STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056328	A. Building B. Wing	02/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Premier Care Center for Palm Springs	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure interventions to reduce the risk of falls were evaluated for effectiveness and modified to address multiple falls, for one of five residents reviewed (Resident A). This failure resulted in Resident A to experience multiple falls and had the potential for the resident to have repeat falls and sustain injury. Findings:On January 6, 2026, at 10 a.m., an unannounced visit to the facility was conducted for the investigation of quality of care.On January 6, 2026, at 11:50 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 cognitive communication deficit (an impairment in communication-speaking listening, reading-caused by disruptions in the cognitive process [mental activities] like memory and attention), syncope (fainting due to decreased blood flow to the brain), and collapse (falling).A review of Resident A's Progress Notes, dated June 21, 2025, at 10:07 a.m., indicated, .IDT (Interdisciplinary Team - a group of healthcare professionals) met on 6-20-25 (June 20, 2025) to review fall that occurred on 6-18-25 (June 18, 2025). Resident was observed to be in the sitting position by his bed .Resident has history of falls prior to admission .Therapy to provide status post screening to attempt to identify additional interventions to assist with decreasing additional falls or injury related to falls. Resident will continue with therapy and work on strength, ambulation, and fall prevention . A review of Resident A's Progress Notes, dated July 17, 2025, at 4:10 p.m., indicated, .IDT met to review unwitnessed fall on 7-12-25 (July 12, 2025). Rresident was observed on the floor next to bed in the room.provide bed in low position for safety. Therapy to assess to possibly provide PT/OT (physical and occupational therapy) services with goal of balance, transfers and fall prevention .Staff to offer toileting at each interaction. Provide non-slip socks .A review of Resident A's Progress Notes, dated July 22, 2025, at 5:37 p.m., indicated, .IDT met to review several unwitnessed falls that have occurred since admission to this facility .07-20-25 (July 20, 2025), resident was observed on the floor by his bed in his room. Resident stated he was reaching for something .7-21-25 (July 21, 2025) resident was again observed on the floor by his bed. Resident stated he was reaching for something .7-22-25 (July 22, 2025) resident was observed on the in (sic) his room. Resident was unable to give any additional information related to how he fell. Resident sustained several lacerations .Resident is alert with confusion and no safety awareness. Does not follow any precautions implemented for falls .IDT has determined that the falls are most likely behaviors due to spontaneous movements and limited cognitive ability for safety .Bilateral fall mats to provide safety fromfalls (sic)/behaviors. Social services to make psych referral .Encourage to be up in wheelchair at the nurses' station to increase visibility .A review of Resident A's Progress Notes, dated September 4, 2025, at 10:40 a.m., indicated, .IDT convened today, discussed recent fall on 8/26/25 (August 26, 2025) @ (at) approximately 20:20 (10:30 p.m.) in his assigned room. Nursing reports resident found on the floor lying on his left side next to his bed. During (continued on next page)

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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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	interview, (resident's name) .stated hew was trying to get up, and slid off his bed. Call clipped at edge of pillow to ensure availability and within reach, he's confused at baseline .Interventions in place: RESIDENT MAY BE UP IN GERI CHAIR WHEN NOT IN BED .FALL MATS at bedside; MAY HAVE BED ALARM .A review of Resident A's Progress Notes, dated September 22, 2025, at 10:58 a.m., indicated, .IDT members convened today to discuss recent fall today at 05:00 (5 a.m.) in his room .Nursing reports: observed resident sitting on the floor .He stated he did not want to press the call light because it makes noise for others .Resident stated I was just turning in my bed and I fell .Consider bilateral bolsters in bed to mitigate rolling off bed when turning and reposition .A review of Resident A's Progress Notes, dated October 27, 2025, at 10:06 a.m., indicated; .recent fall 10/25/25 (October 25, 2025) @ 1700 (5 p.m.), in his assigned room.alert to self, has forgetfulness.Resident was interviewed after the discovery on the floor, he's able to verbalize that he was sleeping, rolled off his bed .neuro-check.skin tear left knee.keep within field of vision by assisting resident to the nursing station.A review of Resident A's Progress Notes, dated October 27, 2025, at 1:06 p.m., indicated; .Resident had an episode of fall on 10/17/25 (October 17, 2025) @ (at 0338 (3:38 a.m.) .found floor .He stated: There are a lot of dogs and cats in this room and I was trying to chase them away.SSD recommends Psychiatric eval (evaluation) . There was no new interventions implemented since last fall on September 22, 2025. Resident A's progress notes on October 27, 2025, did not indicate if Resident A had bilateral bolsters in bed as recommended on October 27, 2025. A review of Resident A's physician's order, dated November 11, 2025, indicated, RESIDENT MY BE UP IN GERI CHAIR WHEN NOT IN BED, may have tab alarm wheelchair, geri chair, and bed.A review of Resident A's physician's order, dated November 12, 2025, indicated, MAY USE ALARM PAD IN BED AND CHAIR TO REMIND RESIDENT TO CALL FOR ASSISTANCE AS NEEDED & TO ALERT STAFF OF UNSUPERVISED TRANSFER/AMBULATION .A review of Resident A's Progress Notes, dated December 13, 2025, at 10:35 a.m., indicated, .Resident's fall on 12/09/25 (December 9, 2025).muscle weakness.syncope and collapse.alert to person and place.periods of confusion.resident became combative towards the two CNAs (certified nursing assistant) who were assisting him.became stiff and unsteady gait.Neurocheck (a focused periodic assessment to detect early signs of neurological deterioration) was initiated.resident's behavior is a factor in his falls.psych (psychology) to evaluate.A review of Resident A's care plans indicated:-Resident had actual fall October 17, 2025, at 3:38 a.m. (no injury), actual fall October 25, 2025, skin tear on left knee. Interventions included: .fall mat.low bed.keep items within reach. monitor neuro-checks.non-skid footwear.monitor/document/report PRN (as needed) for 72 hours.A review of Resident A's Post Fall-Neurological Check documents indicated the following:- July 1, 2025, at 2:40 p.m., no entry for pulse and respirations;- July 3, 2025, on a.m. shift, missed entry for respirations;-August 26, 2025; no entry for assessment of pupils, extremities (arms and legs), or for seizure, headache, nausea, vomiting;-August 26, 2025, at 8:30 p.m.; no entry for assessment of respirations, response, consciousness, or speech;-August 27, 2025, at 8:15 a.m.; no entry for vital signs or neuro assessments;-August 28, 2025, for a.m. or p.m. shift, and on August 29, 2025, for a.m. or p.m. shift; no vital signs, no entry for assessment of respirations, response, consciousness, or speech;-September 22, 2025, at 7:15 a.m. nor at 7:45 p.m.; no entry for vital signs -September 22, 2025, at 8:45 a.m., at 9:45 a.m., at 10:45 a.m., at 11:45 a.m., and at 12:45 p.m.; no entry for vital signs or neuro assessment for respiration, response to, consciousness, or speech;-September 22, 2025, at 4:45 p.m., and at 8:45p.m.; no entry of time or date noted for the vital signs or the neuro assessments twice,; -September 24, 2025, for the p.m. shift; no entry noted for vital signs or neuro assessment for respiration, response to, consciousness, or speech -September 23, 2025 for the p.m. shift, on September 24, 2025 for the a.m. shift, and on (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	September 25, 2025 for the p.m. shift; no entry for assessment of pupils, extremities, seizure, headache, vomiting, nausea. On January 6, 2026, at 4 p.m., a concurrent interview and record review was conducted with the Director of Nursing (DON). The DON stated Resident A had multiple falls since his admission in June 2025. The DON stated he was moved to a room closer to the nurse's station for better supervision, Resident A does not have a care plan or an order for a sitter, and when he was up in a Geri chair, he was to be next to the nurse's station. On January 12, 2026, at 1:30 p.m., a concurrent interview and record review were conducted with the DON. The DON stated neurological assessments are implemented when a resident falls and it is unwitnessed or if a resident hits their head, the neurological assessments are to be completed for 72-hours to identify any possible changes in the resident's mentation. The DON reviewed the neurological assessments for Resident A and stated all neurological assessments for residents post unwitnessed fall were not completed and should be completed and assessed for 72 hours.On January 22, 2026, at 3:00 p.m., a concurrent interview and record review were conducted with the DON. The DON stated that the interdisciplinary team meets after a resident fall to review the possible risks and causes and reviews the Fall Risk Evaluation to determine accuracy of the assessment. The DON stated a psychology consult was ordered in July 2025 for Resident A, and could not find documentation to support if it was completed or not. The DON stated had multiple falls and orders and interventions should be carried out in a timely manner. A review of the facility's policy and procedure titled Fall Management System, dated August 2025, indicated; .provide each resident with appropriate assessment and interventions to prevent falls and to minimize complications if a fall occurs.residents with high risk factors.will have individualized care plan developed that include measurable objectives and timeframes.care plan interventions will be developed to prevent falls by addressing the risk factors and will consider the particular elements of the evaluation that put the resident at risk.a Fall Risk Evaluation will be completed post fall incident.Follow-up documentation will be completed for a minimum of 72 hours following the incident.a neurological assessment will be completed for residents with any possibility of head injury or altered mental status, or for any residents with unwitnessed falls.review of the fall incident will include investigation to determine probable causal factors.summary of the investigation and recommendations will be documented in the resident's clinical record.care plan will be updated.A review of the facility's undated policy and procedure-Nursing titled Fall Management System, indicated; .an environment that remains as free of accident hazards as possible.providing the resident adequate supervision, assistive devices and functional programs as appropriate to prevent accidents.provide each resident with appropriate assessment and interventions to prevent falls and minimize complications if a fall occurs.care plan interventions will be developed to prevent falls and will consider the particular elements of the assessment that put the resident at risk.follow-up assessment and documentation will be conducted for a minimum of 72 hours following the incident.investigation to determine probable causal factors considering environmental factors, resident medical condition, resident behavioral manifestations.reviewed by the Inter Disciplinary Team.care plan will be updated.reassessed for fall risk with any significant change in the resident's condition.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to ensure proper infection prevention and control standards was implemented to provide a safe and sanitary environment, when the HVAC (heating, ventilation, air conditioning) units filter were not changed according to the facility's policy and procedure and national infection control guidelines.This failure had the potential to result in residents who test positive for a respiratory disease to spread the illness to other residents in rooms which share the same ventilation system.Findings:On January 6, 2026, at 10:00 a.m., an unannounced visit was conducted at the facility for the investigation of a complaint about infection control.On January 7, 2026, at 3:15 p.m. an interview was conducted with the Infection Preventionist (IP). The IP stated the last COVID (a contagious respiratory illness) outbreak in the facility was in September 2025, and there were approximately 20 COVID positive residents and a few staff members. The IP stated the positive residents were placed on isolation precautions and transferred to the B wing. On January 8, 2026, at 10:50 a.m., a concurrent observation of the B wing and interview was conducted with the Director of Maintenance (DM) and the IP. The DM stated there are several HVAC (heating, ventilation, air conditioning) units in the facility which provides the following areas:-Unit A covers rooms 11, 13, 15, and 17;-Unit B covers rooms 19,21, 23, and the clean supply storage;-Unit C covers the Director of Nurse's office, rooms 12, 14, 16, and 18; and-Unit D covers rooms 20. 22, 24, and the maintenance shop.The DM stated there are vents (the visible, operable covers on walls/ceilings that manage airflow) and returns (larger than a vent-pulls air from room back into the HVAC system) in each room. The DM stated if there is a resident in a room who is COVID positive, the vent and return should be covered, and a portable air conditioning unit should be placed in the room with the door closed to ensure the air flow in the room is not recirculated into other resident's rooms. The DM stated we use MERV (minimum efficiency reporting value-a measure of the filter's effectiveness for different particle sized) 12 filters in our ventilation system. The IP stated she did not know about the HVAC units, and the connection to the other rooms, the residents were placed together sporadically, the ventilation system was not considered when placing the COVID positive residents, it has never been discussed in the past. On January 8, 2026, at 12:20 p.m., an interview was conducted with the DM. The DM stated the last filter changes for the HVAC system took place in September 2025; he could not find any document to verify the filters were changed.On January 8, 2026, at 2:26 p.m., an interview was conducted with the IP. The IP stated we do not have a Ventilation Mitigation Strategy or policy at this time for an airborne infections, and to minimize potential contamination between rooms who share the same HVAC unit.A review of a web article, published by the Centers for Disease Control and Prevention's (CDC), National Institute for Occupational Safety and Health (NIOSH) Ventilation, titled Ventilation Mitigation Strategies, dated October 3, 2024, indicated; .when indoors, ventilation mitigation strategies can help reduce airborne germ concentration and lower occupants' risk of exposure to respiratory viruses. Implementing multiple infection prevention and control strategies at the same time can increase the overall effectiveness in ventilation interventions.to start reducing risk of infection, ventilation mitigation strategies still provide a reasonable approach to reducing risk.interventions are intended to lower transmission risk by lowering the concentration of infectious aerosols in a room.healthcare spaces have specified ventilation requirements intended to prevent and control infectious diseases.A review of ASHRAE (American Society of Heating, Refrigerating, and Air-conditioning Engineers-a global professional organization that sets standards, guidelines, and best practices for HVAC systems to improve air quality) Epidemic Task Force titled, Core Recommendations for Reducing Airborne Infectious Aerosol Exposure, dated October 19, 2021, indicated; .within limits (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	ventilation, filtration, and air cleaners can be deployed flexibly to achieve exposure reduction goals subject to constraints.by setting targets for equivalent clean air supply rate and expressing the performance of filters, air cleaners.provide and maintain at least required minimum outdoor airflow rates for ventilation.use combinations of filters and air cleaners that achieve MERV (minimum efficiency reporting value-a measure of the filter's effectiveness for different particle sized) 13 or better levels of performance for air recirculated by HVAC (heating, ventilation, air conditioning) systems.maintain temperature and humidity design set points.limit re-entry of contaminated air that may re-enter the building.to acceptable levels.verify that HVAC systems are functioning.A review of the Occupational Health Branch document titled Improving Ventilation Practices to Reduce Covid-19 Transmission Risk in Skilled Nursing Facilities, dated October 18, 2023, indicated; .route of transmission of SARS-CoV-2, the virus that caused COVID-19, is via respiratory droplet and aerosols (particles) that are transmitted during close contact and through inhalation of particles dispersed in indoor air.poorly ventilated indoor environments, aerosols containing virus can remain suspended and 'build up' in the air which increases transmission risk.are also capable of traveling distances greater than 6 feet and infecting others.if air is recirculated in the facility, ensure that the system filters for air recirculation are rated at MERV-14 filter efficiency or greater.if the system cannot tolerated a MERV-14 or greater filter, than use the highest rated filter tolerated.Ensure that filters and other HVAC system components undergo routine maintenance according to manufacturer recommendations. Maintain a log of such maintenance activities.open as many windows and doors as possible when weather and safety considerations allow. Ensure fans are used properly.A review of the U.S. Department of Health and Human Services and Center for Disease Control and Prevention (CDC) document titled Ventilation in Healthcare Settings, dated September 9, 2021, indicated, .In healthcare settings, ventilation is important because it helps remove things from the air.small virus particles. Good ventilation improves air quality and reduces the risk of germs spreading.rooms are often connected in healthcare facilities. Making a change to the ventilation in one room-like opening a window or closing vents to adjust temperature-can change the ventilation in other places.A review of the facility's policy and procedure titled, Maintenance Department, no date, indicated, .facility to maintain a clean and safe facility and grounds.A comprehensive program of scheduled inspections.preventative maintenance.detailed documentation of all actions taken.the maintenance supervisor will.participate in the infection control education program.guidelines that apply to heating and ventilation systems.maintenance staff must make visual inspection of the filter and replace it at least every ninety (90) days. This procedure is considered essential for preventive maintenance and infection control.A review of the facility's policy titled, Infection Prevention and Control Program, dated April 2025, indicated; .The infection prevention and control program is a facility-wide effort involving all disciplines and individuals.outbreak management, prevention of infection.decrease the risk of infection to residents and personnel. Recognize infection control practices while providing care. Identify and correct problems relating to infection control. Ensure compliance with state and federal regulations related to infection control.comprehensive in that it addresses detection, prevention and control of infections.decide what measures/interventions should be applied in individual circumstances.appropriate use of transmission-based precautions.A review of the facility's policy titled Transmission Based Precaution and Isolation, dated September 29, 2017, indicated; .implement infection control measures to prevent the spread of communicable diseases and conditions.it is appropriate to individualize decisions regarding resident placement.balancing infection risks with the need for more than one occupant in the room, the presence of risk factors that increase the likelihood of transmission, and the (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	potential for adverse psychological impact on the infected or colonized resident.standard precautions including contact precautions.Handwashing-before and after resident contact, and after removing gloves is the single most effective infection control measure known to reduce the potential for transmission of microorganisms.protective barriers.gloves.gowns.masks and eye protectors (or face shield).respiratory hygiene and cough etiquette.A review of the facility's surveillance policy titled, Emerging Infectious Disease (EID): Coronavirus Disease 2019 (Covid-19), indicated, .the goal of preventing the spread of infection and expediting an investigation.to identify COVID-19 outbreaks, and to maintain or improve resident health status.surveillance shall be based upon national standards of practice and the facility assessment.frequent monitoring for potential symptoms of respiratory infection are needed.

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure environmental conditions were being monitored and maintained in a safe and functional manner for the residents and staff, when:1.The exit door was left open. This failure had the potential for the residents to get out of the facility without the knowledge of the facility staff. In addition, the maintenance shop door was left open and unattended. This failure had the potential for unauthorized staff and residents to have access to the the maintenance room and get materials that could have harm them or others; 2. The generator (used as a backup system if a facility loses electrical power) was not being tested according to the facility's policy and procedure. This failure had the potential for power to not be supplied to the facility in case of power outage; and3.The temperature of the water supplying the facility areas was not being monitored according to the facility's policy and procedure. In addition, the water temperature in resident rooms were above the required temperature according to the facility's policy and procedure. Findings:On January 6, 2026, at 10 a.m., an unannounced visit was conducted at the facility for the investigation of a complaint regarding physical environment.On January 7, 2026, at 12:15 p.m., an observation was conducted in the B wing on the facility. At the end of B wing the emergency exit door was observed to be left open, no staff was observed coming or going through the opened door. The maintenance shop door adjacent to the emergency exit door was open, and no one was observed inside or around the maintenance shop.On January 7, 2026, at 12:30 p.m., a concurrent observation and interview was conducted with the Director of Nursing (DON). The DON walked down B wing and observed the emergency exit door and the maintenance shop door open, she looked outside and in the maintenance shop, she closed the emergency exit door, and the alarm began to sound. The DON stated the emergency exit door should be kept closed and the alarm to be set unless someone is physically present. The DON further stated the emergency exit door has a wander guard (a security system designed to prevent at-risk residents from wandering off or leaving a secured area) attached to it to ensure residents do not get outside without their knowledge, it should be kept closed for the residents' safety. The DON stated the maintenance shop door should be kept closed and locked unless the maintenance staff are physically present, and it is not safe if a resident could get in the shop. The DON stated the maintenance staff should not leave the doors open if unattended. On January 7, 2026, at 1:10 p.m., an interview was conducted with the Director of Maintenance (DM). The DM stated the emergency exit door on B wing should not be left open, there is a wander guard in place, and the door should remain closed with the alarm activated for resident safety. The DM stated the maintenance shop door should be closed and locked when the maintenance staff are not there and should be supervised to ensure no residents enter the shop, resident safety is our primary reason. On January 8, 2026, at 12:20 p.m., an interview was conducted with the DM. The DM stated he could not find documentation to verify generator (used as a backup system if a facility loses electrical power) checks have been done for this past year. The DM stated he started in October 2025 and was not aware of any preventative maintenance documents prior to him starting his position with the facility. The DM stated they keep the maximum temperature range for the water residents have access to is at 105 degrees Fahrenheit (F) to 115 degrees F. The DM stated the facility does not use an anti-scalding device (a plumbing safety component that prevents severe burns by limiting water temperatures), though their water distribution system heats the water up to 115 degrees F and the heater portion turns off if it gets hotter. The DM stated he could not find any documents or logs to confirm water temperatures were being checked in the facility since May 2025.On January 8, 2026, at 1:40 p.m., an observation and interview (continued on next page)

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	were conducted with the DM. The water temperature was checked in the following areas:-Conference room sink; 124-degrees F;-room [ROOM NUMBER]; 122 degrees F;-room [ROOM NUMBER]; 120.4 degrees F; and-room [ROOM NUMBER]; 120.4 degrees F. In a concurrent interview, the DM stated the water temperature in resident care areas should not exceed 120 degrees F. A review of the facility's undated policy and procedure titled Maintenance Department, indicated, .facility to maintain a clean and safe facility and grounds.A comprehensive program of scheduled inspections.preventative maintenance.detailed documentation of all actions taken.A review of the facility's policy titled Emergency Generator, dated May 2007, indicated; .the emergency generator is to provide, at a minimum four (4) hours of emergency power under full load to the facility emergency circuits when there is a loss of commercial electricity. The emergency generator will be run for thirty (30) minutes monthly under load. This operational check will be documented, and any deficiencies noted.be repaired immediately.A review of the facility's undated policy and procedure titled, Water Temperatures, indicated; .hot water in resident rooms and common areas be maintained between 105 and 120 degrees F (41 and 49 C).to be checked at least weekly.record in temperature log.