

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 07/30/2025
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)
F 0569 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death. (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

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<p>F 0569</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure the personal funds of a deceased resident was provided to the resident's legal representative with the required timeframe, for one of three residents reviewed (Resident 1). In addition, the facility failed to provide the final financial statement and invoices of the breakdown of personal funds after multiple requests from Resident 1's legal representative. This deficient practice had the potential for loss and misuse of Resident 1's personal funds. Findings: On [DATE], at 10:30 a. m., an unannounced visit was conducted to investigate a complaint. On [DATE], Resident 1's record was reviewed. Resident 1 was admitted on [DATE], and expired on [DATE], with diagnoses which included dementia (memory loss). Resident 1's legal representative was her family member (FM) A review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated [DATE], indicated Resident 1 was severely impaired in cognition. On [DATE], at 11 a.m., during an interview with Resident 1 legal representative (LR), she indicated Resident 1 expired on [DATE]. Resident 1's LR stated she called the facility and spoke with the previous Business Office Manager (BOM) on [DATE], and was informed Resident 1 had over \$2000 on the resident's account. Resident 1's LR stated the following after Resident expired on [DATE]: -Called the facility on [DATE], to follow up regarding Resident 1's remaining money with no call back from facility; -Called the facility on [DATE], talked to previous BOM and informed Resident 1's LR that the supervisor had to release the funds; -Called the facility on [DATE], and was told the funds would be released and check would follow, but the previous BOM was not able to tell the LR the amount due to be disbursed; -Spoke with the previous Administrator (ADM) on [DATE], and was told the a check would be issued to the LR representing closed account of Resident 1, but the ADM was not able to tell the amount; -LR received a check amounting to \$1, 024 on [DATE] (two months after Resident 1 expired), but the facility was not able to provide her an itemized account for the refund; -LR received an invoice from the facility requesting payment from the LR in the amount of \$1,311, with no breakdown of the amount due to be paid; and -LR received a check in the amount of \$5,458.23, on [DATE], without itemized breakdown of the amount. On [DATE], at 11:30 a.m., an interview and concurrent record review was conducted with the Director of Nursing (DON). The DON stated the Business Office Manager (BOM) were involved in ensuring the resident's personal funds were to be accounted for when a resident gets discharged from the facility. The DON stated resident legal representative follow up calls should be returned within 24 to 48 hours. The DON further stated if a resident or legal representative request for itemized invoice from the facility, the request should have been sent immediately upon request. On [DATE], at 11:58 a.m., an interview with the Social Services Director (SSD) was conducted. The SSD stated Resident 1 had a trust fund money coming to the facility to cover share of cost or anything else the resident might need. The SSD stated the process was for the BOM to process the remaining money left by a resident upon discharge or upon death, then the corporate staff would process it thereafter. The SSD stated if the resident legal representative requested final financial statements and invoices, it should be sent on request per policy. On [DATE], at 12:10 p.m., an interview and record review with the Business Office Manager (BOM) was conducted. the BOM stated she had just started in the facility about two months. The BOM stated she reviewed Resident 1's record and conferred with the corporate supervisor and indicated the first check Resident 1's legal representative received on [DATE], was a refund, and the second check was from the trust account. The BOM stated any refund or money due to the resident who expired should be sent to the legal representative within 30 days from the death of the resident. The BOM stated any call should be returned to the resident or legal representative immediately and the request for itemized invoice should have been sent immediately upon request. A review of the facility's policy and procedure titled, BO-OP-14A-Refunds-Private, dated [DATE], indicated, .refunds will be processed within 30 days or within state guidelines. A review of the facility's policy and procedure titled, Resident Funds - Transactions, dated [DATE], indicated, .Objectives provide for an individual and confidential accounting of funds received and disbursed on the resident's behalf. upon notification of a resident's death. business office reviews the resident's records and determines the resident trust account balance. the business office makes a final accounting. administering the resident's estate within 30 days of the death of the resident. A review of the facility's policy and procedure titled, Resident Funds-General, dated [DATE], indicated, .provide for the an individual and confidential accounting of funds received and disbursed on the resident's behalf. provide the resident with statement upon request. Statements are printed from the Residential Trust software</p>		