had undergone PM. The ADM stated she was unaware that the vents had not undergone PM. The ADM stated the vents for Residents 1, 2, 3, 4, 5, 6, 7, and 8 should have undergone PM on the due dates indicated on the label of each vent.</p> <p>A record review of the undated operating manual of the vents titled [NAME] 50 Operating Manual indicated . Regular maintenance inspections and controls shall be carried out at least every 12 months .</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48240</p> <p>Based on observation, interview, and record review, the facility failed to ensure for 12 of 14 residents, Residents 2, 3, 4, 5, 6, 8, 9, 10, 11, 12, 13 and 14, infection control practices where in place when multiple respiratory equipment was not changed and dated according to the facility 's policy and procedure.</p> <p>Findings:</p> <p>On February 26, 2025, an unannounced visit was conducted at the facility.</p> <p>On February 26, 2025, at 8:36 a.m., during an interview, Respiratory Therapist (RT) 1 stated respiratory equipment was changed routinely and as needed (PRN). RT 1 stated they have a schedule to follow. RT 1 stated ventilator circuits, bacterial viral filters (BVF) are changed monthly and PRN; the heat moisture exchangers (HME - a miniature artificial nose that warms and moisten the air a person breathes through their tracheostomy) are changed every Monday, Wednesday and Friday; the [NAME] suction catheters (a medical device that allows to safely suction (remove mucus) from a patient's airway (like through a tracheostomy tube) while they are still on a ventilator, without disrupting their ventilation) are changed every Tuesday. The HHNs are changed every Saturday. The oxygen tubing is changed every Thursday.</p> <p>On February 26, 2025, at 9:03 a.m., during a concurrent observation of Resident 2 and interview with RT 1, Resident 2 was in her room awake, alert and sitting in bed, with a tracheostomy tube (trach tube - a tube inserted through a surgically created opening in the neck, directly into the windpipe to help a person breathe when their mouth and nose are obstructed or not working properly) connected to a ventilator (vent -a medical device that helps a patient breathe). RT 1 stated the oxygen tubing was dated January 30, 2025, and should have been changed.</p> <p>On February 26, 2025, at 9:08 a.m., during a concurrent observation of Resident 3 and an interview with RT 1, Resident 3 was in her room, lying in bed with eyes closed, with a trach tube connected to a vent. RT 1 stated the BVF filter was dated January 21, 2025, and should have been changed on February 21, 2025.</p> <p>On February 26, 2025, at 9:12 a.m., during a concurrent observation of Resident 4 and an interview with RT 1, Resident 4 was in his room, lying in bed with eyes closed, with a trach tube connected to a vent. RT 1 stated the HHN and suction tip were undated and should have been dated when changed.</p> <p>On February 26, 2025, at 9:20 a.m., during a concurrent observation of Resident 8 and an interview with RT 1, Resident 8 was in his room, lying in bed with eyes closed, with a trach tube connected to a vent. RT 1 stated the BVF was undated and should have been dated when changed.</p> <p>On February 26, 2025, at 9:22 a.m., during a concurrent observation of Resident 9 and an interview with RT 1, Resident 9 was in her room, lying in bed with eyes closed, with a trach tube connected to a vent. RT 1 stated the BVF and oxygen tubing were undated and should have been dated when changed.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On February 26, 2025, at 9:24 a.m., during a concurrent observation of Resident 5 and an interview with RT 1, Resident 5 was in his room, awake, alert, lying in bed, watching television, with a trach tube connected to a vent. RT 1 stated the BVF was dated March 5, 2025. RT 1 stated the RT who changed the BVF may have dated it for when it needs to be change. RT 1 stated the RT should have dated the BVF on the date it was changed.</p> <p>On February 26, 2025, at 9:30 a.m., during a concurrent observation of Resident 6 and an interview with RT 1, Resident 6 was in her room, lying in bed with eyes closed, with a trach tube connected to a vent. RT 1 stated the HHN was undated and should have been dated when changed; the BVF was dated December 6, 2024, and should have been changed on January 6, 2025; the oxygen tubing was dated January 30, 2025, and should have been changed on February 20, 2025.</p> <p>On February 26, 2025, at 9:33 a.m., during a concurrent observation of Resident 10 and an interview with RT 1, Resident 10 was in her room, lying in bed with eyes closed, with a trach tube connected to a vent. RT 1 stated the HHN was not dated and should have been dated when changed; the BVF filter was dated January 9, 2025, and should have been changed on February 9, 2025.</p> <p>On February 26, 2025, at 9:37 a.m., during a concurrent observation of Resident 11, and an interview with RT 1, Resident 11 was in his room, lying in bed with eyes closed, with a trach tube connected to a vent. RT 1 stated the HHN and BVF were not dated and should have been dated when changed.</p> <p>On February 26, 2025, at 9:39 a.m., during a concurrent observation of Resident 12, and an interview with RT 1, Resident 12 was in his room, lying in bed with eyes closed, with a trach tube connected to a vent. RT 1 stated the HHN and BVF were not dated and should have been dated when changed.</p> <p>On February 26, 2025, at 9:43 a.m., during a concurrent observation of Resident 13, and an interview with RT 1, Resident 13 was in his room, lying in bed with eyes closed, with trach connected to a vent. RT 1 stated the BVF was undated and should have been dated when changed; the oxygen tubing was dated January 30, 2025, and should have been changed on February 20, 2025.</p> <p>On February 26, 2025, at 9:46 a.m., during a concurrent observation of Resident 14, and an interview with RT 1, Resident 14 was in his room, lying in bed, alert and awake, with a trach tube connected to an oxygen concentrator (a medical device that gives you extra oxygen). RT 1 stated the oxygen tubing was dated January 30, 2025, and it should have been changed on February 20, 2025.</p> <p>On February 26, 2025, at 10:59 a.m., during an interview, RT 1 stated the RTs should date respiratory equipment when changing it to ensure they follow routine equipment changes as scheduled, prevent the use of outdated respiratory equipment on residents and maintain infection control standards.</p> <p>On February 26, 2025, at 4:15 p.m., during an interview, Registered Nurse (RN) 1, who was also the Sub-acute Coordinator, stated the night shift (6:30 p.m. - 6:30 a.m.) RTs were responsible for changing respiratory equipment and they should be dating and documenting when equipment is changed. RN 1 further stated it was important to date and change respiratory equipment to keep track of when it was changed and to maintain infection control practices.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the undated facility document titled, RESPIRATORY EQUIPMENT CHANGE SCHEDULE indicated .NIGHT SHIFT .TUESDAY .BALLARDS . THURSDAY .O2 (OXYGEN) TUBING .SATURDAY . HHNS .CHANGE EQUIPMENT PRN IF NEEDED .VENT CIRCUITS & BAC FILTERS (BVF) ARE TO BE CHANGED EVERY 5TH OF THE MONTH .DATE EQUIPMENT NEATLY AND VISIBLY WITH DAY, MONTH AND YEAR .</p> <p>A review of the facility ' s undated policy and procedure titled, .Changing Disposable Equipment indicated . Disposable equipment is for single patient use only and be change (sic) as regularly scheduled and on a PRN basis .Disposable equipment must be labeled with the patient ' s name and date. Equipment such as (i. e. yankers (sic), suction tubing and HHN) must be bagged individually and label (sic) properly .</p>