| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 555339 | A. Building<br>B. Wing | 03/04/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Desert Springs Post Acute | 74-350 Country Club Drive<br>Palm Desert, CA 92260 |

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|---|---|
| F 0609<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46145<br><br>Based on interview and record review, the facility failed to notify the police and Adult Protective Services (APS - social services program that helps adults who are abused, neglected, or financially exploited), of an allegation of financial abuse, by an acquaintance, towards a resident, for one of three residents (Resident 1), according to the facility's policy and procedure.<br><br>This failure had the potential for Resident 1 to be a victim of financial abuse without investigation from the police or APS.<br><br>Findings:<br><br>On February 11, 2025, at 8:20 a.m., an unannounced visit was conducted at the facility to investigate an allegation of abuse.<br><br>A review of Resident 1's, Admission Record, indicated Resident 1 was admitted to the facility on [DATE], with diagnoses which included encephalopathy (brain disease or damage resulting in brain function changes, including impaired memory).<br><br>A review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated February 11, 2025, indicated Resident 1 had a Brief Interview for Mental Status (BIMS - a cognitive assessment) score of 8 (mild cognitive impairment).<br><br>A review of Resident 1's Progress Notes, dated, February 10, 2025, at 4:05 p.m., indicated, .IDT (Interdisciplinary Team - a group of healthcare professionals) Note, by the Social Services Director (SSD), indicated, .Nurse overheard conversation patient had on phone about documents needing to be signed and reported to the SSD. SSD spoke with patient and ex-wife and was advised by wife that patient had a girlfriend who was given $200,000 by the patient. SSD called girlfriend and she reports that she does not know about anything about paperwork. Patient called driver/friend about paperwork and was advised that driver/friend was trying to send the patient paperwork to take money out on mortgage. At this time patient lacks capacity to make decisions so SSD filed SOC 341(a document used to report abuse of a resident) and faxed it to Ombudsman (resident advocate agency) and Public Heath .<br><br>(continued on next page) |

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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| F 0609<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On February 12, 2025, at 2:20 p.m., during an interview with the Social Services Director (SSD), she stated it is the facility's policy and procedure to report suspected abuse within two hours of notification to the Administrator (Abuse Coordinator), followed by completing an SOC 341 and faxing a copy for notification to the Ombudsman, California Department of Public Heath (State Agency), and APS. The SSD verified she did not notify the local police because she did not have all the details (of suspected abuse), and the abuse may have occurred outside of county lines. The SSD stated I could have, and should have, notified the police (of Resident 1's suspected financial abuse), within the two hours of her notification, as indicated in the facility's policy and procedure.<br><br>On February 13, 2025, at 3:30 p.m., during an interview with the Administrator (ADM), he stated he is the abuse coordinator and all suspicions of abuse were to be reported to him. The ADM stated the procedure to report abuse, includes notification to the Ombudsman, CDPH, the police and APS. The ADM stated he would expect staff to report suspicions of financial abuse to all reporting agencies within 2 hours of notification of suspected abuse. The ADM further stated SSD should have reported Resident 1's suspicions of financial abuse to all agencies, per facility protocol.<br><br>On February 19, 2025, at 11:04 a.m., a concurrent interview and record review of Resident 1's, SOC 341 was conducted with the SSD. The SSD verified she did not document on the SOC 341, the agencies' name and the times they were notified of Resident 1's suspected financial abuse, therefore, could not confirm the agencies were notified within the required timeframe of two hours. The SSD further stated she did not notify APS because she got confused of who should be notified of Resident 1's alleged financial abuse, and she was not aware she had to do so. The SSD stated she should have notified APS, and moving forward, she will notify all agencies, including the police and APS, when reporting abuse/or suspected abuse of a resident.<br><br>A review of the facility's policy and procedure titled, Abuse, Neglect, Exploitation or Misappropriation - Reporting and Investigation, revised, April 2021, indicated, .Policy Statement: All reports of resident abuse . are reported to local, state and federal agencies (as required by current regulations) .Reporting Allegations to the Administrator and Authorities .If resident abuse .misappropriation of resident property or injury of unknown source is suspected, the suspicion must be reported immediately to the administrator and to other officials according to state law .The administrator or the individual making the allegation immediately reports his or her suspicion to the following persons or agencies .Adult protective services .Law enforcement officials .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 . |

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| F 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide appropriate treatment and care according to orders, resident's preferences and goals.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46145<br><br>Based on interview and record review, the facility failed to ensure human immunodeficiency virus (HIV - a virus that attacks the body's immune system) medications was administered, for one of three residents (Resident 2), according to the physician's orders.<br><br>The failure had the potential to put Resident 2 at risk for an increased HIV viral load (amount of virus present in the blood), a weakened immune system & increased risk of opportunistic infections.<br><br>Findings:<br><br>On February 11, 2025, at 10:55 a.m., an unannounced visit was made to the facility to investigate quality of care issue.<br><br>A review of Resident 2's, Admission Record, indicated Resident 2 was admitted to the facility on [DATE], with diagnoses which included HIV.<br><br>A review of Resident 2's, Order Summary Report, included the following physician's orders:<br><br>- Dolutegravir Sodium (HIV medication), 50 MG (milligrams - a unit of measurement), one time a day, dated January 7, 2025; and<br><br>- Rilpivirine Hydrochloric acid (HIV medication), 25 MG, one time a day, dated January 7, 2025.<br><br>A review of Resident 2's, Medication Administration Record (MAR), for January 2025, indicated the two HIV medications were not administered to Resident 2 from January 8 to 29, 2025 (22 days).<br><br>A review of Resident 2's, care plan titled, HIV, initiated on January 7, 2025, indicated, an intervention of, . Administer (HIV) medications as ordered .<br><br>A review of Resident 2's, Progress Notes, indicated the following:<br><br>- January 26, 2025, at 10:18 a.m.; .Rilpivirine HCL .family to deliver .Dolutegravir Sodium .family to deliver .;<br><br>- January 27, 2025, at 8:25 a.m.; .Rilpivirine HCL .awaiting delivery from family .Dolutegravir Sodium . awaiting delivery form (sic) family .;<br><br>- January 27, 2025, at 3:02 p.m.; .Called (Resident 2's representative) .discussed (HIV) medication needs to be refilled .Rilpivirine HCl Oral Tablet 25 MG .Dolutegravir Sodium Oral Tablet 50 MG (Dolutegravir Sodium) . (Resident 2's representative) stated she can order medication from (outside pharmacy) .Requested update when (HIV medications) available .<br><br>- January 30, 2025, t 3;48 p.m.; . (Resident 2's) (HIV) medication picked up from .(name of pharmacy), provided to Am (morning) Nurse .<br><br>(continued on next page) |

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| F 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Further review of Resident 2's record indicated no documentation of notification of the physician regarding the HIV medication were not available or given to Resident 2.<br><br>On February 11, 2025, at 4:38 p.m., during an interview with Licensed Vocational Nurse (LVN) 1, she stated it was her understanding that Resident 2 was to supply their own HIV medications. LVN 1 stated she was not sure of the facility process to provide HIV medications if the resident/representative does not provide the medications. LVN 1 stated she was asked by the Infection Prevention (IP) nurse, to follow-up with Resident 2's representative regarding the HIV medications. LVN 1 further stated, she did not know why Resident 2's HIV medications were not provided, between the dates of January 7 thru 28, 2025.<br><br>On February 11, 2025, at 5:10 p.m., during an interview with LVN 2, she stated it was the facility's policy to have newly admitted resident, supply their own HIV medications, because (HIV Medications) are so expensive.<br><br>On February 12, 2025, at 9:40 a.m., a concurrent interview and record review was conducted with Registered Nurse (RN) 1. RN 1 stated it was the facility's policy to ask a newly admitted resident to supply their own HIV medications. RN 1 stated if the resident could not supply their own HIV medications, the facility's Social Service (SS), or Case Manager (CM) would be notified by nursing, so SS or CM can contact a local organization, to help provide the HIV medications. RN 1 further stated if the resident's HIV medications could not be obtained from outside sources within a short time frame couple of days, the HIV medications should be provided by the facility's pharmacy. RN 1 stated the procedure to order HIV medications from facility pharmacy includes, printing out the physician's order, fax medication order/request to the pharmacy, contact the pharmacy to verify the HIV medications are needed, pharmacy will request an authorization form signed by the Director of Nursing (DON) or Administrator (Admin), signed authorization form would be faxed back to the pharmacy, pharmacy will fill the HIV medication order and sent to the facility. RN 1 further stated, when a medication is not available to administer to the resident, the medication nurse should notify the physician, and document in the resident's medical record. RN 1 verified Resident 2 had physician's orders to receive HIV medications daily. RN 1 further verified Resident 2 did not receive the HIV medications between the dated of January 7 to 29, 2025. RN 1 stated Resident 2 should have received his HIV medications according to the physician's orders, and the medications, should have been provided by the facility, if they were not provided by an outside resource. RN 1 stated if HIV medications were not administered routinely, the resident's viral load could increase.<br><br>On February 13, 2025, at 3:45 p.m., during an interview with the Administrator (ADM), he stated LVN 1 was told by Resident 2's General Acute Care Hospital's (GACH) Case Manager (CM) that the GACH was not going to authorize/provide resident's HIV medications. The ADM stated the GACH CM asked LVN 1 to contact Resident 2's representative to have the medications supplied. The ADM further stated, he was not sure why Resident 2 did not receive his HIV medications at the facility according to the physician's orders from the dates of January 7 to 29, 2025. The ADM further stated he was disappointed the facility did not provide Resident 2's HIV medications sooner than January 30, 2025.<br><br>A review of the facility's policy and procedure titled, Orders Non-Controlled Medication Orders, revised January 2023, indicated, .The prescriber shall be contacted by nursing for direction wen delivery of a medication will be delayed or the medication is not available .DOCUMENTATION OF THE MEDICATION ORDER .Order is written by the prescriber .Transmit the appropriate copy of the order to the pharmacy for dispensing .<br><br>(continued on next page) |

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| F 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | A review of the facility's policy and procedure titled, Medication Ordering and Receiving From Pharmacy Provider .Ordering and Receiving Medications from No-Contract Pharmacies, revised January 2023, indicated, . A resident, or responsible party, may request purchase of medications from a pharmacy other tan the provider pharmacy .Procedures .If non-contract pharmacy is unable to provide ordered medications, the provider pharmacy may be contacted to supply the ordered medications . |

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| F 0688<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46145<br><br>Based on interview and record review, the facility failed to provide Restorative Nursing Services (RNA - services provided to help increase/and or prevent a decrease in range of motion {ROM -Full flexion and extension of a joint}), as ordered by the physician, for one of five residents (Resident 2).<br><br>This failure has the potential for the resident to develop muscle contractures (permanent shortening of the muscle due to lack of use), and decreased ROM and/or mobility for Resident 2.<br><br>Findings:<br><br>On February 11, 2025, an unannounced visit was made to the facility to investigate a complaint on quality of care issue.<br><br>On February 12, 2025, at 11:24 a.m., a concurrent record review of RNA treatments provided the week of February 2 thru 9, 2025, and interview with RNA 1 was conducted. RNA 1 stated RNA treatments were being provided to the residents to help increase their ROM and mobility. RNA 1 stated treatments were ordered by the physician and should be provided accordingly. RNA 1 stated it was important to consistently provide RNA treatments as ordered, to help resident achieve their desired ROM/mobility. RNA 1 stated RNAs were assigned to work with specific residents. NA 1 stated he provided RNA treatments to the residents on Wednesdays, Thursdays, and Fridays each week. RNA 1 further stated he would document the treatment daily when provided, and a summary of treatments weekly (Fridays). RNA 1 verified he was assigned to provide treatments to Resident 2, three days per week. RNA 1 verified, he was unable to provide treatments to Resident 2 the week of February 2 thru 8, 2025, as resident refused treatment on Wednesday, February 5, 2025, and RNA was unavailable to provide treatments on February 6 and 7, 2025 (Thursday and Friday), because he was Pulled (Not working as RNA role) from the floor, to do weekly weights for the residents. RNA 1 further stated when a RNA treatment was not provided for the resident, as ordered, he does not report it to a supervisor.<br><br>On February 12, 2025, at 3:20 p.m., an interview was conducted with Resident 2, who stated, Nobody had been in (to his room) to do any kind of therapy, They aren't doing it.<br><br>A review of Resident 2's, Admission Record, indicated, Resident 2 was admitted to the facility on [DATE], with diagnoses which included abnormalities of gait (walking) and mobility, and muscle weakness.<br><br>A review or Resident 2's, Order Summary Report, dated January 30, 2025, indicated, .RNA program: PRE's (Progressive Resistance Exercise - method to strengthen muscles by a gradual increase in resistant exercises) exercises for both lower extremities . 3x/wk (times per week) or as tolerated .<br><br>(continued on next page) |

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| F 0688<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | A review of Resident 2's care plan titled, Restorative Nursing-Mobility: Resident is at risk for decline in ambulation and ability to participate in functional mobilities, decline in strength requires a restorative nursing program related to loss of muscle, initiated on, January 30, 2025, indicated, a goal of, .will maintain current functional status .to prevent decline in (Resident 2's) ability to (walk) and participate in functional mobilities, and, interventions of, . RNA program: PRE's exercises (both lower extremities) 3 (times per week) .RNA for Ambulation Program 3 (times per week) .<br><br>A review of Resident 2's, daily RNA treatment documentation, was not available.<br><br>A review of Resident 2's, RNA Weekly Summary, dated February 8, 2025, at 6:56 p.m., by RNA 1, indicated, resident had been seen .3 times ., by RNA 1, and participated in RNA exercises, . 0x and refused exercises 3x . Summary further indicated, . Resident will benefit with continued ambulation and resistive (RNA treatment/exercises) .<br><br>On February 13, 2025, at 12:45 p.m., a concurrent review of Resident 2's, RNA Weekly Summary, for the week of February 2 thru 8, 2025, and interview with RNA 1 was conducted. RNA 1 stated residents who were new to the RNA program, have their orders inputted into the computer by the supervisor for daily documentation to begin. RNA 1 verified the RNA orders for Resident 2, were received on January 30, 2025, and daily treatment documentation was not yet available for Resident 2. RNA 1 stated he did not complete an RNA treatment Weekly Summary, for Resident 2, the week of February 2 thru 8, 2025. RNA verified Resident 2 did not receive treatments during that week, as resident refused treatment on February 5, 2025 (Wednesday), and RNA was unable to provide treatments on February 6 and 7, 2025. RNA 1 stated he documented on the RNA Weekly Summary, Resident 1 was .Seen by the RNA 3 (times) . during the week, because RNA thought this statement meant Visually, seen by RNA, not treatments provided by RNA.<br><br>On February 13, 2025, at 2:25 p.m., during an interview with the Registered Nurse (RN) 1, she stated it was expected of the RNAs to report to their supervisors, when they are unable to provide RNA treatment to the resident, so alternative treatment arrangements can be made for the resident.<br><br>On February 13, 2025, at 3:30 p.m., during an interview was conducted with the Administrator (ADM), he stated RNA treatments should be provided per physician's orders. The ADM stated if an RNA treatment was not provided for any reason, the RNA responsible for the treatment, should notify their supervisor, so the missed treatments could be discussed in Stand-up meetings (Facility Staff gather on a daily basis to review facility/resident issues, and updates), and treatment arrangements could be made.<br><br>A review of the facility's policy and procedure titled, Restorative Nursing Services (RNA), revised July 2017, indicated, .Policy Statement: Residents will receive restorative nursing care as needed to help promote optimal safety and independence. Policy Interpretation and Implementation: 3. Restorative goals and objectives are individualized and resident-centered, and are outlined in the resident's plan of care . Restorative goals may include, but are not limited to supporting and assisting the resident in .Adjusting or adapting to changing abilities .Developing, maintaining or strengthening his/her physiological and psychological resources .Maintaining his/her dignity, independence and self-esteem .<br><br>(continued on next page) |

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| F 0688<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | A review of the facility'spolicy and procedure titled, Charting and Documentation, revised December 2023, indicated, .Statement: The services provided to the resident progress toward the care plan goals. Any notable changes in the resident's medical, physical, functional, or psychosocial condition observed by staff, should be documented in the resident's medical records. The medical record is a format that facilitates communication between the interdisciplinary team. Guidelines for Charting and Documentation . Documentation in the medical record may be entered electronically, manually on paper or a combination of both .The following information are examples of documentation that may be included in the resident medical record: a. Objective observations .Treatments or services performed; 7) Documentation of procedures and treatments should include care-specific details, including items such as .the date and time the procedure/treatment was provided .Whether the resident refused the procedure/treatment .Notification of family, physician or other staff . |