

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555247	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/10/2024
NAME OF PROVIDER OR SUPPLIER Rancho Mirage Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 39950 Vista Del Sol Rancho Mirage, CA 92270	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37536</p> <p>Based on interview and record review, the facility failed to follow up with the physician regarding the Registered Dietitian's (RD) recommendation to discontinue the resident's high protein nourishment (HPN) for one of three sampled residents (Resident 1).</p> <p>This failure had the potential to contribute to the resident's significant weight gain of 29 pound (lbs) (26.6 percent) over 6 months.</p> <p>Findings:</p> <p>On October 3, 2024, an unannounced visit was made to the facility for a quality-of-care issue.</p> <p>A review of Resident 1's medical records titled Face Sheet, indicated, Resident 1 was admitted to the facility on [DATE], with a diagnosis of cerebral infarction ({stroke}-Lack of oxygen to the brain, causing a decrease in brain function).</p> <p>A review of Resident 1's Minimum Data Set (an assessment tool) dated July 7, 2024, indicated, Resident 1 had a Brief Interview for Mental Status (cognitive/memory assessment) score of 15 (cognitively intact).</p> <p>A review of Resident 1's physician orders, dated January 3, 2024, indicated . HPN with meals for Hx (History) (of) weight loss .</p> <p>A review of Resident 1's weight trends, from January 2024 to October 2024, indicated the following:</p> <p>January 11, 2024, 110 lbs.</p> <p>February 11, 2024, 112 lbs.</p> <p>March 10, 2024, 118 lbs.</p> <p>April 12, 2024, 124 lbs.</p> <p>May 12, 2024, 128 lbs.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>June 9, 2024, 132 lbs.</p> <p>July 4, 2024, 136 lbs.</p> <p>August 3, 2024, 138 lbs.</p> <p>September 3, 2024, 142 lbs.</p> <p>October 3, 2024, 143 lbs.</p> <p>On October 7, 2024, at 12:09 p.m., an interview was conducted with Resident 1. Resident 1 stated, I ' m eating better now, I ' ve gained weight and don ' t need to gain anymore.</p> <p>A review of Resident 1 ' s care plan, dated August 15, 2024, indicated . High Nutritional risk . Significant weight gain of 29 lbs. (related to) increased appetite . Interventions . Diet as ordered . Monitor/report significant weight changes per month to (the) RD . RD to assess nutritional and hydration needs .</p> <p>A review of Resident 1 ' s IDT (Interdisciplinary Team) Weight Management Update, dated, August 15, 2024, at 1:14 a.m., indicated, IDT recommendations to, . change HPN to breakfast only .</p> <p>Further review of Resident 1's Medication Administration Record, for the months of August, September, and October 2024, and Resident 1's progress notes, indicated that the RD's recommendation to discontinue HPN with meals and reduce it to breakfast only was not followed up with the physician. In addition, Resident 1 continued receiving HPN with meals until October 9, 2024.</p> <p>On October 9, 2024, at 12:55 p.m., a concurrent interview and review of Resident 1 ' s weights, physician orders, and IDT Weight Management Updates were conducted with the Registered Dietitian (RD). The RD stated, she monitored and managed weight variance of residents by conducting weekly IDT Weight Management Update meetings with the Director of Nursing (DON), and the Director of Staff Services (DSS). The RD stated, if she made a dietary recommendation, the recommendation was given to the DON, DSS and licensed nurses. The RD stated, nursing staff reviewed the recommendations with the physician, and transcribed it into an order within 72 hours, if the physician agreed. The RD stated, she closely monitored Resident 1 ' s weight increase by reviewing resident ' s weekly to monthly weights, and reevaluating the resident ' s interventions, including diet orders. The RD stated, on August 15, 2024, Resident 1 ' s weight was 138 lbs., which was a 29 lb., 26.6% increase. The RD stated she recommended decreasing the resident ' s HPN to with breakfast, as, HPN is used to increase caloric intake and contributes to weight gain. The RD stated, her recommendation made on August 15, 2024, to decrease Resident 1 ' s HPN was not carried out by nursing, as resident continued to have current orders for HPN with all meals. The RD stated, this could have contributed to resident ' s continued weight gain.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On October 10, 2024, at, 1:14 p.m., a concurrent interview and review of Resident 1 ' s IDT Weight Management Updates, dated August 15, 2024, and physician orders were conducted with the DON. The DON stated, during the IDT weight management meetings, they tried to find the root cause of the resident ' s weight gain or loss. The DON stated, the RD would make recommendations, provided a copy to the DON, DSS, and the licensed nurses. The DON stated, the licensed nurse would call the physician for the RD's recommendations. The DON stated if the physician would agree, the order would be transcribed into an order. The DON stated if the physician disagreed with the recommendation, the reason would be documented. The DON verified Resident 1 ' s HPN recommendations from RD on August 15, 2024, and stated, a physician order was not written to decrease resident ' s HPN to breakfast only. The DON stated, the RD ' s recommendations for Resident 1 was not carried out by the licensed nurses.</p> <p>A review of the facilities Policy & Procedure (P&P), titled, Dietician, revised, October 2017, indicated, . A qualified, competent, and skilled Dietitian will help oversee the food and nutrition services in the facility . 1. A qualified Dietitian . will help oversee food and nutrition services provided to the residents . 9. Our facility ' s Dietitian is responsible for, but not necessarily limited to: a. assessing nutritional needs of resident; b. Developing and evaluating regular and therapeutic diets .</p> <p>A review of the facilities P&P, titled, Medication and Treatment Orders, revised, July 2016, indicated, . 7. Verbal orders must be recorded immediately in the resident ' s chart by the person receiving the order and must include prescriber ' s last name, credentials, the date and the time of the order .</p>		