

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056328	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Premier Care Center for Palm Springs		STREET ADDRESS, CITY, STATE, ZIP CODE 2990 East Ramon Road Palm Springs, CA 92264	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure proper monitoring and neurological assessments (used to monitor patients, checking mental status, nerves, reflexes and motor function) were completed, for one of three residents (Resident A).</p> <p>This failure had the potential to cause delay in care and treatment for Resident A following an unwitnessed fall.</p> <p>Findings:</p> <p>On May 5, 2025, at 9:15 a.m., an unannounced visit was made to the facility for the investigation of a complaint regarding quality of care.</p> <p>On May 5, 2025, at 10:30 a.m., a review of Resident A's medical record was conducted. Resident A was admitted to the facility on [DATE], with diagnoses which included cerebral infarction (an ischemic stroke-a condition where blood flow to the brain is interrupted, causing brain damage) and encephalopathy (brain disease which alters brain function or structure). Resident A had a change in condition, dated April 11, 2025, at 10:33 p.m., which indicated, .falls .monitor .</p> <p>A review of Resident A's Progress Notes, dated April 12, 2025, at 3:44 a.m., indicated, .per RN (registered nurse) [name] patient fell during pm shift (2:30 p.m. until 11:00 p.m.) in hallway. Patient assessed and vitals (temperature, blood pressure, pulse, respiration rate, and oxygen saturation) taken. No visible injuries noted. Patient C/O (complain of) discomfort to left hip/outer thigh .patient given Tylenol and xray ordered .patient to start on neuro checks, MD and [family] aware .</p> <p>A review of Resident A's Neurological Assessment, dated April 11, no year indicated, first set of vital signs were timed for 11:10 p.m., followed by April 12, at 12:00 a.m., 12:30 a.m., and 1:30 a.m. Respirations were normal, no assessment of pupils or extremities documented, oriented and name documented twice, the neurological assessment was not complete. The Falls Checklist, was reviewed, no date or signature by the licensed nurse or Certified Nursing Assistant (CNA) were documented, and the CNA Post Fall Assessment, was not completed.</p> <p>A review of Resident A's Progress Notes, dated Aril 18, 2025, at 1:08 p.m., indicated, .Patient had a fall today at 1305 (1:05 p.m.). Pt (patient) was ambulating with walker and attempted to walk with a food tray. Patient stated he slipped .Vital signs and neuro check within normal limits .</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056328	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Premier Care Center for Palm Springs		STREET ADDRESS, CITY, STATE, ZIP CODE 2990 East Ramon Road Palm Springs, CA 92264	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident A's POST FALL - Neurological Check, indicated Resident A's date and time of fall was April 18, 2025, at 1:05 p.m. The document indicated neurological checks should be completed at the following intervals for follow up for all falls that are unwitnessed, or suspicion of head trauma:</p> <ul style="list-style-type: none"> - Every 15 minutes x (times) 4 = 1 hour; - Every 30 minutes x 4 = 2 hours; - Every hour x 5 = 5 hours; - Every 4 hours x 4 = 16 hours; and - Every shift x 6 = 48 hours. <p>The document indicated Resident A's neurological status were not documented as completed on the following dates and times:</p> <ul style="list-style-type: none"> - April 18, 2025, at 3:05 p.m.; - April 18, 2025, at 3:35 p.m.; - April 18, 2025, at 4:35 p.m.; - April 18, 2025, at 5:35 p.m.; - April 18, 2025, at 6:35 p.m.; - April 18, 2025, at 7:35 p.m.; - April 18, 2025, at 8:35 p.m.; - April 19, 2025, at 12 a.m. (not complete assessment); - April 19, 2025, at 4 a.m. (not complete assessment); - April 19, 2025, at 8 a.m. (not complete assessment); - April 19, 2025, at 12 p.m. (not complete assessment); - April 20, 2025, at AM (7 a.m. to 3 p.m.) shift; - April 20, 2025, at PM (3 P.m. to 11 p.m.) shift; - April 20, 2025, at NOC (11 p.m. to 7 a.m.) shift; and - April 21, 2025, at AM (7 a.m. to 3 p.m.) shift; <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056328	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Premier Care Center for Palm Springs		STREET ADDRESS, CITY, STATE, ZIP CODE 2990 East Ramon Road Palm Springs, CA 92264	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On May 5, 2025, at 2:10 p.m., an interview was conducted with the Licensed Vocational Nurse (LVN). The LVN stated after an unwitnessed fall we should monitor the residents and perform neuro checks, as well as document on them for three days or 72 hours.</p> <p>On May 5, 2025, at 2:30 p.m., an interview was conducted with the RN. The RN stated she performed the initial head to toe assessment on Resident A, with another nurse. The RN stated Resident A's fall was unwitnessed and fell on his left hip. The RN stated they initiated neuro checks every 15 minutes, and if there were any changes we would report and intervene as needed. The RN stated, after a fall we put the incident in the communication section of the electronic medical record, place a note in the progress notes, write a change in condition note, which can be found on the assessment tab, and fill out an SBAR (situation, background, assessment, recommendation-a communication tool used by healthcare workers when there is a change in condition among the residents) Communication Form.</p> <p>On May 6, 2025, at 12:20 p.m., an interview was conducted with the Director of Nursing (DON). The DON stated he was aware of the numerous blanks, and uncompleted neurological monitoring for Resident A, after his unwitnessed fall on April 11 and 18, 2025. The DON stated protocol after a witnessed fall, in which a resident does not hit their head, the facility will monitor every shift and document in the progress notes, if a resident is found on the floor, or a fall is unwitnessed, the facility will begin neuro checks per facility policy. The DON stated he there was not enough monitoring when neuro checks were indicated for Resident A's episodes of fall on April 11 and 18, 2025.</p> <p>A review of the facility's policy and procedure titled Fall Management System, no date, indicated, .provide each resident with appropriate assessment and interventions to prevent falls and to minimize complications if a fall occurs .when a resident sustains a fall, a physical assessment will be completed by a licensed nurse, with results documented in the medical record. Neurological assessments will be completed by a licensed nurse when the resident has hit their head .neuro checks will be completed on all non-witnessed falls and falls involving head trauma .</p>		