

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 02/25/2025
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46145</p> <p>Based on observation, interview, and record review, the facility failed to implement a fall prevention intervention for one of three sampled residents (Resident 1), by not ensuring the tab monitor was attached while the resident was in a wheelchair, as specified in the resident's care plan.</p> <p>This failure had the potential to place Resident 1 at risk for further falls and potential injury.</p> <p>Findings:</p> <p>A review of Resident 1's medical record titled, Personal Information, indicated, the resident was admitted to the facility on [DATE], with a diagnosis of a fracture (broken bone) to lower back, and muscle weakness.</p> <p>A review of Resident 1's care plan dated February 8, 2025, indicated, .Resident is at risk for falls r/t (related to) impaired mobility, hx (history) of falls .Intervention .apply tabs monitor in w/c (wheelchair) to remind resident to get assistance for ambulation (walking) and transfers .</p> <p>A review of Resident 1's, Brief Interview of Mental Status (a cognitive assessment), dated February 11, 2025, indicated a score of 14 (cognitively intact).</p> <p>A review of Resident 1's Progress Notes, dated February 22, 2025, at 2:00 p.m., indicated, . Resident had an unwitnessed fall . found resident sitting on the floor . (resident reported they) stood up and took unassisted steps . became unsteady . fell back and landed on her (butt).</p> <p>On February 25, 2025, at 1:39 p.m., a concurrent observation and interview with Resident 1 was conducted. Resident 1 was observed sitting in a wheelchair beside her bed, watching television. A tab monitor was observed hanging from the right side of the resident's bed rail, unattached to the resident. Resident 1 stated she had weakness and unsteady on her feet. Resident 1 further stated that she had a fall on February 22, 2025, because she did not use her call light to request for assistance before getting out of the wheelchair.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On February 25, 2025, at 2:24 p.m., a concurrent interview and observation of Resident 1 with Certified Nursing Assistant (CNA1), CNA1 stated as part of her routine process, she checked to ensure residents are attached to their tab monitor and that the devices were functioning properly. CNA1 stated during the shift report, she was informed that Resident 1 had fallen over the weekend (February 22, 2025) and the fall intervention of a tab monitor was added to the resident's care plan for safety. CNA1 stated the tab monitor was not attached to Resident 1 while she was sitting in the wheelchair. CNA1 stated she should have checked that the tab monitor was attached to Resident 1.</p> <p>On February 25, 2025, at 4:10 p.m., an interview was conducted with RN 1, who stated, after a resident fall, the interdisciplinary team ({IDT}-Nursing, social services & department managers) would meet to identify the root cause of the fall and implement interventions to prevent further falls. RN1 stated after Resident 1's fall on February 22, 2025, the intervention of a tab monitor while sitting in a wheelchair was added to the resident's care plan for safety.</p> <p>On February 25, 2025, at 5:05 p.m., an interview was conducted with the Director of Nursing (DON), who stated a tab monitor was added to Resident 1's care plan after the resident's fall on February 22, 2025. The DON stated the tab monitor should have been attached to Resident 1 while she was sitting in her wheelchair. The DON stated, she expected Resident 1 to have the tab monitor attached while sitting in the wheelchair to ensure implementation of the care plan.</p> <p>A review of the facility Policy & Procedure (P&P), titled, Tab Alarms, Bed Alarms, Wanderguard System, undated, indicated, . Tab alarms . may be used on a resident who is deemed unsafe through the nursing assessment and documented on the resident's care plan that the resident is at risk for falls . Policy Interpretation and Implementation . 2. A plan of care must be formulated with the Interdisciplinary Team ({IDT}-Nursing, Physical Therapy, Occupational Therapy, dietary, Activities, Social Worker, and Resident/Family) . to determine the need for tab . alarms . and documented in the Care Plan . 3. The tab alarm will be utilized on the resident when they are out of bed in a wheelchair or chair . 4. After applying the tab alarm . in place, a safety check to make sure they are in proper working condition must be done before leaving the resident. a) Documentation of the tab . alarm checks will be made in the resident record each shift daily. b) Before application of tab . alarms, they are dated on the date of application and documented in the resident record .</p>