

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 12/12/2024
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 0638</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Assure that each resident's assessment is updated at least once every 3 months.</p> <p>39920</p> <p>Based on interview and record review, the facility failed to timely (within three months) complete the quarterly MDS (Minimum Data Set - an assessment tool used to evaluate the health status of nursing home residents) assessment for six of 81 residents still in the facility (Residents 57, 14, 38, 28, 30 and 35).</p> <p>This failure had the potential to negatively impact the residents' quality of care and had the potential for staff to not be aware of the residents' care needs and provide appropriate treatment.</p> <p>Findings:</p> <p>On December 11, 2024, at 10:05 a.m., an interview and concurrent record review was conducted with the MDS nurse. The MDS nurse stated Resident 57's MDS quarterly assessment was over three months old.</p> <p>The MDS quarterly assessment was reviewed for all 81 residents in the facility. Five other residents did not have the MDS quarterly assessment completed within three months from the last assessment on August 4, 2024: Resident 14, Resident 38, Resident 28, Resident 30, and Resident 35.</p> <p>The MDS nurse stated the MDS assessments for Residents 57, 14, 38, 28, 30, and 35 should have been completed by November 4, 2024, within three months from the last quarterly assessment, which was August 4, 2024.</p> <p>On December 11, 2024, at 11:54 am, an interview and concurrent record review was conducted with the Director of Nursing (DON).</p> <p>The DON confirmed the quarterly MDS assessments for Residents 57, 14, 38, 28, 30, and 35 was not completed timely, and it should have been done within three months (92 days) from the last quarterly assessment.</p> <p>The facility policy and procedure titled, .Submission and Correction of the MDS Assessments ., revised October 2023, was reviewed. The policy indicated, .Nursing homes are required to submit Omnibus Budget Reconciliation Act (OBRA) required Minimum Data Set (MDS) records for all residents in Medicare- or Medicaid-certified beds regardless of the payer source .An OBRA assessment (comprehensive or Quarterly) is due every quarter unless the resident is no longer in the facility .</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 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care or services that was trauma informed and/or culturally competent.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 29623</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident with post-traumatic stress disorder (PTSD - a disorder in which a person has difficulty recovering after experiencing or witnessing a terrifying event) was identified timely and the trauma informed practices and care plan were implemented for one of one resident reviewed (Resident 70).</p> <p>This failure resulted in Resident 70's verbalization of feeling sad and resulted in his mental and psychosocial needs not being met by the facility.</p> <p>Findings:</p> <p>On December 9, 2024, at 4 p.m., Resident 70 was observed sitting upright in his bed awake, alert, and able to verbalize his needs. Resident 70 verbalized the past history of trauma in his life. He was asking to talk to someone in regards to his feelings and about his PTSD.</p> <p>On December 10, 2024, Resident 70's record was reviewed. Resident 70 was admitted to the facility on [DATE], with diagnoses which included Chronic Obstructive Pulmonary Disease(COPD- lung disease). The history and physical dated April 20, 2024, indicated Resident 70 had the capacity to make health care decisions.</p> <p>The Minimum Data Set (MDS- an assessment tool) dated October 27, 2024, indicated Resident 70's Brief Interview for Mental Status (BIMS - an assessment tool to screen for cognitive impairment) a score of 13, being cognitively intact.</p> <p>The physician's orders dated April 19, 2024, indicated .May have Psychiatry and Psychology consult as needed .</p> <p>The (name of behavioral group) document dated June 5, 2024, indicated Resident 70 was visited by a psychologist (a mental health professional). The psychologist notes indicated Resident 70 .verbalized sadness, nervousness and depression .a traumatic life-history living with alcoholic mother and seven different abusive step fathers .placed in the foster care system at a young age .described his life as all trauma .heavy tobacco dependence, substance abuse including alcohol .abused by his partner .lost his finances .had severe automobile accident in his early 20's .</p> <p>There was no documented evidence Resident 70's pertinent psychosocial history and evaluation of the psychologist were discussed by the Interdisciplinary Team (IDT - a group of healthcare professionals from different disciplines who coordinates and deliver care to patients).</p> <p>There was no documented evidence a trauma informed care plan for Resident 70's was developed since June 5, 2024, after Resident 70 was evaluated by the psychologist.</p> <p>The document titled,Psychiatric Visit Progress Report, dated December 10, 2024, indicated, .Resident 70 wanted to ask about mental health, had PTSD and wanted therapy .severe depression .</p> <p>(continued on next page)</p>		

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<p>F 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The physician's order dated December 10, 2024, indicated Resident 70 was started on Remeron (a medication used for depression) 15 milligram (mg - a unit of measurement) nightly for depression.</p> <p>On December 11, 2024, at 3:59 p.m., a concurrent interview and record review was conducted with the Social Service Director (SSD). The SSD stated Resident 70 did not verbalize any traumatic life history to her when he was admitted . She acknowledged she made a referral to the psychologist on June 5, 2024, when the staff told her Resident 70 was feeling sad and wanted to talk to someone. She stated she should have discussed the result of the psychologist's evaluation on April 5, 2024, with the IDT. She stated a care plan was not developed for Resident 70's PTSD.</p> <p>The facility's undated policy and procedure, titled, Trauma Informed Care, indicated, .To guide staff in appropriate and compassionate care specific to individuals who have experienced trauma .Trauma-informed care is culturally sensitive and person-centered .Caregivers are taught strategies to help eliminate, mitigate or sensitively address a resident's triggers .</p>

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>49613</p> <p>Based on observation, interview, and record review, the facility failed to ensure the accountability of controlled medications (those with high potential for abuse and addiction) and the appropriate use of pain medications when:</p> <p>1. The Controlled Drug Records (accountability records, an inventory sheet that keeps records of the usage of controlled medications) for five of six residents reviewed (Residents 7, 53, 54, 68, and 70) did not reconcile with the Medication Administration Records (MAR).</p> <p>This failure resulted in inaccurate accountability and the potential for abuse and diversion of controlled medications; and</p> <p>2. Nursing staff failed to administer one medication as ordered by the prescriber for one of five residents reviewed (Resident 70).</p> <p>This failure resulted in Resident 70 receiving a dose of pain medication without the appropriate indication.</p> <p>Findings:</p> <p>1a. Resident 7 had a physician order, dated November 20, 2024, for oxycodone (a controlled medication for pain) 5 milligrams (mg), one tablet by mouth every four hours as needed for moderate pain.</p> <p>During a concurrent interview and record review on December 10, 2024, at 11:19 a.m., with Licensed Vocational Nurse (LVN) 1, Resident 7's oxycodone 5 mg Controlled Drug Record (CDR) and November 2024 MAR were reviewed. LVN 1 confirmed the CDR indicated the nursing staff signed out one tablet on the following dates and times but did not document the administration on the MAR (total of two doses) on November 22, 2024, at 8:36 a.m. and November 27, 2024, at 6 p.m.</p> <p>Resident 7 had an additional physician order, dated November 22, 2024, for oxycodone 10 mg, one tablet by mouth every four hours as needed for severe pain.</p> <p>During a concurrent interview and record review on December 10, 2024, at 11:19 a.m., with LVN 1, Resident 7's oxycodone 10 mg CDR and December 2024 MAR were reviewed. LVN 1 confirmed the CDR indicated the nursing staff signed out one tablet on the following dates and times but did not document the administration on the MAR (total of two doses) on December 4, 2024, at 12 a.m. and December 9, 2024, at 6:35 a.m.</p> <p>1b. Resident 54 had a physician order, dated December 3, 2024, for hydrocodone with acetaminophen (a controlled medication for pain, generic for Norco) 5-325 mg, one tablet by mouth every six hours as needed for moderate and severe pain.</p> <p>(continued on next page)</p>

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent interview and record review on December 10, 2024, at 11:40 a.m., with LVN 1, Resident 54's Norco 5-325 mg CDR and December 2024 MAR were reviewed. LVN 1 confirmed the CDR indicated the nursing staff signed out one tablet on the following date and time but did not document the administration on the MAR (total of one dose) on December 10, 2024, at 2 a.m.</p> <p>1c. Resident 53 had a physician order, dated March 4, 2024, for oxycodone with acetaminophen (a controlled medication for pain, generic for Percocet) 10-325 mg, one tablet by mouth every four hours as needed for severe pain. Resident 53 had an additional physician order, dated May 29, 2024, for Percocet 10-325 mg, one tablet by mouth every six hours routinely for pain.</p> <p>During a concurrent interview and record review on December 10, 2024, at 12:21 p.m., with the Director of Nursing (DON), Resident 53's Percocet 10-325 mg CDR and December 2024 MAR were reviewed. The DON verified there was only one CDR for the two Percocet 10-325 mg orders. The DON confirmed the CDR indicated the nursing staff signed out one tablet on the following dates and times but did not document the administration on the MAR (total of two doses) on December 8, 2024, at 11 p.m., and December 9, 2024, at 11 p.m.</p> <p>1d. Resident 70 had a physician order, dated August 13, 2024, for Norco 10-325 mg, one tablet by mouth every six hours as needed for moderate to severe right hand/wrist pain.</p> <p>During a concurrent interview and record review on December 10, 2024, at 12:48 p.m., with the DON, Resident 70's Norco 10-325 mg CDR and December 2024 MAR were reviewed. The DON confirmed the CDR indicated the nursing staff signed out one tablet on the following dates and times but did not document the administration on the MAR (total of four doses):</p> <ul style="list-style-type: none"> - December 8, 2024, at 4 p.m.; - December 8, 2024, at 11:30 p.m.; - December 9, 2024, at 6 p.m.; and - December 9, 2024, at 11:45 p.m. <p>1e. Resident 68 had a physician order, dated May 2, 2024, for oxycodone 5 mg, one tablet by gastric tube (a tube inserted through the abdomen that delivers nutrition and medications directly to the stomach) every eight hours as needed for moderate to severe pain, discontinued on December 2, 2024. Resident 68 had an additional physician order, dated December 2, 2024, for oxycodone 5 mg, one tablet by gastric tube every eight hours as needed for moderate to severe pain.</p> <p>During a concurrent interview and record review on December 10, 2024, at 3:58 p.m., with the Medical Records Director (MRD), Resident 68's oxycodone 5 mg CDR, November 2024 MAR, and December 2024 MAR were reviewed. The MRD confirmed the CDR indicated the nursing staff signed out one tablet on the following dates and times but did not document the administration on the MAR (total of seven doses):</p> <ul style="list-style-type: none"> - November 13, 2024, at 12 a.m.; - November 20, 2024, at 1 a.m.; <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- December 1, 2024, at 5:20 p.m.;</p> <p>- December 3, 2024, at 4:15 a.m.;</p> <p>- December 4, 2024, at 12 a.m.;</p> <p>- December 4, 2024, at 5:25 p.m.; and</p> <p>- December 10, 2024, at 6 a.m.</p> <p>During a concurrent interview and record review on December 11, 2024, at 10:01 a.m., with the DON, the CDR and MAR for Residents 7, 53, 54, 68, and 70 were reviewed. The DON verified the controlled drug discrepancies for the five residents. The DON stated the expectation is for the CDR and the MAR to match. The DON stated timely documentation of medication administration in the MAR is important for resident safety to prevent accidental double dosing of medication. The DON stated the nurse needs to document the administration of the medication at the time it was given.</p> <p>During a phone interview on December 12, 2024, at 1:46 p.m., the Consultant Pharmacist (CP) stated controlled medication administration needs to be documented in the MAR if the resident got the medication.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Medication Administration: Controlled Substances, dated November 2017, the policy indicated, .Administer the controlled medication and document dose administration on the MAR .</p> <p>2. During a medication pass observation on December 9, 2024, at 12:12 p.m., LVN 2 was observed preparing and administering one medication, Norco 10-325 mg, to Resident 70. Resident 70 stated his pain level was an eight out of 10 and the pain was in his back, neck, and hips.</p> <p>A review of Resident 70's electronic medical record indicated a physician order, dated August 13, 2024, for Norco 10-325 mg, take one tablet by mouth every six hours as needed for RIGHT HAND /WRIST MODERATE PAIN (4-6 SCALE) - SEVERE PAIN (7-10 SCALE).</p> <p>During a concurrent interview and record review on December 9, 2024, at 2:53 p.m., with LVN 2, Resident 70's medical record was reviewed. LVN 2 stated she gave Resident 70 the Norco pain medication because Resident 70 said he had lower back pain, neck pain, and lower leg pain. LVN 2 verified the Norco orders indicated to give for right wrist or hand pain. LVN 2 stated Resident 70 did not have an active physician order for generalized moderate or severe pain.</p> <p>During a concurrent interview and record review on December 11, 2024, at 10:41 a.m., with the DON, Resident 70's medical record was reviewed. The DON verified Resident 70's Norco was indicated for right hand and wrist pain. The DON stated the medication needs to be given as indicated in the order. The DON verified Resident 70's Norco should only be given for right hand or wrist pain, not for other types of pain. The DON stated nursing needed to request updated orders to address Resident 70's pain management needs.</p> <p>During a phone interview on December 12, 2024, at 1:46 p.m., the CP stated the Norco order needed to have the correct indication.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility's P&P titled, . Pain Management, undated, the policy indicated, .Administer a therapeutic intervention for pain - non-drug interventions or pain medication as ordered by the physician .</p> <p>During a review of the facility's P&P titled, .Medication Pass Guidelines, undated, the policy indicated, . Medications are administered in accordance with written orders of the attending physician .</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>49613</p> <p>Based on interview and record review, the facility failed to ensure one of five residents reviewed (Resident 196) was free of unnecessary medications when pain assessments were not documented with the administration of pain medications.</p> <p>This failure had the potential for unnecessary or ineffective pain management for Resident 196.</p> <p>Findings:</p> <p>Resident 196 had a physician order, dated December 6, 2024, for hydrocodone with acetaminophen (Norco, a controlled medication for pain) 5-325 milligrams (mg), one tablet by mouth every four hours as needed for Moderate pain 4-6 Severe pain 7-10.</p> <p>A review of Resident 196's December 2024 Medication Administration Record (MAR) indicated Resident 196 received a dose of Norco 5-325 mg on the following dates and times:</p> <ul style="list-style-type: none"> - December 7, 2024, at 10:12 a.m.; - December 8, 2024, at 10:03 p.m.; - December 10, 2024, at 8:54 p.m.; and - December 11, 2024, at 8:27 a.m. <p>The record did not indicate the pain rating scale (pain score, numerical value between zero and 10, where zero means no pain and 10 means severe pain) and pain assessment before or after the Norco administration.</p> <p>During an interview on December 9, 2024, at 2:53 p.m., Licensed Vocational Nurse (LVN) 2 stated the nurse needs to document the pain assessment, including pain score and pain location, when documenting the administration of the pain medication in the MAR.</p> <p>During an interview on December 11, 2024, at 10:36 a.m., the Director of Nursing (DON) stated the nurse needs to perform a pain assessment before and after administering a pain medication to the resident. The DON stated the nurse needs to correctly document the pain assessment before and after administering pain medication. The DON stated documentation of the pain assessment is important to assess effectiveness of the medication. The DON stated if the pain assessment is not documented, the facility will not know if the resident's pain was managed, improved, or got worse.</p> <p>During a concurrent interview and record review on December 12, 2024, at 11:10 a.m., with the DON, Resident 196's medical record was reviewed. The DON verified Resident 196 received Norco 5-325 mg without documentation of any pain assessment before and after medication administration. The DON stated the pain score before and after the Norco was given should have been documented.</p> <p>(continued on next page)</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility's P&P titled, .Pain Management, undated, the policy indicated, .Document the resident's response to pain management in the Pain Management Flow Sheet .Record pain assessment results .Document in the electronic health records system .</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>29623</p> <p>Based on observation, interview, and record review, the facility failed to ensure safe and sanitary food preparation and storage practices in the kitchen when:</p> <p>1a. One half gallon carton of Mocha Mix in the number two reach-in refrigerator did not have a use-by-date and was readily available for use;</p> <p>1b. One Ziploc bag containing shredded carrots in the number three reach-in refrigerator did not have a use-by-date; and</p> <p>2. One four ounce orange sherbet container and black residue were observed on the floor behind the freezer racks of the walk-in freezer.</p> <p>These failures had the potential to cause foodborne illness (illness caused by food contaminated with bacteria, viruses, parasites, and toxins) in vulnerable and medically compromised residents.</p> <p>Findings:</p> <p>1a. On December 9, 2024, at 9:59 a.m. a concurrent observation and interview was conducted with the Food Service Assistant (FSA) in front of the number two reach-in refrigerator. One half gallon carton of Mocha Mix was labeled opened on 11-29-24. The Mocha Mix did not have a use-by-date label.</p> <p>The FSA stated the Mocha Mix should have a use-by-date label. She stated the kitchen staff who opened the Mocha Mix should have placed the use-by-date label.</p> <p>1b. On December 9, 2024, at 10:20 a.m., a concurrent observation and interview was conducted with the FSA in front of the number three reach-in refrigerator. A Ziploc bag containing shredded carrots was dated 12/7/24. The Ziploc bag containing the shredded carrots did not have a use-by-date label.</p> <p>The FSA stated the date on the Ziploc bag was when the shredded carrots were prepared and stored. She stated there should be a use-by-date label for the shredded carrots.</p> <p>2. On December 9, 2024, at 10:16 a.m., a concurrent observation and interview was conducted with the FSA inside the walk-in freezer. One small cup of sherbet was observed on the floor and black residue covered the floor and lower part of the wall behind the freezer rack.</p> <p>The FSA stated the cup of sherbet should not be on the floor and the black residue should have been cleaned behind the freezer racks. She stated she was responsible for cleaning the walk-in freezer twice a month.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On December 9, 2024, at 11:01 a.m. an interview was conducted with the Food Service Director (FSD). The FSD stated the Mocha Mix and the Ziploc bag containing the shredded carrots should have the name of the food item, the date prepared/stored, and the use-by-date. He stated it was not safe without the use-by-date. He stated there should be a daily visualization of the the floor and cleanliness of the walk-in freezer.</p> <p>A review of the facility's undated policy and procedure titled, FOOD RECEIVING AND STORAGE OF COLD FOODS, indicated, .All perishable food items purchased by the department of food and dining services will be stored properly. Perishable food will be kept refrigerated .All open food items will have an open date and use-by-date per manufacturer's guidelines .</p> <p>A review of the facility's undated policy and procedure titled, SANITATION AND INFECTION CONTROL, indicated, .The Dining Service Director will develop comprehensive cleaning schedules that staff will follow in order to maintain a sanitary department, prevent cross contamination, and meet state/federal requirements . The Director of Food and Nutrition Services should routinely check cleaning schedules and cleanliness of the kitchen .</p>

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48000</p> <p>Based on observation, interview, and record review, the facility failed to ensure infection control practices were implemented when:</p> <ol style="list-style-type: none"> 1. Certified Nursing Assistant (CNA) 1 did not wear personal protective equipment (PPE - equipment used to protect against infection or illness) when taking care of a resident (Resident 43) on enhanced barrier precautions (EBP - an infection control intervention designed to reduce transmission of multidrug resistant organisms in nursing homes); 2. The facility failed to place a resident (Resident 50) on EBP who had an indwelling urinary catheter (a tube placed in the body to drain and collect urine from the bladder); and 3. The facility failed to place a resident (Resident 248) on EBP who had a gastrostomy tube (a feeding tube through the skin and the stomach wall). <p>These failures had the potential to increase the spread of multidrug resistant organisms and infections from staff to residents which could lead to illness or death.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. On December 9, 2024, at 11:13 a.m., during an observation of the facility, Resident 43's room had a sign posted outside the door that indicated Enhanced Barrier Precuations .Providers and Staff Must .Wear gloves and a gown for the following high-contact resident care activities .any skin opening requiring a dressing . CNA 1 was observed not wearing PPE when providing care to Resident 43. <p>During an interview on December 9, 2024, at 11:33 a.m. CNA 1 stated he forgot to wear PPE. CNA 1 agreed that Resident 43 was on EBP and further stated he should have worn PPE while providing care to prevent the spread of germs and protect the residents from infection.</p> <p>On December 9, 2024, at 12:15 p.m., an interview was conducted with LVN 3. LVN 3 stated that PPE must be worn when providing care to residents who have a gastrostomy tube, tracheostomy (a surgically created hole in the windpipe) or any type of catheter. LVN 3 further stated wearing PPE is important because it is for the resident's protection and staff's protection from micro-organisms, bacteria and secretions.</p> <p>On December 11, 2024, at 12:35 p.m., an interview was conducted with the Director of Nursing (DON). The DON stated it is expected that staff adhere to PPE procedures to prevent spread of multiple organisms such as MRSA (Methicillin Resistant Staphylococcus Aureus - a germ that is resistant to some antibiotics), and other communicable diseases.</p> <p>On December 12, 2024, at 4:27 p.m., a review of Resident 43's admission record indicated he was admitted to the facility on [DATE], and readmitted to the facility on [DATE]. Resident 43's diagnosis included chronic respiratory failure (a condition where there's not enough oxygen or too much carbon dioxide in your body), urinary tract infection and MRSA.</p> <p>(continued on next page)</p>		

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 12/12/2024
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 43's History and Physical, dated September 9, 2024, indicated Resident 43 had the capacity to make decisions.</p> <p>A review of Resident 43's Physician Order Report, dated December 12, 2024, indicated, .Enhanced Barrier Precautions .for d/t (due to) indwelling catheter, feeding tube and tracheostomy .</p> <p>A review of the undated facility's policy and procedure (P&P) titled, Personal Protective Equipment Guidelines, the P&P indicated, .All employees using PPE are expected to observe .precautions .</p> <p>44173</p> <p>2. On December 9, 2024, at 3:09 p.m., Resident 248 was observed lying in bed. Resident 248 was observed to have a urinary catheter attached to a drainage bag. In a concurrent interview with Resident 248, he stated he came in to the facility with the urinary catheter.</p> <p>On December 11, 2024, Resident 248's record was reviewed. Resident 248 was admitted to the facility on [DATE], with diagnoses which included obstructive and reflux uropathy (a condition where the urine flow is hindered due to a blockage in the urinary tract, with a backflow of urine).</p> <p>3. On December 9, 2024, at 4:02 p.m., Resident 50 was observed lying in bed. Resident 50 was observed to raise his shirt to show his gastrostomy tube located above the navel (belly button). In a concurrent interview with Resident 50, he stated he was being fed through the tube. He also stated the staff did not use gloves or a gown when they fed him.</p> <p>On December 11, 2024, Resident 50's record was reviewed. Resident 50 was admitted to the facility on [DATE], with diagnoses which included dysphagia (difficulty swallowing foods or liquids).</p> <p>There were no EBP signs posted on the doors of Residents 248 and 50, and no isolation carts with PPE available outside of their rooms.</p> <p>On December 9, 2024, at 3:33 p.m., during an interview with CNA 2, CNA 2 stated the use of PPE (gloves and gowns) is a must when emptying a urinary catheter or rendering care to residents on EBP. She stated there were no EBP signs posted on the door and isolation carts with PPE were not available outside the rooms for Residents 248 and 50. She stated there should have been an EBP sign posted on the doors and an isolation cart outside the rooms of Residents 248 and 50.</p> <p>On December 9, 2024, at 3:49 p.m., during an observation with CNA 3, CNA 3 entered the rooms of Residents 248 and 50. CNA 3 was observed to use alcohol based hand rub but did not use any PPE. In a concurrent interview with CNA 3, she stated she was not sure if an EBP sign should be posted for residents with indwelling catheter and gastrostomy tube. CNA 3 asked another staff member and verified an EBP sign should be posted on the door and an isolation cart with PPE should be available when a resident has a foley catheter or a gastrostomy tube.</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 - Few</p>	<p>On December 9, 2024, at 4:01 p.m., during an interview with LVN 4, she stated residents with an indwelling urinary catheter, gastrostomy tube, and IV (intravenous - a thin, flexible tube inserted into a vein to deliver fluids, medications, blood products, or nutrition directly into the bloodstream) should be placed on EBP. She stated Resident 248, who had an indwelling urinary catheter and Resident 50, who had a gastrostomy tube should have an EBP sign posted on the door and an isolation cart with PPE available for use. LVN 4 also stated other staff like the CNAs would not be aware of the precautions if there was no EBP sign posted on the door.</p> <p>On December 10, 2024, at 11:13 a.m., during an interview with the Infection Prevention (IP) nurse, she stated residents with an IV, gastrostomy tube, indwelling urinary catheter, wounds, and ostomies (a surgically created opening in the body) should be placed on EBP. She stated there should be an EBP sign posted on the door and an isolation cart with PPE available outside the room.</p> <p>A review of the undated facility's P&P titled, Enhanced Barrier Precautions (EBP), the P&P indicated, . Infection control intervention designed to reduce transmission of multidrug-resistant organisms (MDROs) by employing targeted gown and glove use during high-contact resident care activities .EBP shall be used in conjunction with standard precautions and expand the use of personal protective equipment (PPE) to donning of gown and gloves during high-contact resident care activities that may result in transfer of MDROs to staff hands and clothing .EBP are indicated for residents with any of the following .Wounds and/or indwelling medical devices even if the resident is not known to ne infected or colonized with an MDRO .</p>		