

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056428	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/09/2024
NAME OF PROVIDER OR SUPPLIER California Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2299 North Indian Canyon Drive 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 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41596</p> <p>Based on interview and record review the facility failed to provide bed hold notification for one of three sampled residents (Resident 1) prior to discharge to acute care.</p> <p>This failure had the potential result in Resident 1 not being able to return to the facility after discharged from acute care.</p> <p>Findings:</p> <p>A review of Resident 1's admission record indicated the resident was admitted to the facility on [DATE], with diagnoses that included sepsis (the body's extreme response to infection), end stage renal disease, and dependence on dialysis. The record indicated the resident was discharged on [DATE].</p> <p>A review of Resident 1's discharge summary note dated February 23, 2024, at 10:50 am by Licensed Vocational Nurse (LVN1) indicated, Patient sent to ER per MD for discoloration on left amputation (amputation) site. Transportation services picked up pt via wheelchair at 1045 hrs.</p> <p>On March 13, 2024, at 3:30 p.m., during an interview with the Administrator (ADM), he stated the facility's practice is if Medi-Cal to extend a 7-day bed hold and, if not, Medi-Cal the facility will do an automatic 3-day courtesy bed hold. She stated it is handled by the Business Office and would reflect on the facility's census. She stated residents are notified on admission that facility will extend a bed hold and the resident has a right to a bed hold. The ADM reviewed the facility document titled Bed Hold Agreement indicating no notification for Resident 1 prior to discharge to acute care. The ADM could not provide additional information of notification.</p> <p>On March 13, 2024, at 3:37 p.m., during an interview with the Business Office representative (BO), she stated residents are given the facility's bed hold agreement at admission. Medi-Cal or managed Medi-Cal will get a 7-day bed hold. If it is traditional Medicare the facility extends a 3-day bed hold. She stated if the coverage is managed Medicare, the facility would need authorization from the plan. She stated the consent signed on admission indicates the resident aware of right to have 3-day hold, if not covered, and a 7-day hold if covered. The consent is done within 24 hours of admission informing residents of the policy and their rights. Reviewed the document titled Bed Hold Agreement indicating the resident was not notified at discharge and confirmed the form is the form provided at admission.</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
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<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On March 27, 2024, at 12:55 p.m., during an interview with the Registered Nurse Supervisor (RNS), she stated the facility institutes a 7-day bed hold for transfers. She stated the facility provides a form for residents to sign at admission for bed holds. She stated the resident and/or the family is notified after transfer of the resident's bed hold.</p> <p>A review of Resident 1's bed hold agreement dated February 6, 2024, and signed by the resident indicated the facility will hold the resident's bed for 7 days if the resident is transferred to a general acute care hospital or goes on therapeutic leave.</p> <p>A review of Resident 1's document titled Bed Hold Agreement dated February 6, 2024, and signed by the resident under the section labeled This section to be completed upon admission or return to facility indicated the facility will hold the resident's bed for 7 days if the resident is transferred to a general acute care hospital or goes on therapeutic leave and signed by the resident. The form further indicated a section labeled Notification of Bed Hold option upon transfer/therapeutic leave noted to be blank.</p> <p>A review of the facility's policy and procedure titled Bed Hold revised July 2017 indicated, The Facility notifies the resident and/or representative, in writing, of the bed hold option, any time the resident is transferred to an acute care hospital or request therapeutic leave.</p>