

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 04/15/2024
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49113</p> <p>Based on observation, interview, and record review, the facility failed, for one of four sampled residents reviewed (Resident 1) to ensure two bottles of oral nutritional supplements (health supplement) had a physician's order and were not stored by the bedside.</p> <p>This failure had the potential to result in incorrect self-administration of medication by Resident 1 and unauthorized access of other residents and staff to the medication.</p> <p>Findings:</p> <p>On March 26, 2024, at 11:05 a.m., an observation with a concurrent interview was conducted with Resident 1. Resident 1 was in his room sitting on his bed. Observed on the top of his bedside table were two bottles (one opened and one unopened) of nutritional supplements labeled as Juice Plus (brand name of nutritional supplement).</p> <p>In a concurrent interview, Resident 1 stated the two bottles of nutritional supplements were his and he had been taking them.</p> <p>On March 26, 2024, Resident 1's record was reviewed. Resident 1 was admitted to the facility on [DATE], with diagnoses of hypertension (high blood pressure), chest pain, kidney disease and dysphagia (difficulty swallowing). There was no documented evidence Resident 1 had a physician's order for the two bottles of Juice Plus nutritional supplement. In addition, there was no documented evidence Resident 1 had a physician's order to store to medication by his bedside.</p> <p>On March 26, 2024, at 3:29 p. m., an interview with a concurrent record review was conducted with Registered Nurse (RN) 1 and RN 2. Both RNs stated Resident 1 did not have a physician's order of the Juice Plus nutritional supplement. RN 1 further stated, Resident 1 should have a physician's order for the Juice Plus and medication should not be stored by the residents' bedside.</p> <p>On March 26, 2024, at 4:15 p. m., an interview was conducted with the Administrator, the Administrator acknowledged and stated residents' medication should not be stored at the residents' bedside.</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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On March 28, 2024, at 4:27 p. m., Licensed Vocational Nurse (LVN) 2 was interviewed via telephone. LVN 2 stated the facility's policy was, residents should be assessed and evaluated for the ability to self-medicate and a care plan should be implemented. Additionally, LVN 2 stated even if a resident can self-administer medication, the medicine needs to be locked and secured because other residents can come into the room and take it.</p> <p>The facility's policy and procedure titled, Medication Storage in the Facility . Bedside Medication Storage, dated October 2012, was reviewed. The policy indicated, .Bedside medication storage is permitted for residents who wish to self - administer medications, upon the written order of the prescriber .</p>		