

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555084	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/17/2024
NAME OF PROVIDER OR SUPPLIER Desert Springs Healthcare & Wellness Centre		STREET ADDRESS, CITY, STATE, ZIP CODE 82262 Valencia Avenue Indio, CA 92201	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46509</p> <p>Based on interview and record review the facility failed to ensure one (Resident A) of six sampled residents was consistently assessed and was provided treatment and care in accordance with the professional standards of practice, when Resident A had a fall and her vital signs became abnormal after the fall incident.</p> <p>These failures increased the risk for the current health condition of the resident to worsen due to delayed assessment and delayed provision of appropriate care.</p> <p>Findings:</p> <p>On September 11, 2024, at 12:30 p.m., an announced visit to the facility was conducted to investigate a complaint for quality of care.</p> <p>On September 16, 2024, at 11:00 a.m., Resident A ' s Admission Record was reviewed. Resident A was admitted to the facility on [DATE], with diagnoses which included cerebral infarction (stroke-loss of blood flow to a part of the brain), epilepsy (a disorder in which nerve cells in the brain are disturbed, causing seizures), and aphasia (a disorder that makes it difficult to speak).</p> <p>A review of Resident A ' s Order Summary Report indicated:</p> <ul style="list-style-type: none"> - July 15, 2024, Observe for discolored urine, black tarry stools, sudden severe headache, n/v (nausea, vomiting), diarrhea, muscle joint pain, lethargy (lack of energy), bruising, sudden changes in mental status and/or VS (vital signs-reflect body functions-heart rate, blood pressure, temperature, breathing rate), SOB (shortness of breath), nosebleed every shift, for use of Apixaban (Eliquis- blood thinner), if symptoms exist, document Y for yes or N for no. If yes, document findings in a progress note or a change of condition. -August 7, 2024, Monitor left side of face discoloration and edema (buildup of fluid in the body ' s tissue) everyday shift for s/p (status post-after) fall injury. -Observe for discolored urine, black tarry stools, sudden severe headache, n/v, diarrhea, muscle joint pain, lethargy, bruising, sudden changes in mental status, and/or VS (vital signs), SOB (shortness of breath), nosebleed every shift for use of Apixaban. <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
-----------------------------------------------------------------------	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555084	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/17/2024
NAME OF PROVIDER OR SUPPLIER Desert Springs Healthcare & Wellness Centre		STREET ADDRESS, CITY, STATE, ZIP CODE 82262 Valencia Avenue Indio, CA 92201	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident A ' s document titled,SBAR (Situation, background, assessment, recommendation-a communication tool used by healthcare workers when there is a change of condition among a patient) Communication Form,indicated the following:</p> <p>-dated August 6, 2024, . Resident was found on the floor by staff on left side of the body noted, no other injuries noted .Recommendations of Primary Clinicians (doctor) .monitor continue neuro (neurological) checks X ray of area .</p> <p>-dated August 7,2024, .Altered level of consciousness .8/6/24 (August 6, 2024) pt had fall .Skin evaluation . no changes observed .patient noted to have edema to left side of face and purple discoloration to left, no response to verbal stimuli, pt opened eyes with sternal rub .vitals are abnormal temperature 102, respiratory rate 24, Pulse rate 142, blood pressure 167/100 .</p> <p>A review of Resident A ' s document titled Weights and Vitals Exceptions indicated:</p> <p>-On August 6, 2024, at 3:20 p.m., BP 140/99, Pulse 122 (regular-Rhythm of heart rate)</p> <p>-On August 7, 2024, at 5:21 a.m., BP 176/114, Pulse 141 (irregular-new onset)</p> <p>-On August 7, 2024, at 9:06 a.m., BP 167/100, Pulse 142 (irregular-new onset)</p> <p>-On August 7, 2024, at 11:29 a.m., BP 160/90, Pulse rate 105 (regular)</p> <p>A review of Resident A ' s Care Plans indicated:</p> <p>- .had an actual fall with injury r/t (related to) poor balance, seizure, Type 2 (two) DM (Diabetes Mellitus-characterized by high sugar levels in the blood), HX (history) of stroke ., dated August 6, 2024,</p> <p>.Interventions .monitor x (times) 72 hours for coc (change of condition), Neuro-checks x (times) as schedule, notify MD of any changes .</p> <p>- .COC (change of condition) .Patient with ALOC (altered level of consciousness), abnormal vitals . dated August 7, 2024, .Interventions . monitor left side of face discoloration and edema, notify MD/RP (resident representative) .</p> <p>- .Resident is on anticoagulant (blood thinner) therapy Apixaban r/t (related to) stroke . dated March 13, 2024, .Interventions .monitor/document/report PRN (as needed) adverse reactions (undesired harmful effect resulting from a medication) of Anticoagulant therapy .bruising .sudden change in mental status, significant or sudden change in v/s (vital signs), review medication list for adverse reactions. Avoid use of aspirin or NSAIDS (non-steroidal anti-inflammatory drugs-used to relieve pain, reduce swelling) .</p> <p>A review of Resident A ' s Neurological Flow Sheet, indicated the following:</p> <p>-On August 6, 2024, was reviewed, neuro check at 3:00 p.m. indicated BP increased to 140/99, and pulse rate 122, at 7:00 p.m. pulse rate 110, and at 11:00 p.m. pulse rate 108.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555084	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/17/2024
NAME OF PROVIDER OR SUPPLIER Desert Springs Healthcare & Wellness Centre		STREET ADDRESS, CITY, STATE, ZIP CODE 82262 Valencia Avenue Indio, CA 92201	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-On August 7, 2024, at 3:00 a.m. BP elevated 170/90, pulse rate 110, at 7:00 a.m. BP 169/100, pulse rate 136.</p> <p>Further review of Resident A ' s record did not indicate any documentation that the elevated blood pressure and elevated pulse rate was addressed on August 6, 2024 (at 3 p.m., at 7 p.m.; and 11 p.m.) and on August 7, 2024 (at 3 a.m. and 7 p.m.).</p> <p>On September 16, 2024, at 2:30 p.m., an interview was conducted with Certified Nursing Assistant (CNA) 1. CNA 1 stated she came in at 6:45 a.m., on August 6, 2024, and Resident A was already in her bed, with a bruise on her cheek. CNA 1 stated if the heart rate is 50 bpm or less or 100 bpm or more, it is important to tell the charge nurse. CNA-1 stated if a pulse rate is 120 bpm or more, she would tell the charge nurse immediately, fill out a stop and watch form, and give it to the licensed nurse, and the licensed nurse would fill out a COC.</p> <p>On September 16, 2024, at 3:15 p.m., an interview was conducted with CNA-3. CNA-3 stated Resident A ' s heart rate was 122 bpm, and her Blood Pressure was 140/99 at the beginning of the shift, around 3:00 p.m., on August 6, 2024. CNA 3 stated it was reported to the licensed nurse. CNA-3 stated when she takes a resident ' s vital signs, and if they are abnormal, she may need to adjust the blood pressure cuff or reposition the resident and try again, if the vital signs are still abnormal, would let the licensed nurse know and write it on a Stop & Watch form. CNA-3 stated if a resident had a heart rate of 142 bpm, and it was an irregular rhythm, she would check the radial (wrist) or apical (bottom tip of the heart-area over the left chest wall below the nipple line, need a stethoscope to hear the heartbeat) pulse to confirm, and go straight to the licensed nurse and tell them immediately.</p> <p>On September 16, 2024, at 4:05 p.m., an interview was conducted with CNA-4. CNA-4 stated she was the CNA working the night shift and she stated the CNAs normally take vital signs at the beginning of their shift, working nights, she would try to get vital signs on her patients between 11:00 pm and 12:00 a.m. to not disturb them. CNA-4 stated she does not remember when she took Resident A ' s vital signs, Resident A ' s heart rate was 142 bpm and blood pressure was 176/111, she should have told the charge nurse right away and she did not. CNA-4 stated she manually put the vital signs into the electronic medical record at 5:00 a.m. but forgot to let the charge nurse know, if she had told the charge nurse about Resident A ' s vital signs being out of range and irregular, the charge nurse would have called the Director of Nursing (DON), and Resident A ' s blood pressure and pulse would have been re-checked, she failed to tell the nurse. CNA-4 stated she thought Resident A ' s heart rate and blood pressure were high because of her falling, Resident A looked beat up, Resident A ' s face was swollen, CNA-4 was surprised Resident A had not been sent to the emergency room .</p> <p>On September 16, 2024, at 5:25 p.m. an interview was conducted with Licensed Vocational Nurse (LVN) 1. LVN 1 stated he was the charge nurse on the evening shift August 6, 2024, after Resident A fell . LVN-1 stated CNA-3 had told him, Resident A ' s heart rate was 122 bpm, and the blood pressure was 140/99, he asked Resident A if she was in pain. LVN-1 stated he does not remember giving Resident A any additional medication to help with her heart rate or blood pressure and does not remember if Resident A ' s heart rate and blood pressure were lower as the shift progressed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555084	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/17/2024
NAME OF PROVIDER OR SUPPLIER Desert Springs Healthcare & Wellness Centre		STREET ADDRESS, CITY, STATE, ZIP CODE 82262 Valencia Avenue Indio, CA 92201	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On September 17, 2024, at 4:45 p.m., an interview was conducted with the Director of Staff Development (DSD). The DSD stated the CNAs and the licensed nurses have been in-serviced on needing to be aware of abnormal vital signs, and when to complete a change of condition form. The DSD stated the licensed nurses should have called the DON or the physician when Resident A ' s vital signs were abnormal.</p> <p>A review of Resident A ' s record indicated the resident was transferred to the hospital on August 7, 2024, at approximately 9:30 a.m.</p> <p>A review of Resident A ' s hospital records indicated the resident had a sinus tachycardia (fast heart rate) with PVC (pre-ventricular contractions-extra heart beats that begin in the lower portion of the heart-disrupts a regular rhythm), Incomplete Right Bundle Branch Block (a partial interruption in the flow of electrical impulses in the heart to beat regularly).</p> <p>A review of a document used for training titled Anticoagulant (blood thinner-a medication used to prevent the blood from clotting) and Antiplatelet (medication used to prevent blood clots from forming) Use: Indications and Monitoring, no date, indicated .intense monitoring for unspecified or uncomplicated ' bruising ' is not recommended or required .UNUSUAL bruising (i.e. bruises that develop without known cause or grow in size) should be regularly monitored and reported .to the physicians a change of condition (COC) .</p> <p>A review of the facility ' s policy and procedure titled, Fall Management Program, dated March 13, 2021, indicated .provide residents a safe environment that minimizes complications associated with falls .following every resident fall, the licensed nurse will perform a post-fall evaluation .for an unwitnessed fall .with suspected or known head injury, the licensed nurse will complete neurological checks for 72 hours following the fall incident .the Attending physician will be informed if there is a deviation (abnormal) from the Resident ' s baseline (normal) status for further instructions .</p> <p>A review of the facility ' s policy and procedure titled, Change of Condition Notification, dated April 1, 2015, indicated .ensure residents, family, legal representatives, and physicians are informed of changes in the resident ' s condition in a timely manner .The facility will promptly inform the resident, consult with the resident ' s attending physician .when the resident endures a significant change in their condition caused by, but not limited to .an accident .a significant change in the resident ' s physical, mental status . ' Change of Condition ' related to Attending Physician notification is defined as when the Attending Physician must be notified when any sudden and marked adverse change in the resident ' s condition which is manifested by signs and symptoms different than usual denote (indicate) a new problem .and require a medical assessment, coordination and consultation with the attending physician and a change in the treatment plan . It is the responsibility of the person who observes the change to report the change to the licensed nurse .the Licensed Nurse must observe and assess the overall condition utilizing a physical assessment and chart review .Licensed Nurse will notify the resident ' s Attending Physician . when there is an .accident involving the resident which results in injury .deterioration in health .clinical complications .Emergency Situations .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555084	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/17/2024
NAME OF PROVIDER OR SUPPLIER Desert Springs Healthcare & Wellness Centre		STREET ADDRESS, CITY, STATE, ZIP CODE 82262 Valencia Avenue Indio, CA 92201	
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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46509</p> <p>Based on interview and record review the facility failed to ensure sufficient licensed nurses with the appropriate competencies and skill sets necessary to care for one (Resident A) of six sampled residents' needs, as identified through resident assessments, and described in the plan of care.</p> <p>This failure has the potential to affect the provision of care for Resident A and other residents at the facility.</p> <p>Findings:</p> <p>On September 11, 2024, at 12:30 p.m., an announced visit to the facility was conducted to investigate a complaint for quality of care.</p> <p>On September 16, 2024, at 11 a.m., Resident A ' s Admission Record was reviewed. Resident A was admitted to the facility on [DATE], with diagnoses which included cerebral infarction (stroke-loss of blood flow to a part of the brain), epilepsy (a disorder in which nerve cells in the brain are disturbed, causing seizures), and aphasia (a disorder that makes it difficult to speak).</p> <p>A review of Resident A ' s Order Summary Report indicated:</p> <ul style="list-style-type: none"> - July 15, 2024, Observe for discolored urine, black tarry stools, sudden severe headache, n/v (nausea, vomiting), diarrhea, muscle joint pain, lethargy (lack of energy), bruising, sudden changes in mental status and/or VS (vital signs-reflect body functions-heart rate, blood pressure, temperature, breathing rate), SOB (shortness of breath), nosebleed every shift, for use of Apixaban (Eliquis- blood thinner), if symptoms exist, document Y for yes or N for no. If yes, document findings in a progress note or a change of condition. -August 7, 2024, Monitor left side of face discoloration and edema (buildup of fluid in the body ' s tissue) everyday shift for s/p (status post-after) fall injury. -Observe for discolored urine, black tarry stools, sudden severe headache, n/v, diarrhea, muscle joint pain, lethargy, bruising, sudden changes in mental status, and/or VS (vital signs), SOB (shortness of breath), nosebleed every shift for use of Apixaban. <p>A review of Resident A ' s document titled,SBAR (Situation, background, assessment, recommendation-a communication tool used by healthcare workers when there is a change of condition among a patient) Communication Form,indicated the following:</p> <ul style="list-style-type: none"> -dated August 6, 2024, . Resident was found on the floor by staff on left side of the body noted, no other injuries noted .Recommendations of Primary Clinicians (doctor) .monitor continue neuro (neurological) checks X ray of area . <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555084	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/17/2024
NAME OF PROVIDER OR SUPPLIER Desert Springs Healthcare & Wellness Centre		STREET ADDRESS, CITY, STATE, ZIP CODE 82262 Valencia Avenue Indio, CA 92201	
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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-dated August 7,2024, .Altered level of consciousness .8/6/24 (August 6, 2024) pt had fall .Skin evaluation . no changes observed .patient noted to have edema to left side of face and purple discoloration to left, no response to verbal stimuli, pt opened eyes with sternal rub .vitals are abnormal temperature 102, respiratory rate 24, Pulse rate 142, blood pressure 167/100 .</p> <p>A review of Resident A ' s document titled Weights and Vitals Exceptions indicated:</p> <p>-On August 6, 2024, at 3:20 p.m., BP 140/99, Pulse 122 (regular-Rhythm of heart rate)</p> <p>-On August 7, 2024, at 5:21 a.m., BP 176/114, Pulse 141 (irregular-new onset)</p> <p>-On August 7, 2024, at 9:06 a.m., BP 167/100, Pulse 142 (irregular-new onset)</p> <p>-On August 7, 2024, at 11:29 a.m., BP 160/90, Pulse rate 105 (regular)</p> <p>A review of Resident A ' s Care Plans indicated:</p> <p>- .Resident is on anticoagulant (blood thinner) therapy Apixaban r/t (related to) stroke . dated March 13, 2024, .Interventions .monitor/document/report PRN (as needed) adverse reactions (undesired harmful effect resulting from a medication) of Anticoagulant therapy .bruising .sudden change in mental status, significant or sudden change in v/s (vital signs), review medication list for adverse reactions. Avoid use of aspirin or NSAIDS (non-steroidal anti-inflammatory drugs-used to relieve pain, reduce swelling) .</p> <p>- .had an actual fall with injury r/t (related to) poor balance, seizure, Type 2 (two) DM (Diabetes Mellitus-characterized by high sugar levels in the blood), HX (history) of stroke ., dated August 6, 2024, . Interventions .monitor x (times) 72 hours for coc (change of condition), Neuro-checks x (times) as schedule, notify MD of any changes .</p> <p>- .COC (change of condition) .Patient with ALOC (altered level of consciousness), abnormal vitals . dated August 7, 2024, .Interventions . monitor left side of face discoloration and edema, notify MD/RP (resident representative) .</p> <p>A review of Resident A ' s Neurological Flow Sheet, indicated the following:</p> <p>-On August 6, 2024, was reviewed, neuro check at 3:00 p.m. indicated BP increased to 140/99, and pulse rate 122, at 7:00 p.m. pulse rate 110, and at 11:00 p.m. pulse rate 108.</p> <p>-On August 7, 2024, at 3:00 a.m. BP elevated 170/90, pulse rate 110, at 7:00 a.m. BP 169/100, pulse rate 136.</p> <p>Further review of Resident A ' s record did not indicate any documentation that the elevated blood pressure and elevated pulse rate was addressed on August 6, 2024 (at 3 p.m., at 7 p.m.; and 11 p.m.) and on August 7, 2024 (at 3 a.m. and 7 p.m.).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555084	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/17/2024
NAME OF PROVIDER OR SUPPLIER Desert Springs Healthcare & Wellness Centre		STREET ADDRESS, CITY, STATE, ZIP CODE 82262 Valencia Avenue Indio, CA 92201	
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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On September 16, 2024, at 2:30 p.m., an interview was conducted with Certified Nursing Assistant (CNA) 1. CNA 1 stated she came in at 6:45 a.m., on August 6, 2024, and Resident A was already in her bed, with a bruise on her check. CNA 1 stated if the heart rate is 50 bpm or less or 100 bpm or more, it is important to tell the charge nurse. CNA-1 stated if a pulse rate is 120 bpm or more, she would tell the charge nurse immediately, fill out a stop and watch form, and give it to the licensed nurse, and the licensed nurse would fill out a COC.</p> <p>On September 16, 2024, at 3:15 p.m., an interview was conducted with CNA 3. CNA 3 stated Resident A ' s heart rate was 122 bpm, and her Blood Pressure was 140/99 at the beginning of the shift, around 3:00 p.m., on August 6, 2024. CNA 3 stated it was reported to the licensed nurse. CNA-3 stated when she takes a resident ' s vital signs, and if they are abnormal, she may need to adjust the blood pressure cuff or reposition the resident and try again, if the vital signs are still abnormal, would let the licensed nurse know and write it on a Stop & Watch form. CNA-3 stated if a resident had a heart rate of 142 bpm, and it was an irregular rhythm, she would check the radial (wrist) or apical (bottom tip of the heart-area over the left chest wall below the nipple line, need a stethoscope to hear the heartbeat) pulse to confirm, and go straight to the licensed nurse and tell them immediately.</p> <p>On September 16, 2024, at 4:05 p.m., an interview was conducted with CNA 4. CNA 4 stated she was the CNA working the night shift and she stated the CNAs normally take vital signs at the beginning of their shift, working nights, she would try to get vital signs on her patients between 11:00 pm and 12:00 a.m. to not disturb them. CNA 4 stated she does not remember when she took Resident A ' s vital signs, Resident A ' s heart rate was 142 bpm and blood pressure was 176/111, she should have told the charge nurse right away and she did not. CNA-4 stated she manually put the vital signs into the electronic medical record at 5:00 a.m. but forgot to let the charge nurse know, if she had told the charge nurse about Resident A ' s vital signs being out of range and irregular, the charge nurse would have called the Director of Nursing (DON), and Resident A ' s blood pressure and pulse would have been re-checked, she failed to tell the nurse. CNA 4 stated she thought Resident A ' s heart rate and blood pressure were high because of her falling, Resident A looked beat up, Resident A ' s face was swollen, CNA-4 was surprised Resident A had not been sent to the emergency room .</p> <p>On September 16, 2024, at 5:25 p.m. an interview was conducted with Licensed Vocational Nurse (LVN) 1. LVN 1 stated he was the charge nurse on the evening shift August 6, 2024, after Resident A fell . LVN 1 stated CNA 3 had told him, Resident A ' s heart rate was 122 bpm, and the blood pressure was 140/99, he asked Resident A if she was in pain. LVN 1 stated he does not remember giving Resident A any additional medication to help with her heart rate or blood pressure and does not remember if Resident A ' s heart rate and blood pressure were lower as the shift progressed.</p> <p>On September 17, 2024, at 12 p.m., an interview was conducted with LVN 2. LVN 2 stated she was the charge nurse who took care of Resident A on the night shift, of August 6th through August 7, 2024. LVN 2 stated she did not know about Resident A ' s high heart rate or blood pressure until after Resident A went to the hospital. LVN 2 stated she was monitoring Resident A ' s vital signs and neurological checks every four hours. LVN 2 stated she did not know Resident A had an irregular heart rate of 142, or high blood pressure of 176/114. She stated if she had known, she would have assessed Resident A, asked the other licensed nurse in the facility to also assess Resident A and recheck the vital signs, then she would have checked Resident A ' s code status, and let the Director of Nursing (DON) know she was calling 911, and call the doctor and Resident A ' s family.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555084	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/17/2024
NAME OF PROVIDER OR SUPPLIER Desert Springs Healthcare & Wellness Centre		STREET ADDRESS, CITY, STATE, ZIP CODE 82262 Valencia Avenue Indio, CA 92201	
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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On September 17, 2024, at 4:45 p.m., an interview was conducted with the Director of Staff Development (DSD). The DSD stated the CNAs and the licensed nurses have been in-serviced on needing to be aware of abnormal vital signs, and when to complete a change of condition form. The DSD stated the licensed nurses should have called the DON or the physician when Resident A ' s vital signs were abnormal.</p> <p>A review of Resident A ' s record indicated the resident was transferred to the hospital on August 7, 2024, at approximately 9:30 a.m.</p> <p>A review of Resident A ' s hospital records indicated the resident had a sinus tachycardia (fast heart rate) with PVC (pre-ventricular contractions-extra heart beats that begin in the lower portion of the heart-disrupts a regular rhythm), Incomplete Right Bundle Branch Block (a partial interruption in the flow of electrical impulses in the heart to beat regularly).</p> <p>A review of a document used for training titled Anticoagulant (blood thinner-a medication used to prevent the blood from clotting) and Antiplatelet (medication used to prevent blood clots from forming) Use: Indications and Monitoring, no date, indicated .intense monitoring for unspecified or uncomplicated ' bruising ' is not recommended or required .UNUSUAL bruising (i.e. bruises that develop without known cause or grow in size) should be regularly monitored and reported .to the physicians a change of condition (COC) .</p> <p>A review of the facility ' s policy and procedure titled, Fall Management Program, dated March 13, 2021, indicated .provide residents a safe environment that minimizes complications associated with falls .following every resident fall, the licensed nurse will perform a post-fall evaluation .for an unwitnessed fall .with suspected or known head injury, the licensed nurse will complete neurological checks for 72 hours following the fall incident .the Attending physician will be informed if there is a deviation (abnormal) from the Resident ' s baseline (normal) status for further instructions .</p> <p>A review of the facility ' s policy and procedure titled, Change of Condition Notification, dated April 1, 2015, indicated .ensure residents, family, legal representatives, and physicians are informed of changes in the resident ' s condition in a timely manner .The facility will promptly inform the resident, consult with the resident ' s attending physician .when the resident endures a significant change in their condition caused by, but not limited to .an accident .a significant change in the resident ' s physical, mental status . ' Change of Condition ' related to Attending Physician notification is defined as when the Attending Physician must be notified when any sudden and marked adverse change in the resident ' s condition which is manifested by signs and symptoms different than usual denote (indicate) a new problem .and require a medical assessment, coordination and consultation with the attending physician and a change in the treatment plan . It is the responsibility of the person who observes the change to report the change to the licensed nurse .the Licensed Nurse must observe and assess the overall condition utilizing a physical assessment and chart review .Licensed Nurse will notify the resident ' s Attending Physician . when there is an .accident involving the resident which results in injury .deterioration in health .clinical complications .Emergency Situations .</p>		