

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 06/06/2025
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 0605</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure two of five sampled residents (Residents 11 and 143) were free from unnecessary psychotropic (drug that affects brain activities associated with the mental processes and behavior) medications when:</p> <ul style="list-style-type: none"> - For Residents 11 and 143, there was no documented evidence the non-pharmacological interventions (NPI, non-drug alternatives) were attempted, including any trial or evaluation of behavioral, environmental, or person-centered approaches, prior to the initiation of psychotropic medications. Furthermore, there was no documentation indicating non-pharmacological interventions were being implemented and monitored in conjunction with the ongoing, daily administration of psychotropic medications; and - For Resident 11, the facility did not have the prescriber-documented rationale for extended use of the as-needed (PRN) temazepam (a psychotropic medication used for inability to fall asleep) beyond 14 days. <p>These failures had the potential to result in unnecessary use of psychotropic medications with increased risk of adverse effects, such as sedation (sleepiness), falls or mental status changes.</p> <p>Findings:</p> <p>1. On June 5, 2025, Resident 143's medical record was reviewed, and the following were noted:</p> <ul style="list-style-type: none"> - Resident 143 is [AGE] years old, and was admitted to the facility on [DATE], with diagnoses which included major depressive disorder (depression, a mood disorder that causes a persistent feeling of sadness and loss of interest); - There was a physician order on June 3, 2025, for Duloxetine (a psychotropic medication to treat depression) 30 mg (milligram - unit of measurement) with the direction to give one capsule by mouth at bedtime for depression m/b (manifested by) isolative and withdrawn behavior.; and - There was a physician order on June 3, 2025, for Amitriptyline (a psychotropic medication to treat depression) 25 mg. with the direction to give one tablet by mouth one time a day for depression m/b persistent expression of hopelessness and helplessness. <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: 555226	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2025
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 0605</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On June 5, 2025, a review of Resident 143's care plan, dated on June 3, 2025, indicated, provide non-drug interventions prior to the use of PRN anti-depressants (medication to treat depression). However, the resident was receiving routine (non-PRN) anti-depressants on a scheduled basis. The care plan did not address or include any non-pharmacological interventions related to the use of the routine anti-depressants, duloxetine and amitriptyline for Resident 143.</p> <p>On June 5, 2025, further review of Resident 143's medical record, including Informed Consents (process in which a health care provider educates a patient about the risks, benefits, and alternatives of a given procedure or intervention in order to obtain agreement or permission for care, treatment, or services), indicated there was no documented evidence the NPI were attempted and evaluated prior to initiation of duloxetine on June 3, 2025, and amitriptyline on June 3, 2025.</p> <p>Additionally, a review of Resident 143's medical record, including Medication Administration Record (MAR), indicated there was no documented evidence the non-pharmacological approaches were being implemented and monitored concurrently with the continued use of the anti-depressant medications.</p> <p>On June 6, 2025 at 12:05 p.m., during a concurrent interview and record review with the Director of Nursing (DON), the DON stated there was no documentation of NPI attempted and evaluated for Resident 143 before starting amitriptyline and duloxetine on June 3, 2025. The DON also stated there was no documentation indicating the NPI were implemented and monitored alongside the ongoing daily administration of duloxetine and amitriptyline. The DON acknowledged Resident 143's duloxetine and amitriptyline were ordered without a specific, quantifiable monitoring for NPI, and that monitoring of behaviors and adverse effects with the NPI is important to evaluate the effectiveness of psychotropic medications.</p> <p>2. On June 5, 2025, Resident 11's medical record was reviewed, and the following were noted:</p> <ul style="list-style-type: none"> - The resident was [AGE] years old, who was admitted to the facility on [DATE], with diagnoses which included insomnia (difficulty sleeping) and major depressive disorder; - There was a physician order on April 14, 2024, for Citalopram (a psychotropic medication to treat depression) 40 mg with the direction to give the resident one tablet by mouth one time a day for depression m/b verbalization of sadness related to major depressive disorder.; - There was a physician order on April 18, 2024, for Temazepam 15 mg with the direction to give the resident one tablet by mouth at bedtime for insomnia m/b inability to sleep; and - There was a care plan, dated on April 14, 2024, for temazepam 15 mg, and it indicated, .Evaluate other factors potentially causing insomnia, for example: environment (excessive heat, cold, or noise), lighting, inadequate physical activity, facility routines, caffeine/medications. Attempt to modify and control these external factors before initiating hypnotic therapy . <p>On June 5, 2025, further review of Resident 11's medical record, including Informed Consents, indicated there was no documented evidence the NPI were attempted and evaluated prior to initiation of citalopram on April 14, 2024, and temazepam on April 18, 2024.</p> <p>(continued on next page)</p>		

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 06/06/2025
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 0605</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Additionally, a review of Resident 11's medical record, including psychiatric consult notes and MAR, indicated there was no documented evidence the non-pharmacological approaches were being implemented and monitored concurrently with the continued use of the psychotropic medications, citalopram, and temazepam.</p> <p>On June 6, 2025 at 12:05 p.m., during a concurrent interview and record review with the Director of Nursing (DON), the DON stated there was no documentation of NPI being implemented and evaluated for Resident 11 before starting citalopram and temazepam. The DON also stated there was no documentation indicating the NPI were implemented and monitored alongside the ongoing daily administration of citalopram and temazepam. The DON acknowledged Resident 11's citalopram and temazepam were ordered without a specific, quantifiable monitoring for NPI.</p> <p>A review of the facility's policy and procedures titled, Psychotropic Medication Use, last revised, January 2025, indicated:</p> <p>.The facility should not use psychotropic medications to address behaviors without first determining if there is a medical, physical, functional, psychological, social or environmental cause of the resident's behaviors .</p> <p>The facility staff should take a holistic approach to behavior management that involves a thorough assessment of underlying causes of behaviors and individualized person-centered non-drug and pharmaceutical interventions .</p> <p>Facility should involve the resident or the resident's representative(s) in the discussion of potential non-drug and medication interventions to address the management of behaviors and the involvement should be documented in the resident's medical record .</p> <p>Psychotropic medications may be used to address behaviors only if non-drug approaches and interventions were attempted prior to their use .</p> <p>Facility staff should document .the resident's response to staff interventions .</p> <p>3. On June 5, 2025, further review of Resident 11's medical record indicated a physician order, dated on June 1, 2024, for Temazepam 15mg with the direction to give the resident one tablet by mouth as needed for inability to stay asleep, may repeat if initial dose ineffective and give 15 mg by mouth at bedtime for insomnia m/b (manifested by) inability to fall asleep; and</p> <p>- There was a physician order on June 19, 2024, to discontinue the PRN Temazepam 15mg.</p> <p>On June 5, 2025, a review of Resident 11's medical record indicated there was no documented evidence to show the physician documented the rationale why the resident needed the PRN temazepam beyond 14 days.</p> <p>On June 6, 2025 at 12:05 p.m., during a concurrent interview and record review with the Director of Nursing (DON), the DON stated there was no evidence to show the physician documented the rationale for the PRN temazepam beyond 14 days.</p> <p>(continued on next page)</p>		

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 06/06/2025
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 0605</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility's policy and procedures titled, Psychotropic Medication Use, last revised January 2025, indicated:</p> <p>.Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record, PRN orders for psychotropic drugs are limited to 14 days .</p> <p>For psychotropic prn medications, excluding antipsychotics, if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order .</p>

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 06/06/2025
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>Based on observation, interview, and record review, the facility failed to ensure the accurate administration of medication in accordance with the physician's order, when a tablet of enteric coated (EC, protective coating designed to dissolve in the small intestine rather than the stomach) aspirin (used to lowers the risk of a heart attack, stroke, or blood clot) was administered to Resident 291 in place of the prescribed order for a chewable aspirin.</p> <p>This failure had the potential for Resident 291 to experience delayed absorption (the time it takes for a medication to be absorbed into the body) and delayed onset (the time it takes for a medication to start working) of aspirin's effect, as enteric coated aspirin is designed to dissolve slowly in the small intestine, whereas chewable aspirin is absorbed more quickly in the stomach.</p> <p>Findings:</p> <p>During a medication pass observation on June 3, 2025 at 10:28 a.m., Licensed Vocational Nurse (LVN) 1 was observed preparing and administering eight (8) medications, including a tablet of enteric coated aspirin 81 mg (milligram - unit of measurement), to Resident 291.</p> <p>On June 3, 2025, a review of Resident 291's physician's order and Medication Administration Record (MAR) indicated an aspirin 81 mg chewable tablet was to be administered to the resident by mouth two times a day for s/p (status post, after surgery of) hip replacement, as ordered on May 16, 2025.</p> <p>On June 4, 2025, at 8:38 a.m., during a concurrent interview and record review with LVN 1, LVN 1 reviewed the physician's order, and acknowledged the EC aspirin was administered to the resident instead of the chewable aspirin. LVN 1 verified the physician's order was not followed.</p> <p>On June 4, 2025, at 9:51 a.m., during an interview and record review with the Director of Nursing (DON), the DON verified the order for chewable aspirin in the MAR and the physician's order for Resident 291. The DON stated the licensed nurse should have verified the physician's order before administering the medication, as there is a difference between the enteric-coated aspirin and chewable aspirin. The DON further stated the enteric-coated aspirin is designed for delayed absorption, bypassing the stomach, while chewable aspirin is intended for faster absorption.</p> <p>A review of the facility's policy and procedures titled, Medication Administration - General Guidelines, dated January 21, 2025, indicated:</p> <p>.Medication Preparation: .Prior to administration, review and confirm medication orders for each individual resident on the Medication Administration Record. Compare the medication .on the resident's MAR with the medication label .</p> <p>Medication Administration: Medications are administered in accordance with written orders of the prescriber .</p> <p>Verify medication is correct three (3) times before administering the medication.</p> <p>a. When pulling medication package from med cart</p> <p>(continued on next page)</p>		

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 06/06/2025
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>b. When dose is prepared</p> <p>c. Before dose is administered .</p>

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 06/06/2025
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>Based on observation, interview, and record review, the facility failed to ensure medications were properly stored and disposed in accordance with the facility's policies and procedures, when a total of three expired medications were found stored in the Medication Refrigerator, the Medication Room, and Medication Cart 1.</p> <p>These failures had the potential to result in the administration of less effective, expired medications, medication errors and compromised treatment outcomes for residents.</p> <p>Findings:</p> <p>1. On June 3, 2025, at 2:50 p.m., during an inspection of the Medication Refrigerator with Licensed Vocational Nurse (LVN) 2, two bags of expired vancomycin (injectable antibiotic for infection) 750 mg (milligram - unit of measurement) compounded in 250 mL (milliliter - unit of measurement) of NS (normal saline) were observed. The pharmacy label on each bag indicated, Use By: 05/23/2025 (May 23, 2025).</p> <p>In a concurrent interview, LVN 2 verified the directions on the medication labels, indicating the use-by date written as May 23, 2025. LVN 2 stated the medications should have been removed from the medication refrigerator and placed in the pharmaceutical bin for disposal.</p> <p>On June 4, 2025 at 9:39 a.m., during an interview and record review with the Director of Nursing (DON), Resident 28's physician's orders and Medication Administration Record (MAR) were reviewed. The DON verified vancomycin 750 mg was to be administered intravenously (IV, method of administering medication within the vein) two times a day for osteomyelitis (inflammation or swelling in the bone) until May 21, 2025. The DON also verified pharmacy-applied label on the medication bags displayed the use-by date of May 23, 2025 and stated the licensed nurse should have removed the medications from the refrigerator for disposal when the order was discontinued.</p> <p>A review of the facility's policy and procedures (P&P) titled, Disposed of Medications, Syringes and Needles - Discontinued Medications, dated January 21, 2025, indicated:</p> <p>.When medications are discontinued by prescriber order .the medications are marked as discontinued and destroyed .If a prescriber discontinues a medication, the medication container is removed from the medication cart according to state/federal regulations in a timely manner. Medications awaiting disposal are stored in a locked secure area designated for that purpose until destroyed .Discontinued medications not returned to the pharmacy are destroyed in accordance with the destruction policy and procedure .</p> <p>2. On June 4, 2025 at 9:17 a.m., during an inspection of the Medication Room with the DON, two unopened bottles of expired Lutein (supplement to help support eye health) 20 mg were observed stored in the house supply medication cabinet. The manufacturer's expiration dates on the bottles indicated May 2025.</p> <p>(continued on next page)</p>		

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 06/06/2025
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In a concurrent interview, the DON stated nurses, including herself, check the house supply storage every week to identify any expired medications in the cabinet. The DON stated the expired medications are to be disposed of in the secure a drug waste container containing liquid, which renders the pills unusable. The DON further stated no expired medications should be stored in the medication room and the expired lutein bottles should have been removed from the cabinet and placed in the pharmaceutical waste bin for disposal.</p> <p>3. On June 4, 2025, at 10:45 a.m., during an inspection of Medication Cart 1 with LVN 3, a tube of expired Microdot Glucose Gel (drug to manage low blood sugar) was identified. The manufacturer's expiration date on the tube indicated April 2025.</p> <p>In a concurrent interview, LVN 3 stated at the beginning of each shift, the licensed nurse (LN) assigned to the medication cart is responsible for checking any expired medications. The LN is then required to remove any expired medications and dispose of them in the medication incineration bin located in the medication room.</p> <p>A review of the facility's policy and procedures (P&P) titled, Medication Storage - Storage of Medication, dated January 21, 2025, was reviewed, and it indicated:</p> <p>.Outdated .discontinued .medications .are immediately removed from stock, disposed of according to procedures for medication disposal .</p>		

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 06/06/2025
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview, and record review, the facility failed to maintain a sanitary environment, store, and prepare food in accordance with professional standards for food service safety when:</p> <ol style="list-style-type: none"> Multiple large plastic pans stacked in the storage rack were wet; and Four containers of five pounds (lbs - a unit of measurement) low fat cottage cheese were stored in the refrigerator beyond the use-by-date. <p>These failures had the potential to result in cross contamination (bacteria were unintentionally transferred from one substance or object to another with harmful effect) and foodborne illnesses (illnesses that result from ingesting contaminated food) for 40 of 40 medically compromised residents who received food from the kitchen.</p> <p>Findings:</p> <ol style="list-style-type: none"> On June 3, 2025, at 10:25 a.m., a concurrent observation and interview was conducted with the Dietary Manager (DM) during inspection of the stacked large plastic pans in the storage rack. <p>During inspection, multiple large plastic pans were observed being wet.</p> <p>The DM stated the large plastic pans were not supposed to be wet. The plastic pans should have been air dried prior to the storage in the rack.</p> <p>On June 3, 2025, at 10:28 a.m., the Registered Dietician (RD) was interviewed. The RD stated all pots and pans should be air dried after sanitizing and before storage.</p> <p>On June 3, 2025, at 10:56 a.m., the kitchen Chef was interviewed. He stated the large plastic pans should not be wet. The plastic pans should be air dried prior to storage.</p> <ol style="list-style-type: none"> On June 3, 2025, at 10:35 a.m., a concurrent observation and interview was conducted with the DM during an inspection of Refrigerator 2. During the inspection, the following were observed: <ul style="list-style-type: none"> - Two unopened 5 lbs. low fat cottage cheese with a use-by-date of May 29, 2025; - One opened 5 lbs low fat cottage cheese with a use-by-date of June 1, 2025; and - One unopened 5 lbs low fat cottage cheese with a use-by- date of June 1, 2025. <p>The DM stated the expired food items should have been discarded.</p> <p>On June 3, 2025, at 10:56 a.m., the kitchen Chef was interviewed. He stated him and the cooks would check the refrigerators making sure all expired food items were removed from the refrigerator. He stated the expired food items should have been discarded.</p> <p>(continued on next page)</p>		

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 06/06/2025
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the facility's policy and procedure titled, POTS AND PANS - SANITIZING SOLUTION, dated August 31, 2018, indicated, .Sanitize pots and pans .per manufacturer guidelines .allow all items to air dry . When items are air dry, store in proper storage area .</p> <p>A review of the facility's policy and procedure titled, FOOD STORAGE, dated July 11, 2024, indicated, .Food items should be store .prepared in accordance with good sanitary practice .Any expired or outdated food products should be discarded .</p>		

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 06/06/2025
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 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Dispose of garbage and refuse properly.</p> <p>Based on observation, interview, and record review, the facility failed to dispose of garbage and refuse properly when one re-cycle dumpster lid was widely open, bags of trash were piled and was overflowing one trash container causing the lid not to close, and multiple debris and trash were on the ground.</p> <p>This failure had the potential to attract pests and rodents that can be a source of communicable diseases.</p> <p>Findings:</p> <p>On June 3, 2025, at 11:36 a.m., a concurrent observation and interview was conducted with the Dietary Manager (DM), during inspection of the outside garbage storage area. The following were observed:</p> <ul style="list-style-type: none"> - One of two blue re-cycle bins had its lid open; - One of four black dumpsters container was overflowing with bags of trash causing the lid not to close; and - Debris and trash were observed on the ground including multiple wood pallets. <p>The DM stated the bags of trash should always be inside the dumpster with the lid closed. She stated the ground should be kept clean from debris.</p> <p>On June 3, 2025, at 1:56 p.m., The Maintenance Director (MD) was interviewed. The MD stated the garbage dumpster lids should be closed all the time, the garbage bags should be inside the dumpster, and the ground should have been cleaned.</p> <p>A review of facility's policy titled Food-Related Garbage and refuse Disposal. dated October 2017, indicated, . Outside dumpsters provided by garbage pick-up services will be kept close and free of surrounding litter .</p> <p>A review of the facility's policy and procedure titled, GARBAGE AND TRASH CANS, dated May 20, 2020, indicated, .The dumpster area must be free of debris on the ground and lid must be closed .</p>

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 06/06/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure infection control practices were implemented for four of 40 residents reviewed (Residents 17, 92, 11 and 195), when:</p> <p>1a. For Resident 17, on Enhanced Barrier Precaution (EBP - an infection control precaution using the Protective Personal Equipment (PPE) such as gown and gloves during high contact resident care activities) the Physical Therapist (PT- healthcare professional who helps individuals improve their movement and functions through various therapies) did not wear the proper PPE when transferring Resident 17 from the wheelchair to the bed;</p> <p>1b. For Resident 92, on EBP, the Certified Nursing Assistant (CNA) did not wear proper PPE when providing care and changing bed linens;</p> <p>2. For Resident 11, on EBP, the Licensed Vocational Nurse (LVN) did wear proper PPE when providing Foley (a thin flexible tube inserted through the bladder to drain urine when normal urination is not possible) catheter care; and</p> <p>3. For Resident 195, the Licensed Vocational Nurse (LVN) did not clean and disinfect (the use of chemical to reduce the number of bacteria or virus particles on surfaces) the blood pressure equipment after use.</p> <p>These failures had the potential for the vulnerable residents to be exposed to cross contamination and the development of infection.</p> <p>Findings:</p> <p>1a. On June 3, 2025, at 2:42 p.m., an EBP sign was observed posted outside the room of Resident 17. Resident 17 was observed sitting in her wheelchair with the presence of facility staff wearing a white lab coat. Resident 17 was observed with a Foley catheter hanging at the side of her wheelchair. Resident 17 was assisted back to bed by the facility's staff, and repositioned her in bed.</p> <p>The facility staff was observed leaving Resident 17's bedside, without using the bathroom to wash his hands. The staff was observed entering another resident's room.</p> <p>On June 3, 2025, at 2:56 p.m., the facility's staff was observed leaving room [ROOM NUMBER], and was identified as the PT. The PT stated he assisted Resident 17 back to bed and helped her repositioned in bed. He stated he was using gloves when providing assistance to Resident 17. The PT stated he was aware Resident 17 was in EBP, but did not see the disposable gown in the room. He stated not performing hand hygiene and using the proper PPE on residents on an EBP can cause cross contamination and transmission of germs from one resident to another.</p> <p>A review of Resident 17's record indicated Resident 17 was admitted to the facility on [DATE], with diagnoses which included Parkinson's disease (a disorder of the nervous system that affects movement) and history of cystostomy (a procedure involving an opening in the bladder through the abdomen, to allow for urinary drainage).</p> <p>(continued on next page)</p>		

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 06/06/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Resident 17's history and physical dated March 17, 2025, indicated she has the capacity to understand and make decisions. The physician's order dated August 5, 2024, indicated, .Resident is on enhanced barrier precaution for Foley catheter .</p> <p>On June 5, 2025, at 11:20 a.m., a concurrent observation and interview was conducted with the Infection Preventionist (IP). The IP stated the disposable gown was located inside the resident's closet. The IP opened Resident 17's closet and reached for a pack of disposable gowns. She stated all the staff should have known where the disposable gowns was stored. She stated the PT should have put on the proper PPE before transferring Resident 17 back to bed.</p> <p>On June 5, 2025, at 11:46 a.m., the Director of Nursing (DON) was interviewed. The DON stated the PT and all other staff who provides direct contact care to the residents on EBP should wear proper PPE and perform hand hygiene.</p> <p>A review of the facility's policy and procedure titled, Enhanced Barrier precaution, dated June 20, 2024, indicated, .EBP .used in conjunction with the standard precautions and expand the use of PPE to donning of gown and gloves during high-contact resident care activities .Indwelling medical devices .such as central lines, urinary catheters .facility staff shall perform hand hygiene and will don gown and gloves before performing .transferring .hand hygiene will be performed before leaving the room .</p> <p>1b. On June 3, 2025, at 3:30 p.m., a posted sign of EBP was observed outside Resident 92's room.</p> <p>During a concurrent observation and interview on June 3, 2025, at 3:35 p.m., with Resident 92, in his room, Resident 92 was awake, lying in bed alert and able to verbalize his needs. Resident 92 was observed with Foley catheter attached to the side of his bed. Resident 92 stated he had the Foley catheter for a year due to cancer.</p> <p>On June 4, 2025, at 10:10 a.m., Resident 92 remained in EBP due to the Foley catheter. The Certified Nursing Assistant (CNA) was observed entering Resident 92's room without the proper PPE. The CNA was heard offering Resident 92 assistance with his daily activities. CNA was observed closing the resident's door.</p> <p>On June 4, 2025, at 10:28 a.m., CNA 1 was interviewed. CNA 1 stated she assisted Resident 92 washed his face, brushed his [NAME], and she changed his bed sheets. CNA 1 stated she was aware Resident 92 was in EBP due to his Foley catheter. She stated she did not wear the disposable gown, but was using gloves. She stated she only used the disposable gown when she emptied Resident 92's catheter. CNA 1 stated the disposable gowns was available on resident's closet.</p> <p>On June 4, 2025, at 10:38 a.m., Resident 92 was observed sitting up at the bedside chair visiting with his wife. Resident 92 stated the CNA changed his bedlinens and helped him washed his face. Resident 92 was observed with the Foley catheter in place.</p> <p>A review of Resident 92's record indicated Resident 92 was admitted to the facility on [DATE], with diagnoses which include [NAME] Cell cancer (MCC - A rare aggressive type of skin cancer that affects the outer layer of the skin) and benign prostatic hypertrophy (BPH - enlarge prostate). Resident 92 was recently admitted to acute hospital, for an on going sepsis (a life-threatening complication of an infection) from recent acute cholecystitis (gallbladder inflammation).</p> <p>(continued on next page)</p>		

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 06/06/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Resident 92 has the capacity to understand and make decision. Resident 92 required minimal assistance with his activities of daily living (ADL).</p> <p>On June 5, 2025, at 11:25 a.m., the IP was interviewed. The IP stated CNA 1 should have used the proper PPE before providing direct care to Resident 92.</p> <p>On June 5, 2025, at 11:48 a.m., the DON was interviewed. The DON stated CNA 1 should always wear the proper PPE when providing direct care to Resident 92.</p> <p>A review of the facility's policy and procedure titled, Enhanced Barrier Precaution, dated June 20, 2024, indicated, .the facility shall provide required PPE .readily available to staff .as long as staff are aware of which residents require the use of EBP prior to providing high-contact care activities .Dressing .providing hygiene .changing linenes .</p> <p>3. On June 4, 2025, at 11:31 a.m., LVN 2 was observed entering Resident 195's room to perform a blood pressure reading with the shared blood pressure cuff. LVN 2 was also observed exiting Resident 195's room and placing the shared blood pressure cuff onto the medication cart while documenting in the EMR (electronic medical record). LVN 2 was further observed pushing the medication cart to another resident's room and placing the shared blood pressure cuff into the drawer of the medication cart without disinfecting the shared blood pressure cuff.</p> <p>On June 4, 2025, at 11:36 p.m., an interview was conducted with LVN 2. LVN 2 stated she did not clean the shared blood pressure cuff after use with Resident 195. LVN 2 stated shared equipment should be cleaned with disposable Sani-Cloth wipes (a disinfectant wipe) after use with each resident. LVN 2 stated she should have cleaned the blood pressure cuff with the Sani-Cloth wipes.</p> <p>On June 5, 2025, at 4:22 p.m., an interview was conducted with the Administrator. The Administrator stated the facility's expectation is for nursing to sanitize shared equipment after each use with a resident. The Administrator stated the licensed nurse should have sanitize the shared equipment after each use with a resident.</p> <p>A review of the facility's policy and procedure titled Cleaning and Disinfection of Resident-Care Items and Equipment, revised, October 2018, indicated, .Reusable items are cleaned and disinfected or sterilized between residents (e.g., stethoscope's, durable medical equipment) .Durable medical equipment (DME) must be cleaned and disinfected before reuse by another resident .</p> <p>2. On June 3, 2025, at 11:30 a.m., an observation was conducted on Resident 11's room. Posted in front of Resident 11's room was a sign that indicated Enhanced Barrier Precautions .Everyone Must .Clean their hands .Wear gloves and a gown .High-Contact Resident Care Activities .Device care .Urinary Catheter . There was no observed PPE storage by Resident 11's door.</p> <p>On June 3, 2025, Resident 11's record was reviewed. Resident 11 was admitted to the facility on [DATE], with diagnoses which included neurogenic bladder (condition where you lose control of your bladder because of problems with the nerves that control it).</p> <p>A review of Resident 11's physician orders indicated the following:</p> <p>-Check Foley catheter every shift daily for neurogenic bladder, date ordered January 1, 2025; and</p> <p>(continued on next page)</p>		

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 06/06/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- Enhanced Barrier Precaution for Foley catheter use every shift, date ordered May 1, 2024.</p> <p>On June 4, 2025, at 10:09 a.m., an interview was conducted with Licensed Vocational Nurse (LVN) 2. LVN 2 stated Resident 11 is on EBP because of his foley catheter use. LVN 2 stated the staff should wash their hands, wear gown and gloves, when they provide peri-care (the cleaning and maintenance of the perineum, the area between the anus and the genitals) or care that involved touching Resident 11's Foley catheter.</p> <p>On June 6, 2025, at 2:11 p.m., during observation of Resident 11 with LVN 4, the following were observed:</p> <p>a. Resident 11 was in his room sitting on his wheelchair, with the foley catheter hanging by gravity on the right side of the wheelchair. A urinary patch (adhesive patch to hold the Foley tubing in place) was observed on his left thigh with the Foley tubing twisted beneath a clamp.</p> <p>b. LVN 4 was then observed entering Resident 11's room without washing hands and putting on gown and gloves.</p> <p>c. LVN 4 approached Resident 11, attempted to untwist the Foley tube, then proceeded to leave the room.</p> <p>d. LVN 4 was observed not performing handwashing prior to exiting Resident 11's room.</p> <p>On June 6, 2025, at 2:48 p.m., an interview was conducted with LVN 4. LVN 4 stated, Resident 11 is on EBP because of his Foley catheter use. LVN 4 stated she should have observed the EBP by washing her hands and putting on gown and gloves prior to entering Resident 11's room, to untwist his foley catheter tubing, to prevent the spread of infection to other residents in the facility.</p> <p>The facility's policy and procedure titled, Enhanced Barrier Precaution, dated June 20, 2024, was reviewed. The policy indicated, .To maintain an infection prevention .to provide safe, sanitary, and comfortable environment .reduce transmission and spread .multi-drug-resistant organism .use of PPE to donning of gown and gloves .during high-contact resident care activities .indwelling medical devices .urinary catheters .</p>		