

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

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 07/16/2026
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)		
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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 observation, interview, and record review, the facility failed to ensure accident hazards were identified and removed from the resident environment, for one of three sampled resident (Resident 1), when an extension cord not authorized by the facility for resident's use was used to plugged several electrical items This failure resulted in an electrical fire involving the resident's bed requiring activation of the fire alarm, response by the Fire Department, evacuation of nearby residents, and Resident 1's transfer to the emergency department for evaluation following potential smoke exposure. Findings On June 25, 2026, at 10:30 a.m., during a concurrent observation and interview with the Maintenance Director (MAIND), the MAIND stated the following:- He received a call from the Director of Staff Development (DSD) at approximately 6 p.m. on June 13, 2026, reporting there was a fire at the facility;- He observed the Fire Department escorting residents outside of the building when he arrived at the facility;- The Fire Department showed him Resident 1's room where the fire originated and observed burn marks to the top right portion of Resident 1's mattress, the pull cord for the overhead light was positioned between Resident 1's personal extension cord and the phone charger;- The MAIND provided a photograph which showed an electrical connection with visible fire damage and charring at the junction where a phone charger plug, extension cord, and overhead light metal cord were in close contact. The burn damage was localized around the connection point in the photograph. The MAIND stated the Fire Department determined the fire originated where the overhead light metal cord became positioned between the extension cord and the phone charger causing an electrical spark;- The extension cord in the photograph was not an extension cord provided by the facility. The extension cord that Resident 1 used was not approved by the MAIND; and- Residents are not allowed to use personal extension cords posed a fire hazard risk On June 25, 2026, at 11:40 a.m., during an interview with the Director of Staff Development (DSD), the DSD stated the Fire Department transported Resident 1 to the hospital for further medical evaluation. The DSD stated the facility staff conducts Guardian Angel rounds every Monday through Friday which include visual safety checks for oxygen tubing, debris, power cords, and other environmental safety concerns. The DSD further stated there was no documentation of Guardian Angel rounds conducted on weekends and identified concerns were to be documented in the facility online system for repairs. On June 25, 2026, at 12:45 p.m., during an interview with the Operations Manager (OPS), the OPS stated the floor staff were expected to perform safety rounds. The OPS stated the Guardian Angel rounds were being utilized by the department heads to assess potential safety concerns in resident rooms and there was no checklist or sign-off sheet to verify Guardian Angel rounds were completed. On June 25, 2026, at 1:22 p.m., during an interview with the Director of Nursing (DON), the DON stated she received a call from the Registered Nurse on duty reporting there was a fire in the building on June 13, 2026, around 6 (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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 056328
		If continuation sheet Page 1 of 3

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