

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555226	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/18/2024
NAME OF PROVIDER OR SUPPLIER The Springs Healthcare Center at the Carlotta		STREET ADDRESS, CITY, STATE, ZIP CODE 41505 Carlotta Drive Palm Desert, CA 92211	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47832</p> <p>Based on interview, and record review, the facility failed to develop a care plan to address two of three sampled residents (Residents 1 and 2) episodes of diarrhea.</p> <p>This failure had the potential for facility staff, residents, and family members to be unaware of treatment and services to be provided to Residents 1 and 2's medical condition.</p> <p>Findings:</p> <p>On June 4, 2024, at 9:28 a.m., an unannounced visit was conducted at the facility to investigate a quality-of-care and quality-of-life issue.</p> <p>A review of Resident 1's admission record indicated Resident 1 was admitted to the facility on [DATE]. Resident 1's diagnoses included displaced intertrochanteric (bony protrusions of the thigh bones) fracture, fracture of right radius (wrist), hypertension (force of the blood against the artery walls) and Type 2 diabetes (body has trouble controlling blood sugar).</p> <p>A review of Resident 1's medical records did not indicate documented care plan addressing episodes of diarrhea.</p> <p>On June 4, 2024, at 10:07 a.m., during an interview Resident 1 stated she had diarrhea on admission to the facility due to laxatives and stool softeners administered at the hospital.</p> <p>A review of Resident 2 admission record indicated Resident 2 was admitted to the facility on [DATE]. Resident 2's diagnoses included fracture of right tibia (lower leg), hypertension (force of the blood against the artery walls) and hyperlipidemia (imbalance of cholesterol).</p> <p>A review of Resident 2's medical records did not indicate documented care plan for diarrhea.</p> <p>On June 4, 2024, at 10:29 a.m., during an interview, Resident 2 stated she had arrived at the facility with diarrhea. Resident 2 stated she was given laxatives and stool softeners at the hospital.</p> <p>On June 4, 2024, at 1:48 p.m., during an interview with Licensed Vocational Nurse 1 (LVN). LVN 1 stated care plan was updated when there was a change in resident status and as needed. LVN 1 stated if a resident had diarrhea, there should be a care plan related to that.</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On June 10, 2024, at 3:06 p.m., during a concurrent interview and record review, the Director of Nursing (DON) stated there was no care plan related to diarrhea for Resident 1. The DON stated a care plan should be in place right away after a change in condition was noted.</p> <p>A review of facility's policy and procedure titled, Care Plans, Comprehensive Person-Centered revised December 2016 indicated, .the comprehensive person-centered care plan will include measurable objectives and time frames; describe the services that are furnished to attain or maintain the resident's highest practicable physical, mental and psychosocial wellbeing .includes the resident's stated goals upon admission and desired outcomes .reflect treatment goals, timetables and objectives in measurable outcomes .</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47832</p> <p>Based on observation, interview and record review, the facility failed to ensure appropriate infection control practices were implemented for one resident in room [ROOM NUMBER] on isolation precautions.</p> <p>This failure had the potential to result in the spread of infection and cross-contamination that could affect other residents in the facility, visitors, and staff.</p> <p>Findings:</p> <p>On June 4, 2024, at 9:28 a.m., an unannounced visit was conducted at the facility to investigate a quality-of-care and quality-of-life issue.</p> <p>On June 4, 2024, at 10:45 a.m., during facility tour observation, room [ROOM NUMBER] did not have a signage for isolation precaution; however, had personal protective equipment (PPE-equipment worn to minimize exposure to hazards that cause serious workplace injuries and illnesses) cart outside the room.</p> <p>On June 4, 2024, at 10:47 a.m., observed Licensed Vocational Nurse (LVN) 1 walked out of the resident's room after doffing the PPE and using the hand sanitizer.</p> <p>On June 4, 2024, at 10:49 a.m., during an interview, LVN 2 stated the resident in room [ROOM NUMBER] was on contact isolation for Clostridium difficile (C-diff-inflammation of the colon caused by the bacteria Clostridium difficile). The LVN stated it was not appropriate to use hand sanitizer after contact with resident on isolation for C-diff. The LVN stated not washing hands with soap and water could cause cross contamination between residents and staff. The LVN also stated it was the responsibility of the infection prevention nurse and the charge nurses to place the appropriate isolation signage on the door.</p> <p>On June 4, 2024, at 10:53 a.m., during an interview, a Housekeeper stated after cleaning an isolation room for C-diff, it would be appropriate to remove the PPE and to use a hand sanitizer. The Housekeeper stated if there was no signage on a room, she would ask a certified nursing assistant or the charge nurse for isolation precaution.</p> <p>On June 4, 2024, at 10:56 a.m., during interview, the Activities Assistant stated if a room was on isolation precaution, the staff should check with the nurse. The Activities Assistant stated if a room was on isolation for C-diff, the staff should wash hands before and after contact and should wear appropriate PPE.</p> <p>On June 4, 2024, at 12:45 p.m., during interview, the Infection Prevention (IP) nurse stated the role of an IP nurse was to prevent spread of infection among residents, staff and visitors by placing appropriate signage and PPE outside the door. The IP nurse stated when isolation signage was not placed on the door, someone could enter the room without proper PPE and could spread the infection. The IP nurse also stated when a resident is on C-diff precaution, the C-diff toxin (causing disease) cannot be removed by just hand sanitizer, the staff had to wash hands with soap and water.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of facility's policy and procedure titled Isolation-Categories of Transmission-Based Precautions revised October 2018 indicated, Transmission-Based Precautions are initiated when a resident develops signs and symptoms of a transmissible infection .when a resident is placed on transmission-based precautions, appropriate notification is placed on the room entrance door .so that personnel and visitors are aware of the need for and the type of precaution .</p> <p>A review of facility's policy and procedure titled, Clostridium Difficile revised October 2018, indicated . Measures are taken to prevent the occurrence of Clostridium difficile infections (CDI) among residents. Precautions are taken while caring for residents with C-difficile to prevent transmission to other residents . residents considered at high risk of developing symptoms associated with C-difficile include those with advanced age .spores can persist on resident-care items and surfaces .steps towards prevention .frequent hand washing with soap and water by staff and residents .residents with diarrhea associated with C-difficile . are placed on Contact precautions .staff is to maintain vigilant hand hygiene. Hand washing with soap and water is superior to ABHR (alcohol-based hand rub) for the mechanical removal of C-difficile spores from hands .</p>