

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  02/04/2025
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39920</p> <p>Based on interview and record review, the facility failed to ensure the resident environment was free of accident hazards when one of 74 residents had a shotgun, two airsoft guns, and a chainsaw in his room (Resident 1).</p> <p>This failure resulted in Resident 1 having access to his shotgun, airsoft guns, and chainsaw, and could have resulted in mental anguish for the other residents in the facility, accidents or death.</p> <p>Findings:</p> <p>On February 4, 2025, at 9:35 a.m., an unannounced visit was made to the facility to investigate two anonymous complaints about residents' safety.</p> <p>On February 4, 2025, at 12:15 p.m., the Director of Nursing (DON) was interviewed. The DON stated Resident 1's room was cleaned on January 28, 2025, while the resident was at the hospital. The DON stated two airsoft guns, a chainsaw, and a shotgun (unloaded) were found in his room. The DON stated the local Police were notified and they took custody of the two airsoft guns and the shotgun (which was registered in his name). The DON stated Resident 1 had a history of going out on pass (a physician order to allow a resident to leave the facility and go home or with family, typically for a few hours). The DON stated Resident 1 did not have the shotgun, airsoft guns, and the chainsaw on admission, as the inventory belongings from admission did not show those items. The DON stated Resident 1 probably brought those items in the facility after returning from out on pass. The DON stated the facility staff should check the belongings of residents returning from out on pass and record it. The DON stated no facility staff reported the weapon was brought in by the resident or his family after returning from out on pass. The DON also stated no weapons were allowed in the facility.</p> <p>On February 4, 2025, at 12:43 p.m., the Social Worker (SW) was interviewed. The SW stated staff are supposed to check Resident 1's belongings when back from out on pass and update the inventory list.</p> <p>On February 4, 2025, at 1:51 p.m., Licensed Vocational Nurse (LVN) 1 was interviewed. LVN 1 stated weapons were not allowed in the facility because they were an accident hazard.</p> <p>On February 4, 2025, at 2:11 p.m., A Nursing Assistant (NA) was interviewed. The NA stated she was the one who found the shotgun among Resident 1's belongings, in his room.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident 1's record was reviewed. Resident 1 was initially admitted to the facility on [DATE], and readmitted on [DATE], with diagnoses which included anxiety, altered mental status, and depression. Resident 1 ' s BIMS (Brief Interview for Mental Status - an assessment tool) score was 11, indicating moderate cognitive impairment.</p> <p>The facility policy and procedure titled, Weapons, dated January 1, 2012, was reviewed. The policy and procedure indicated, .To provide a safe environment for residents, visitors, and Facility Staff .The Facility prohibits residents, visitors and Facility Staff from possessing any type of weapon while on Facility premises. All items designed to cause bodily harm are considered weapons including, but not limited to: knives; firearms; brass knuckles; explosives; and blades longer than 3 inches .During orientation to the Facility residents will be notified that they are not permitted to possess any weapon while residing at the Facility . Facility Staff members must immediately notify the Administrator if they become aware of an individual in possession of a weapon .</p>