STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555084	A. Building B. Wing	09/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Desert Springs Healthcare & Wellness Centre	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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46509 Based on interview and record review, the facility failed to ensure residents' mail or packages were not opened without prior consent from the resident, for two of five residents sampled (Residents B and C). This failure resulted in Resident B and C's rights not being respected. Findings: On August 16, 2024, at 8:30 a.m., an announced visit to the facility was conducted to investigate a complaint of quality of care. On August 16, 2024, Resident B's medical record was reviewed. Resident B was admitted to the facility on [DATE], with diagnoses which included heart failure and prostate (a male reproductive gland) cancer. A review of Resident B's Minimum Data Set (MDS - an assessment tool), dated April 24, 2024, indicated Resident B had a BIMS (Brief Interview of Mental Status) score of 13 (cognitively intact). On August 20, 2024, at 11:30 a.m., during an interview with Resident B, Resident B stated he did not like when the staff opened his packages, he thought it was a violation of his rights, and he did not give them permission to do so. On August 20, 2024, at 12:00 p.m., during an interview with Resident C. Resident C stated he did not like when the staff opened his packages, including his health plan letters, and supply catalog. Resident C stated he would get the package after it has been opened and the staff have removed items he ordered. Resident C stated he did not remember giving the facility permission to open up any of his mail or packages. On August 20, 2024, Resident C s medical record was reviewed. Resident C was admitted to the facility on [DATE], with diagnoses which included bimalleolar fracture (broken ankle) and left tibial fracture (broken lower leg bone). Resident C's Minimum Data Set, July 8, 2024, indicated Resident C had a BIMS score of 14 (cognitively intact). (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555084	A. Building B. Wing	09/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Desert Springs Healthcare & Wellness Centre	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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On August 20, 2024, at 2:10 p.m., an interview was conducted with the Director of Staff Development (DSD). The DSD stated the protocol for resident's mail or packages include, all mail and packages being received at the nurse's station, taken to the business office first, then the mail and packages would go to Social Services, and items were to be divided between the case manager and the activities department. The DSD stated the mail and packages were then to be delivered to the residents and staff would open all packages in front of the resident, to do inventory with them. A review of the facility's policy and procedure titled Resident Rights-Mail, dated January 1, 2012, indicated, . Residents are allowed to communicate privately with individuals of their choice and may send and receive personal mail unopened .Mail is delivered to the resident unopened. Facility staff will not open mail for the resident unless the resident requests them to do so . A review of the facility's undated document titled Resident Rights, indicated, .Personal privacy .including the right to send and promptly receive unopened mail and other letters, packages and other materials delivered to the facility .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555084	A. Building B. Wing	09/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Desert Springs Healthcare & Wellness Centre	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)
F 0697 Level of Harm - Actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46509 Based on observation, interview, and record review, for one of five residents reviewed (Resident A), the facility failed to ensure effective pain management was provided when the pain medications were not administered as ordered by the physician after spine surgery. This failure resulted in Resident A to experience severe pain which affected her quality of life and psychosocial well-being. Resident A was eventually transferred to acute hospital for pain management. Findings: On August 16, 2024, at 8:30 a.m., an unannounced visit to the facility was conducted to investigate a complaint of quality of care. On August 16, 2024, at 9:15 a.m., an interview was conducted with the Director of Nursing (DON). The DON stated Resident A was admitted to the facility on [DATE], after 3 p.m. The DON stated Resident A had a spinal compression surgery (a procedure that treats compressed nerves in the spine), and was taking pain medications. The DON stated Resident A started asking for her pain medications by 5 p.m. on the day she was admitted . The DON stated she spoke with Resident A and the resident requested to go to another facility. The DON stated Resident A wanted her pain medications, and the facility did not have the pain medications in the facility as the doctor had to approve the medications before the pharmacy would send them to the facility. The DON stated they offered to Resident A if she wanted to go back to the hospital. On August 16, 2024, at 10:30 a.m., a concurrent observation and interview was conducted with Resident A, inside the resident's room. Resident A was observed lying in bed on her right side facing the wall. Resident A stated she was not doing okay and wanted out of the facility. Resident A stated she was in pain, and the nurses were not giving her the medication she needed. Resident A stated by the morning of August 15, 2024, she was upset and wanted to leave the facility. Resident A stated she waited for hours to get a pain pill when she asked for it, around 4 a.m. the following day after her admission. Resident A was observed crying, and her voice was raised as she spoke. Resident A stated that she wanted to feel better and her legs were having spasms (sudden involuntary muscular contractions) which was causing so much pain. Resident A was observed to wincing as she grabbed her leg and continued to cry. On August 16, 2024, Resident A ' s medical record was reviewed. Resident A's Admission Record, indicated Resident A was admitted on [DATE], with diagnoses which included orthopedic (branch of medicine deals with bones) aftercare, opioid (medication to reduce moderate to severe pain) dependence, spondylosis (abnormal wear on the neck), and spinal stenosis (narrowing of the spinal area causing pressure on the spinal cord, where spinal nerves leave the spinal column) cervical (neck), lumbar (back), lumbosacral (lower back and pelvic) regions. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555084	A. Building B. Wing	09/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Desert Springs Healthcare & Wellness Centre	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)
F 0697 Level of Harm - Actual harm Residents Affected - Few	A review of Resident A's History and Physical, dated August 16, 2024, indicated, .associated symptoms include lumbar decompression (reduce pressure) fracture (broken bone) here for management of pain and physical therapy .plan continue her usual pain meds .problem list .opioid (medication to treat pain) dependence with uncomplicated intoxication .Impression .Lumbar compression fracture (occurs when one or more bones in the spine weaken and crumple) .Pain Management . A review of Resident A's care plan, dated August 14, 2024, indicated, .The resident has pain r/t (related to) OA (osteoarthritis-tissue at the end of bones wears down), recurrent stenosis L (lumbar)5 (five) - S (sacral)1 (one), spondylolisthesis (bones in the back slip and pinch nerves causing severe pain), radiculopathy (a condition that occurs when nerve roots in the spine are damaged or injured), lumbar region (spine) . Interventions. Administer analgesia (pain medicine) as per orders. Give 1/2 hour before treatments or care . Anticipate the resident's need for pain relief and respond immediately to any complaint of pain . (sign/symptoms) of non-verbal pain .vocalization (grunting, moans, yelling out, silence); mood/behavior (changes, more irritable, restless, aggressive, squirmy, constant motion); Eyes (wide open .tearing, no focus); face (sad, crying, worried, scared, clenched teeth, grimacing) Body (tense, ridged, rocking .) . Monitor/record/report to nurse resident complaints of pain or requests for pain treatment .Observe and report .withdrawal or resistance to care . A review of Resident A's care plan, dated August 15, 2024, indicated, .The resident is on pain medication therapy r/t (related to) disease process of RADICULOPATHY, LUMBAR REGION, CHRONIC (long time) PAIN, SPINAL STENOSIS (the spaces inside the bones of the spine get too small), SPONDYLOSIS (age-related degenerative conditions that affect the spine) .Goal .The resident will be free of any discomfort . Interventions .Administer ANALGESIC (pain medicine) medications as ordered by physician . A review of Resident A's Order Summary Report, included the following physician's order related to pain, dated August 14, 2024: - Assess for pain every shift and chart intensity of pain using 1-10 numeric pain scale; 1-4 = mild pain, 5-7 = moderate pain, 8-9 = severe pain, 10 = excruciating pain .; - Baclofen (medication to treat spasms) Oral Tablet 10 MG (milligram - unit of measurement) Give 1 (one) tablet by mouth three times a day for Muscle spasm .; - Diclofenac Sodium (used to treat pain and inflammation) External Gel 1 % .Apply to right Hip topically (onto skin) three time a day for Pain .; - Diclofenac Sodium External Gel 1 % .Apply to right thigh topically three time a day for Pain .; - Diclofenac Sodium Tablet Delayed Release 75 MG Give 1 (one) tablet by mouth one time a day for pain .; - fentaNYL Transdermal Patch (narcotic pain medication) 72 Hour 50 MCG/HR (microgram [unit of measurement]/HR [hour]) Apply 1 (one) patch transdermally (apply on the skin) in the morning every 3 (three) day(s) for pain management .; - Gabapentin (pain medication) Oral Capsule 300 MG .Give 3 (three) capsule by mouth three times a day for Neuropathy (nerve pain) .; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555084	A. Building B. Wing	09/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Desert Springs Healthcare & Wellness Centre	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)
F 0697 Level of Harm - Actual harm Residents Affected - Few	- Lidoderm External Patch (used to relieve the pain) .Apply to lower back topically every 12 hours as needed . ; - Methadone HCl (narcotic pain medication) Oral Tablet 10 MG .Give 1 (one) tablet by mouth two times a day for pain .; and - Percocet (narcotic pain medication) Oral Tablet 10-325 MG .Give 1 (one) tablet by mouth every 4 (four) hours as needed for Breakthrough pain . A review of Resident A' s Medication Administration Record (MAR), dated August 2024, indicated the following: - Fentanyl transdermal patch was ordered to start August 15, 2024, at 9:00 a.m., was not applied, medication unavailable; - Methadone 10 mg tablet was not administered to Resident on August 15, 2024, at 9 a.m. and 5 p.m., and August 16, 2024, at 9 a.m. (3 doses) medication unavailable; - Baclofen tablet 10mg was not administered on August 14, 2024, at 10 p.m., and August 15, 2024, at 10 p. m. (two doses); - Diclofenac Sodium gel 1% to be applied to right hip and thigh was not administered to Resident A on August 14, 2024, at 10 p.m., August 15, 2024, at 6 a.m., 2 p.m., 10 p.m., and August 16, 2024, at 6 a.m. (five doses); - Gabapentin capsule 300 mg (3 capsules) was not administered to Resident A on August 14, 2024, at 10 p. m., and August 15, 2024, at 10 p.m. (two doses); - Lidoderm external patch 5% was not applied as needed to Resident A from August 14 to 16, 2024; - Percocet 10/325 mg was administered to Resident A on August 15, 2024, at 4:10 a.m., at 9:34 a.m., on August 16, 2024, at 12:51 a.m., and 11:47 a.m., with pain scale of 6 to 8 out of 10 pain. A review of Resident A's Progress Notes, indicated the following: - August 14, 2024, at 4:01 p.m., .Clinical Admission .Pain issue .New Location: Cervical region (the neck region of the spine). Pain score: 10 (severe pain). Spasm. Frequency: constant .chronic pain related to compression of cervical spine . Further review of Resident A's MAR, for the month of August 2024, indicated Resident A received Percocet for pain on August 15, 2024 at 4:10 a.m. (12 hours after initial pain assessment on admission). - August 15, 2024, at 9:05 p.m., indicated, .Diclofenac Sodium External Gel .awaiting delivery to facility . - August 15, 2024, at 9:05 p.m., indicated, .Baclofen .awaiting delivery to facility . - August 15, 2024, at 9:06 p.m., indicated, .Gabapentin .awaiting delivery to facility . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555084	A. Building B. Wing	09/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Desert Springs Healthcare & Wellness Centre	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)
F 0697 Level of Harm - Actual harm Residents Affected - Few	- August 16, 2024, at 9:54 a.m., indicated, Methadone .awaiting pharmacy delivery . - August 16, 2024, at 10:17a.m., indicated, .called pharmacy to follow up on resident narcotics (medications) with narcotic department stating they spoke with (name of physician) on 08/14/2024 (August 14, 2024) .Per pharmacy (name of physician) stated she would clarify order with facility then call pharmacy back. Pharmacy stated that they have not received a return call from (name of physician). The case manager requested to reach back out to (name of physician) . - August 16, 2024, at 10:30 a.m.: indicated, .fentanyl Transdermal Patch .pending pharmacy delivery . - August 16, 2024, at 10:34 a.m., indicated, .Late entry for 8/14/24 (August 14, 2024 at 1915 (7:15 p.m.) . Resident upset her medications were not available upon arrival to facility, expressed wanting to leave facility AMA (Against Medical Advice). This nurse informed resident her medications would be delivered by our contracted pharmacy, after MD (physician) authorized .Medication details were not discussed with resident . - August 16, 2024, at 12:45 p.m., indicated, .Resident is stating that her pain is 10/10 throughout her entire body .given pain medication per order at 1147 (11:47 a.m.) with results ineffective .n/o (new order) received to send to ER for further evaluation . - August 16, 2024, at 12:49 p.m., indicated, .MD notified of resident complain of back pain, Md did a video call with resident to see if we can offer an extra Percocet but resident stated she wants her pain to be managed. Md notified resident that her Methadone and fentanyl was authorized and will be waiting for delivery .The resident opted to go back to hospital for pain management . - August 16, 2024, at 1:28 p.m., indicated .Pt sent out to ER per MD for c/o (complain of) excruciating 10/10 unmanageable pain . On August 16, 2024, at 10:45 a.m., a concurrent interview and review of Resident A's record was conducted with Licensed Vocational Nurse (LVN) 1. LVN 1 reviewed Resident A's MAR and stated some of Resident A's medications were delivered. However, LVN 1 stated Resident A's Fentanyl patch and Methadone, had not been received from the pharmacy yet after the medications were ordered on August 14, 2024. LVN 1 stated Resident A's Percocet was taken out of the E-kit (emergency medication kit). Resident A did not receive any pain medications this morning and had not received any Lidocaine 5% patches for her back pain. LVN 1 stated the doctor was supposed to authorize the medications still needing to be delivered from the pharmacy. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555084	A. Building B. Wing	09/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Desert Springs Healthcare & Wellness Centre	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)
F 0697 Level of Harm - Actual harm Residents Affected - Few	On August 16, 2024, at 12:10 p.m., an interview was conducted with the DON. The DON stated Resident A's medications (Methadone, Fentanyl patch, and Percocet) had not been received from the pharmacy. The DON stated the pharmacy needed authorization from the doctor, the doctor needed to verify the medications, and call the pharmacy to authorize them. The DON stated she has not heard from the pharmacy or the doctor since August 14, 2024. The DON stated once medications were faxed to the pharmacy it generally takes four to six hours to receive them in the facility, and if faxed after 4:00 p.m., the medications are to be received the next morning. The DON stated we called the pharmacy this morning, August 16, 2024, at 10:17 a.m., to find out where the medications are and the pharmacy told them the medications are supposed to be delivered this afternoon (two days after admission). The DON stated the nursing staff would assess the resident's pain every shift, and when passing medications, the nursing staff would document the pain level assessment in the MAR, the nursing staff should have asked Resident A during morning medication pass if she was having any pain. The DON stated Resident A was here for pain management and rehabilitation therapy, and it was not acceptable for Resident A who had been in the facility for almost 48 hours and has not received her medications and may be experiencing some withdrawal symptoms. The DON stated we offered to send Resident A back to the hospital on August 14, 2024, and Resident A stated she would wait until the morning to receive her pain medicines, and on August 15, 2024, we did not offer to send Resident A back to the hospital, her pain was being controlled. On August 16, 2024, at 12:34 p.m., an interview was conducted with Resident A together with the DON. The Ombudsman was observed to be at beside with Resident A. Resident A stated she received some Percocet, but her pain was off the chart since admission, on August 14, 2024. Resident A stated she had been in excruciating pain, she just wanted her medications. Resident A began crying and stated she was hurting and wanted to end her life. Resident A stated she did not want to feel this way anymore. On August 16, 2024, at 1:20 p.m., Resident A was observed to be sent out to the hospital for pain management. A review of the facility's policy and procedure titled Pain Management, dated November 2016, indicated, .To ensure the assessment and management of the resident's pain to the extent possible when such services are required .staff will help the resident attain or maintain their highest level of well-being while working to prevent or manage the resident's pain to the extent possible .Pain Assessment Flow Sheet .will be initiate for residents who require pain management .Licensed Nurse will administer pain medication as ordered and document .Licensed Nurse will assess the resident for pain and document results on the MAR each shift using the 0-10 pain scale. The shift pain score will indicate the highest pain level that occurred on that shift . the pain has not been relieved with current medication, the Licensed Nurse will notify the attending physician .audit and assess the success of the pain management program .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555084	A. Building B. Wing	09/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Desert Springs Healthcare & Wellness Centre	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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46509 Based on interview and record review, the facility failed to ensure pharmaceutical services were provided to meet the needs of a resident, for one of five residents reviewed (Resident A), when medications (pain medications and Nictoine patch [medication for smoking cessation]) were not acquired by the facility timely. This failure resulted in a delay in the care and treatment of Resident A's overall health condition. In addition, this failure had the potential for other residents to have a delay in the care and treatment. Findings: On Augsut 16, 2024, at 8:45 a.m., an unannounced visit was conducted at the facility to investigate an allegation of quality of care. On August 16, 2024, at 9:15 a.m., during an interview with the Director of Nursing (DON), the DON stated Resident A was admitted to the facility on [DATE], after 3 p.m., after a spine surgery. The DON stated Resident A was prescribed pain medications such as Fentanly (narcotic pain medication), Methadone (narcotic pain medication), and Percocet (narcotic pain medication), and Nicotine patch. The DON stated at around 5 p.m. on August 14, 2024, Resident A was asking for her pain medications. The DON stated she explained to Resident A that the facility did not have the prescribed medications. On August 16, 2024, at 10:30 a.m., a concurrent observation and interview was conducted with Resident A. Resident A was observed lying in bed on her right side facing the wall. Resident A stated she was not doing okay and wanted out of the facility. Resident A stated she was in pain, and the nurses were not giving her the medication she needed. Resident A stated by the morning of August 15, 2024, she was upset and wanted to leave the facility. Resident A stated she waited for hours to get a pain pill when she asked for it, around 4 a.m. the following day after her admission (August 14, 2024). Resident A was observed crying, and her voice was raised as she spoke. Resident A stated that she wanted to feel better and her legs were having spasms (sudden involuntary muscular contractions) which was causing so much pain. Resident A was observed wincing as she grabbed her leg and continued to cry. On August 16, 2024, Resident A's record was reviewed. Resident A's Admission Record, indicated Resident A was admitted on [DATE], with diagnoses which included orthopedic (branch of medicine deals with bones) aftercare, opioid (medication to reduce moderate to severe pain) dependence, spondylosis (abnormal wear on the neck), and spinal stenosis (narrowing of the spinal area causing pressure on the spinal cord, where spinal nerves leave the spinal column) cervical (neck), lumbar (back), lumbosacral (lower back and pelvic) regions. A review of Resident A's Order Summary Report, included the following physician ' s order, dated August 14, 2024: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555084	A. Building B. Wing	09/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Desert Springs Healthcare & Wellness Centre	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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- Baclofen (medication to treat spasms) Oral Tablet 10 MG (milligram - unit of measurement) Give 1 (one) tablet by mouth three times a day for Muscle spasm .; - Diclofenac Sodium (used to treat pain and inflammation) External Gel 1 % .Apply to right Hip topically (on skin) three time a day for Pain .; -- Diclofenac Sodium External Gel 1 % .Apply to right thigh topically three time a day for Pain .; - Diclofenac Sodium Tablet Delayed Release 75 MG Give 1 (one) tablet by mouth one time a day for pain .; - fentanyl Transdermal Patch (narcotic pain medication) 72 Hour 50 MCG/HR (microgram [unit of measurement]/HR [hour]) Apply 1 (one) patch transdermally (apply on the skin) in the morning every 3 (three) day(s) for pain management .; - Gabapentin (pain medication) Oral Capsule 300 MG .Give 3 (three) capsule by mouth three times a day for Neuropathy (nerve pain) .; - Lidoderm External Patch (used to relieve the pain) .Apply to lower back topically every 12 hours as needed . ; - Methadone HCl (hydrochloride-salt used to stabilize a medication) (narcotic pain medication) Oral Tablet 10 MG .Give 1 (one) tablet by mouth two times a day for pain .; and - Percocet (narcotic pain medication) Oral Tablet 10-325 MG .Give 1 (one) tablet by mouth every 4 (four) hours as needed for Breakthrough pain . - Nicotine Transdermal (on the skin) Patch (medication for smoking cessation) 24 hour 7 MG/24HR (Nicotine) Apply 1 (one) patch transdermally in the morning for Smoking Cessation . A review of Resident A's Medication Administration Record (MAR), for the month of August 2024, indicated the following medications were not administered timely as ordered by the physician: - Gabapentin 300 mg (three capsules); August 14 and 15, 2024 at 10 p.m. (two doses); - Diclofenac sodium External Gel 1% (to be applied to right hip and right thigh); August 14, 2024, at 10 p.m.; August 15, 2024, at 6 a.m., 2 p.m., and 10 p.m. (four doses); - Baclofen 10 mg; August 14 and 15, 2024 at 10 p.m. (two doses); - Methadone 10 mg; August 15, 2024, at 9 a.m. and 5 p.m.; August 16, 2024, at 9 a.m. (three doses); - Nicotine 7 mg/hr patch; August 15 and 16, 2024 (two doses); and - Fentanyl Transdermal Patch (to be applied every three days); August 15, 2024. A review of Resident A ' s Progress Notes, indicated the following: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555084	A. Building B. Wing	09/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Desert Springs Healthcare & Wellness Centre	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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- August 14, 2024, at 6:19 p.m., indicated, .Methadone .Awaiting pharmacy delivery . - August 15, 2024, at 5:47 a.m., indicated, .Diclofenac Sodium External Gel .Pending pharmacy arrival . - August 15, 2024, at 10:09 a.m., indicated, .pending from pharmacy awaiting MD (physician) signature . - August 15, 2024, at 1:41 p.m., indicated, .Diclofenac Sodium External Gel .pending pharmacy delivery . - August 15, 2024, at 9:05 p.m., indicated, .Diclofenac Sodium External Gel .awaiting delivery to facility . - August 15, 2024, at 9:05 p.m., indicated, .Baclofen .awaiting delivery to facility . - August 15, 2024, at 9:06 p.m., indicated, .Gabapentin .awaiting delivery to facility . - August 15, 2024, at 9:07 p.m., indicated, .Methadone .awaiting delivery to facility . - August 16, 2024, at 9:28 a.m., indicated, .Nicotine Transdermal patch .awaiting pharmacy delivery . - August 16, 2024, at 9:54 a.m., indicated, .Methadone .awaiting pharmacy delivery . - August 16, 2024, at 10:17a.m., indicated, .called pharmacy to follow up on resident narcotics (medications) with narcotic department stating they spoke with (name of physician) on 08/14/2024 (August 14, 2024) .Per pharmacy (name of physician) stated she would clarify order with facility then call pharmacy back. Pharmacy stated that they have not received a return call from (name of physician). The case manager requested to reach back out to (name of physician) . - August 16, 2024, at 10:30 a.m.: indicated, .fentanyl Transdermal Patch .pending pharmacy delivery . On August 16, 2024, at 10:45 a.m., a concurrent interview and review of Resident A's record was conducted with Licensed Vocational Nurse (LVN) 1. LVN 1 reviewed Resident A's MAR and stated some of Resident A's medications were delivered. LVN 1 stated, Resident A's Fentanyl patch, Methadone,and Nicotine patch had not been received from the pharmacy yet, the medications were ordered on August 14, 2024. LVN 1 stated Resident A did not receive any pain medications this morning and had not received any Lidocaine 5% patches for her back pain. LVN 1 stated the doctor was supposed to authorize the medications still needing to be delivered from the pharmacy. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555084	A. Building B. Wing	09/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Desert Springs Healthcare & Wellness Centre	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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On August 16, 2024, at 12:10 p.m., an interview was conducted with the DON. The DON stated Resident A's medications (Methadone, Fentanyl patch, and Percocet) had not been received from the pharmacy. The DON stated the pharmacy needed authorization from the doctor, the doctor needed to verify the medications, and call the pharmacy to authorize them. The DON stated she has not heard from the pharmacy or the doctor since August 14, 2024. The DON stated once medications were faxed to the pharmacy it generally takes four to six hours to receive them in the facility, and if faxed after 4:00 p.m., the medications are received the next morning. The DON stated we called the pharmacy this morning, August 16, 2024, at 10:17 a.m., to find out where the medications are, the medications are supposed to be delivered this afternoon (two days after admission). The DON stated Resident A was here for pain management and rehabilitation therapy, and it was not acceptable for Resident A who had been in the facility for almost 48 hours and has not received her medications and may be experiencing some withdrawal symptoms. On August 16, 2024, at 4 p.m., a follow up interview and review of the pharmacy delivery receipt was conducted with the DON. The DON stated the pharmacy receipt, dated August 15, 2024, indicated some of Resident A's medications were received, which included Baclofen, Diclofenac tablet, Gabapentin, and Lidociane patch. A review of the facility's policy and procedure titled, Medication Ordering and Receiving from Pharmacy, dated October 2012, indicated, .A pharmacy provides a method of confirmation of receipt of medications by the driver for each delivery that leaves the dispensing pharmacy .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555084	A. Building B. Wing	09/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Desert Springs Healthcare & Wellness Centre	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)
F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep all essential equipment working safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46509 Based on observation, interview, and record review, the facility failed to ensure, for one of five residents sampled (Resident A) had equipment to use was being maintained in a safe and operable condition when the left brakes of the wheelchair was not working. This failure had the potential to cause injury to Resident A when she was using a wheelchair. Findings: On August 16, 2024, at 8:30 a.m., an announced visit to the facility was conducted to investigate a complaint of quality of care. On August 16, 2024, at 10:30 a.m., an observation and concurrent interview was conducted with Resident A. Resident A was lying in bed on her right side facing the wall. Resident A stated she was not doing okay and wants out of the facility. Resident A stated when she wants to get up and go to the bathroom, she presses her call light, but the staff do not show up, and she had to try to take herself to the bathroom. Resident A stated the wheelchair was broken, and it was difficult for her to transfer herself to the wheelchair to go to the bathroom. Resident A stated the brake on her wheelchair was broken. The left brake of the wheelchair was observed would not lock when attempted to apply both hand brakes to the wheelchair. On August 16, 2024, at 11:05 a.m., an interview was conducted with the Physical Therapist (PT). The PT stated there were several wheelchairs in the facility residents may use if a resident does not have a personal wheelchair. The PT stated the facility would provide wheelchairs for the residents to use, usually one per room when appropriate. The PT stated all wheelchairs were expected to be cleaned, without rips or tears in them, arms of the wheelchairs should also not contain holes or tears, maintenance should be ensuring all wheelchairs are in a safe and working order. The PT stated if the brakes were not working on a wheelchair, the wheelchair should not be used, it should be tagged and a maintenance request put in to have the wheelchair fixed. On August 16, 2024, at 4:00 p.m., an interview was conducted with the Director of Nursing (DON). The DON stated normally we make sure equipment was within working order before a resident is assigned to a room upon admission. The DON stated we did not know when Resident A was coming to the facility, and if Resident A had a wheelchair with a brake not working, Resident A could have told us. The DON stated all equipment should be in working order prior to a resident being admitted to a room. On August 16, 2024, Resident A's medical record was reviewed. Resident A was admitted on [DATE], with diagnoses which included orthopedic (branch of medicine deals with bones) aftercare, opioid (controlled class of pain medication) dependence, spondylosis (abnormal wear on the neck), and spinal stenosis (narrowing of the spinal area causing pressure on the spinal cord, where spinal nerves leave the spinal column) cervical (neck), lumbar (back), lumbosacral (lower back and pelvic) regions. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555084	A. Building B. Wing	09/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Desert Springs Healthcare & Wellness Centre	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)
F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On August 20, 2024, at 4:45 p.m., an interview was conducted with the DON. The DON stated any equipment found to not be working properly or broken in the facility, should not be use, it should be put aside, a request placed in the maintenance log, explaining what is wrong with the equipment, and the item should be taken outside, and fixed. A review of the facility's policy and procedure titled Maintenance Service, dated January 1, 2012, indicated, . The maintenance department maintains all areas of the building, grounds, and equipment .equipment in a safe and operable manner at all times .in compliance with current federal, state, and local laws, regulations, and guidelines .establishing priorities in providing repair service .maintaining a schedule of maintenance service .a copy of the maintenance schedule .