

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555339	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/21/2025
NAME OF PROVIDER OR SUPPLIER Desert Springs Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 74-350 Country Club Drive Palm Desert, CA 92260	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40000</p> <p>Based on interview and record review, the facility failed to ensure an allegation of abuse by the Restorative Nursing Assistant (RNA) towards a resident, for one of six residents (Resident 3), was reported to the California Department of Health (CDPH - State Agency) immediately or within two hours after the facility was made aware of the alleged abuse.</p> <p>This failure resulted in a delayed investigation by CDPH and had the potential to expose the patient to further abuse.</p> <p>Findings:</p> <p>On December 23, 2024, at 9:24 a.m., an unannounced visit was conducted at the facility to investigate facility reported incident and complaint intake.</p> <p>On December 23, 2024, at 1:10 p.m., Resident 3 was observed lying in bed. In a concurrent interview with Resident 3, he stated he was standing on his walker and Restorative Nursing Assistant (RNA) 1 grabbed his buttocks and squeezed it more than twice. Resident 3 stated he told his family member (FM) about the incident.</p> <p>On December 23, 2024, Resident 3 ' s medical record was reviewed. Resident 3 was admitted to the facility on [DATE], with diagnoses which include cerebral infarction (dead tissue in the brain), chronic kidney disease (renal failure), depressive disorder (mental illness that causes severe mood changes), anxiety disorder (mental health disorder characterized by excessive feelings of worry), type 2 diabetes mellitus (problems regulating sugar in the blood), legal blindness (loss of vision), and congestive heart failure (condition where the heart doesn ' t pump well).</p> <p>A review of Resident 3 ' s Minimum Data Set (MDs - an assessment tool), dated October 9, 2024, indicated the patient had a Brief Interview for Mental Status (BIMS - assessment to monitor cognitive status) score of 11, which indicated mild cognitive impairment.</p> <p>On December 23, 2024, at 1:53 p.m., during an interview with CNA 2, she stated three to four weeks ago, she took Resident 3 to shower, and the resident informed her that the resident's FM was calling the state to report the RNA 1 who touch his buttocks. The CNA stated she reported to the Director of Nursing (DON). CNA 1 further stated the facility ' s process was to report allegations of abuse immediately to the charge nurse, the DON, and the state within two (2) hours.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On December 23, 2024, at 4:18 p.m., during an interview with Resident 3's FM, Resident 3 informed her on December 3, 2024, that RNA 1 squeezed his buttocks. Resident 3's FM stated she first reported the allegation of abuse to the DON on December 3, 2024, verbally and then via text. Resident 3's FM stated she told the DON to follow the facility ' s process of reporting abuse. Resident 3's FM further stated she contacted the DON again on December 4, 2024, to see if she had spoken with Resident 3 about the allegation.</p> <p>On December 23, 2024, at 5:06 p.m., an interview with the DON was conducted. The DON stated she was first made aware of the allegation on December 3, 2024, by Resident 3's FM, after verifying her phone text. The DON stated she did not initiate an investigation at that time. The DON further stated she did not report the incident not until December 7, 2024 (four days after the abuse allegation was reported to the DON). The DON stated she did not follow the facility ' s process and should have reported the alleged incident with the two hours of being informed.</p> <p>A review of the facility ' s policy and procedure titled, Abuse, Neglect, Exploitation or Misappropriation-Reporting and Investigation, dated September 2022, indicated .All reports of resident abuse .are reported to local, state, and federal agencies (as required b current regulations) and thoroughly investigated by facility management. If resident abuse, neglect, exploitation, misappropriation of resident property, or injury. Is suspected. This suspicion must be reported immediately to the administrator and to other officials, according to the state law. Immediately is defined as within two hours of an allegation involving abuse or result in serious bodily injury, or within 24 hours of an allegation that does not involve abuse or result in serious bodily injury .</p>		