

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  04/17/2025
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 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40000</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure an alternative option was offered when a bed bath was refused, for one of five residents reviewed (Resident 1).</p> <p>This failure had the potential for the resident to not receive proper hygiene, feel unclean, and may result to skin irritation and/or skin breakdown.</p> <p>Finding:</p> <p>On April 17, 2025, at 8:50 a.m., an unannounced visit was conducted at the facility to investigate a complaint on quality of care.</p> <p>On April 17, 2025, at 9:10 a.m., an observation with a concurrent interview was conducted with Resident 1. Resident 1 was in his room, alert and conversant. Resident 1 stated he gets a shower every Monday and Thursday and due to a recent plumbing issue in the shower room, regular showers were not provided to the residents as scheduled. Resident 1 stated he was offered a bed bath as an alternative to a complete shower. Resident 1 stated he tried the bed bath at first and then he refused the second time it was offered. Resident 1 further stated he was afraid the soap will not be rinsed off well from his body in the bed bath provided.</p> <p>Resident 1 stated if the soap will not be rinsed off well from his body, this could trigger his eczema (a chronic inflammatory skin condition that causes dry, itchy, often inflamed patches of skin). Resident 1 stated he was not given any other alternative options when he refused the bed bath offered. Resident the facility staff should have options or alternatives other than bed bath.</p> <p>On April 17, 2025, a record review was conducted on Resident 1. Resident 1 was admitted to the facility on [DATE].</p> <p>The History and Physical dated May 19, 2024, indicated Resident 1 had the capacity to make own medical decision.</p> <p>The April Order Summary Report indicated Resident 1 had a current physician 's order to apply Triamcinolone Acetonide Cream 0.1% (type of topical cream used to relieve redness, itching, swelling, or other discomfort caused by skin condition) to be applied to both lower extremities every day shift for dryness and scabs, date ordered March 25, 2025.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility document titled, POC Response History, dated April 5 to 12, 2025, indicated Resident 1 refused a bed/towel bath on April 12, 2025, at 2:59 p.m. There was no documented evidence an alternative option was offered to Resident 1 when he refused the bed bath.</p> <p>The facility document titled, Documentation Survey Report, dated April 1 to 30, 2025, indicated Resident 1 refused a shower on April 12, 2025, at 2:59 p.m. There was no other documented evidence an alternative option was offered to Resident 1 when he refused the shower.</p> <p>On April 17, 2025, at 9:45 a.m., Certified Nursing Assistant (CNA) 1 was interviewed. CNA 1 stated if a resident refused a bed bath, she was not aware of the next thing to do. CNA 1 stated she has no idea and she will just notify the licensed nurses. CNA 1 stated she was not aware of any alternative option if a resident refused a bed bath. CNA 1 stated if a resident will not receive a bed bath or a shower, the resident will smell bad and could have a body odor. CNA 1 further stated the resident would be dirty and not feel fresh.</p> <p>On April 17, 2025, at 9:49 a.m., an interview was conducted with CNA 2. CNA 2 stated they used the same soap and shampoo in the shower or bed baths provided to the residents unless the resident had a skin condition, then they should use a special soap. CNA 2 stated if a resident had a skin condition, a bed bath was not applicable for them if the soap could not be rinsed off the body properly. CNA 2 stated this could cause skin itching and irritation.</p> <p>CNA 2 stated Resident 1 refused a bed bath on April 12, 2025, and she was not sure if other alternative options were offered to the resident. CNA 1 stated she did not have an idea or did not know what to do when a resident refused a bed bath.</p> <p>On April 17, 2025, at 12:20 p.m., an interview was conducted with the Director of Nursing (DON). The DON stated during the time the facility had plumbing issues in the shower room, she expected the staff to offer bed baths to all residents. The DON stated if a resident refused a bath for some reason, then another option should have been offered. The DON stated if a resident refused a bed bath, the staff should re-offer other alternatives such as calling the family to accommodate the resident for a shower. If the family agreed, the facility can facilitate or coordinate the transportation so the resident could go home for a shower and then come back to the facility. The DON further stated if a resident refused a bed bath and was not given an option to shower, then they will stink will not receive proper good hygiene, and they will become dirty and unhygienic. The DON stated Resident 1 refused bed bath on April 12, 2025, as documented by the CNA. The DON stated the staff did not ask Resident 1 why he refused. The DON stated Resident 1 should have been given an option or offered a shower. The DON stated the staff should have notified the family and offered to accommodate shower at home and would come back to the facility.</p> <p>The facility ' s policy and procedure titled, Resident Rights-Quality of Life, dated March 2017, was reviewed. The policy indicated, .Each resident shall be cared for in a manner that promotes and enhances the quality of life, dignity, respect, individuality and receives services in a person-centered manner, as well as those that support the resident in attaining or maintaining his/her highest practicable well-being .Resident are groomed as they wish, including- bathing, dressing .</p>		