

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 02/11/2026
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)		
F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to notify the resident's representative, for one of three residents reviewed (Resident 5), when Resident 5 experienced a fall. This failure resulted in the resident's representative not being aware of the resident's change of condition. Findings: A review of Resident 5's Face Sheet indicated the resident was admitted to the facility on [DATE], with a diagnosis of traumatic subarachnoid hemorrhage (stroke causing brain cell damage) following a motor vehicle accident. A review of Resident 5's Brief Interview for Mental Status (BIMS-A cognitive assessment) dated January 17, 2025, indicated Resident 5 had severe cognitive impairment. A review of Resident 5's Doctor's Orders dated February 5, 2025, indicated Resident 5 did not have the capacity to make his own decisions. On February 5, 2026, at 10:15 am, an interview was conducted with the Administrator who stated Resident 5's representative makes his healthcare decisions due to the resident's severe cognitive impairment. A review of Resident 5's SBAR (change of condition - COC) dated May 16, 2025, at 1:10 a.m., indicated Resident 5 had an unwitnessed fall and was found on the floor next to his bed. Further review indicated, . Notified MD (medical doctor) and calling (representative) in am . A review of Resident 5's Risk Meeting Notes dated May 16, 2025, at 9:23 a.m., attended by the Director of Nursing (DON), indicated, .Initial Risk Note: (Status post fall) with injury today at (1:10 a.m.).Resident Representative Notified: No. A review of Resident 5's progress notes following the resident's unwitnessed fall on May 16, 2025, indicated no documentation stating Resident 5's representative was notified of the resident's unwitnessed fall. On February 5, 2026, at 2:15 p.m., a concurrent record review of Resident 5's May 16, 2025, SBAR, Risk Meeting Notes, progress notes, and interview with the Subacute Coordinator (SAC) was conducted. The SAC stated notification to a resident's representative should be done at the time of the COC. The SAC verified Resident 5 had an unwitnessed fall on May 16, 2025, and the SBAR, Risk Meeting and progress notes did not indicate the resident's representative was notified of the fall. On February 11, 2026, at 12:57 p.m., a concurrent record review of Resident 5's May 16, 2025, SBAR, Risk Meeting, progress notes, and an interview with the DON was conducted. The DON stated when a resident has a COC, notification to the resident's representative should be made at the time of the COC and the nurse should document the date and time the notification was made on the resident's SBAR and concurrent progress notes. The DON verified Resident 5 had an unwitnessed fall on May 16, 2025, and the SBAR, Risk Meeting and progress notes did not indicate the resident's representative was notified of the fall. A facility policy and procedure titled, Changes in Resident Condition, undated, indicated, .Purpose .The.resident representative (if resident has no capacity to make health care decisions.) are notified when changes in condition .occur .Procedure .The resident representative.are notified by the Licensed Nurse/Company Designee when there is .an accident involving the resident which results in injury and has the potential for requiring physician intervention .		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 056229
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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Keep all essential equipment working safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to maintain proper use of Low Air Low (LAL) Mattresses (A specialized air-filled mattress used to treat and prevent the development of pressure ulcers - skin damage caused by prolonged pressure to one area of the body), when the resident's LAL pump/air pressure was not maintained at the proper setting for four of 6 residents reviewed (Residents 1, 2, 3 and 4). This failure had the potential to contribute to the development and/or prolonged healing of pressure ulcer's (PUs). Findings: On February 11, 2026, at 10:12 a.m., an interview was conducted with Registered Nurse (RN) 1, who stated a facility medical intervention to help residents avoid development and assist with healing of PU's includes the use of an LAL mattress. The RN stated the LAL mattress has a pump that fills it with air, which relieves prolonged pressure on the resident's skin. The RN further stated the amount of air/pressure of the LAL mattress is controlled by a dial on the pump which is set according to the resident's weight. RN 1 further stated the Subacute Unit's Coordinator (SAC) placed a yellow arrow on each resident's LAL pump, correlating with the resident's weight, indicating to staff where the dial should be set. On February 11, 2026, at 10:35 a.m., a concurrent observation of Resident 1's LAL pump and an interview with RN 1 was conducted. Resident 1's LAL pump had a yellow arrow placed between the numbers of 80 to 160 pounds (lbs.). The resident's LAL dial was set at 400 lbs. RN 1 verified the LAL pump was incorrectly set at 400 lbs., stating it should be set here, as RN turned the pump dial to line up with the yellow arrow between 80 to 160 lbs. A record review of Resident 1's weight, dated January 12, 2026, indicated the resident weighed 117 lbs. On February 11, 2026, at 10:40 a.m., an interview was conducted with the SAC. The SAC stated she placed yellow arrows on the resident's LAL pumps, indicating where staff should set the pump/air pressure, according to the resident's weight. The SAC stated it's important that the resident's LAL pump is set and customized according to the resident's weight because it relieves pressure on the resident's skin and minimizes the risk of developing PU's. On February 11, 2026, at 10:45 a.m., a concurrent observation of Resident 2's LAL pump, and interview with SAC was conducted. Resident 2's LAL pump had a yellow arrow placed between 100 and 150 lbs., and the dial was set at 350 lbs., stating Firm. The SAC stated, The (LAL pumps) dial is not set where it should be. The SAC verified Resident 2's LAL pump was set at 350 lbs., and the correct setting is between 100 and 150 lbs., correlating with Resident 2's weight. A record review of Resident 2's weight, dated January 12, 2026, indicated the resident weighed 144 lbs. On February 11, 2026, at 11:00 a.m., a concurrent observation of Resident 3's LAL pump, and an interview with the SAC was conducted. Resident 3's LAL pump had a yellow arrow placed between 80 to 160 lbs., and the resident's dial was set to 400 lbs., stating Max. The SAC verified Resident 3's pump was not set correctly, stating the dial should be lined up with the yellow arrow between 80 to 160 lbs., not at 400 lbs. A record review of Resident 3's weight, dated January 12, 2026, indicated the resident weighed 150 lbs. The SAC further stated it is her expectations for the resident's assigned Licensed Vocational Nurse (LVN) to check and verify the residents LAL pumps settings are correct at the beginning of their shifts. On February 11, 2026, at 11:05 a.m., an interview was conducted with LVN 1 who stated LAL mattresses are used as an intervention to prevent the development of PU's. LVN 1 stated LAL mattress pumps are set according to the resident's weight, and the dial should be lined up with the yellow arrow on the pump. LVN 1 stated when the pump is set correctly the air pressure is evenly distributed across the resident's body. The LVN stated he checks the correct setting of his assigned resident's LAL pump at the beginning and end of his shift, and after resident care has been provided. LVN 1 verified he was the assigned LVN for Resident 1. LVN 1 stated he did check Resident 1's LAL pump at the beginning</p> <p>(continued on next page)</p>		

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>of his shift and verified It was good (at the correct setting). LVN 1 verified Resident 1 later received a wound treatment. LVN 1 stated he did not re-check the setting on Resident 1's LAL pump after his treatment and he should have to ensure the resident's pump was at the correct setting. On February 11, 2026, at 11:25 a.m., a concurrent observation of Resident 4's LAL pump, and an interview with LVN 1 was conducted. Resident 4's LAL pump had a yellow arrow placed at 200 lbs., and the resident's pump was set to 285 lbs. LVN 1 verified Resident 4's pump was not set correctly, stating the resident's mattress was over inflated which can make the surface hard and may contribute to the development of PUs. LVN 1 further stated, I don't think I checked on (Resident 4's) mattress (setting) today and I should have. A record review of Resident 4's weight, dated January 12, 2026, indicated the resident weighed 183 lbs. On February 11, 2026, at 11:55 a.m., an interview was conducted with the Director of Nursing (DON) who verified the LAL pump settings correlate with the resident's weight, and she expects the LVN to check the LAL pump at the beginning of their shift and after resident care to ensure the setting is correct. A review of Resident 1's, Face Sheet indicated the resident was admitted to the facility on [DATE], with a diagnosis of traumatic subarachnoid hemorrhage (severe stroke-death to brain cells). A review of Resident 1's Brief Interview for Mental Status (BIMS-a cognitive assessment) indicated the resident had severe cognitive impairment. A review of Resident 1's Doctor's (Drs) Orders dated December 22, 2025, at 10:10 a.m., indicated, . LAL mattress LN (Licensed Nurse) to monitor function, proper set-up and placement .A review of Resident 2's Face Sheet indicated the resident was admitted to the facility on [DATE], with a diagnosis of traumatic subarachnoid hemorrhage. A review of Resident 2's BIMS indicated the resident had severe cognitive impairment. A review of Resident 2's Dr's Orders dated December 30, 2025, at 9:05 a.m., indicated, . LAL mattress LN to monitor function, proper set-up and placement . A review of Resident 3's Face Sheet indicated the resident was admitted to the facility on [DATE], with a diagnosis of anoxic brain damage (brain damage caused by oxygen deprivation). A review of Resident 3's BIMS score indicated the resident had severe cognitive impairment. A review of Resident 3's Dr's Orders dated, November 25, 2025, at 9:21 a.m., indicated, . LAL mattress LN to monitor function, proper set-up and placement . A record review of Resident 4's Face Sheet indicated resident was admitted to the facility on [DATE], with a diagnosis of acute and chronic respiratory failure.A review of Resident 4's BIMS score indicated the resident had severe cognitive impairment. A review of Resident 4's Dr's Orders dated, February 1, 2026, at 1:22 a.m., indicated, . LAL mattress LN to monitor function, proper set-up and placement .A review of the facility's policy and procedure titled, Low Air-Loss Therapy Bed, undated, indicated, Low-air-loss therapy beds inflate to specific pressures based on the height and weight of the patient .</p>		