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| 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 06/25/2025 |
| 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) |
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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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 interview and record review, the facility failed to ensure TB (tuberculosis - a serious lung infection) test was completed according to the facility's policy and procedure, for two of three residents (Residents 2 and 3).</p> <p>This failure had the potential for TB to be undetected and could result to the transmission of the disease to the vulnerable residents.</p> <p>Findings:</p> <p>On May 13, 2025, at 9:35 a.m., an unannounced visit was conducted to investigate a complaint on infection control.</p> <p>On May 13, 2025, at 11:57 a.m., during an interview with Licensed Vocational Nurse (LVN) 1, LVN 1 stated a TB test was to be completed within 24 hours of admission and to be documented in the electronic Medication Administration Record (eMAR).</p> <p>On May 13, 2025, at 12:45 p.m., during an interview with LVN 2, LVN 2 stated a TB test was to be completed within 24 hours of admission. Resident 2's record was concurrently reviewed with LVN 2. LVN 2 stated Resident 2 was admitted to the facility on [DATE]. LVN 2 stated there was no documentation a TB test was completed for Resident 2 within 24 hours upon admission on [DATE].</p> <p>On May 13, 2025, at 1:10 p.m., during an interview with LVN 3, LVN 3 stated a TB test was to be completed within 24 hours of admission and to be read for results within 72 hours. Resident 3's record was concurrently reviewed with LVN 3. LVN 3 stated Resident 3 was admitted to the facility on [DATE]. LVN 2 stated there was no documentation a 1st step of TB test was conducted for Resident 3.</p> <p>On May 13, 2025, at 3:10 p.m., during an interview with the Infection Preventionist (IP), the IP stated newly admitted residents should receive TB testing within 24 hours upon admission, and for the results to be read within 72 hours. The IP stated a second step TB test was to follow after 10 days from the first step TB test. Residents 2 and 3's records were concurrently reviewed with the IP. The IP stated there was no documentation the first step TB test was administered to Resident 2. The IP stated Resident 3's first step TB test was administered on April 25, 2025, however, there was no documentation the TB test was read after 72 hours. The IP stated Resident 3's second step TB test was not documented as completed. The IP further stated the documentation should be consistent across the immunization record tab and the eMAR.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0880</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 procedure titled, Tubercle Bacillus (TB), dated October 2013, indicated, .It is the policy of this facility to provide safe, quality patient care which includes using the Mantoux Tuberculin Skin Testing (TST - a TB testing). In accordance with CDC (Centers for Disease Prevention and Control) guidelines, facility uses a two-step testing system .Residents who have not been previously admitted to the facility will receive a two-step (TB) Tuberculin skin test upon admission to the facility. TB testing is to be performed and read by a licensed nurse .If a resident requires a two-step TB test upon admission, the first test will be performed and read 48-72 hours later .Each TB test performed and the results must be recorded on the Immunization and PPD Record maintained by the facility Infection Preventionis and entered in the resident's face sheet .and the Medication Administration Record .</p> | | |

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| <p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Implement a program that monitors antibiotic use.</p> <p>Based on interview and record review, the facility failed to ensure an effective antibiotic surveillance program (program to help monitor the effectiveness of antibiotics, identify emerging resistance patterns, and inform strategies for infection prevention and control) was conducted, for 11 out of 12 residents (Residents 2, 8, 9, 10, 11, 12, 13, 14, 15, 16, and 17), according to the facility's policy and procedure.</p> <p>This failure resulted to the residents' use of antibiotic not to be evaluated for the appropriateness of its use, which could lead to development of complications related to use of the antibiotics.</p> <p>Findings:</p> <p>On May 13, 2025, at 9:35 a.m., an unannounced visit was conducted at the facility to investigate complaints on infection control.</p> <p>On May 13, 2025, at 3:10 p.m., during an interview with the Infection Preventionist (IP), the IP stated a list of residents on antibiotics were being printed daily and he follows up with the licensed nurses to make sure the residents are still receiving the antibiotics as ordered. The IP stated he would also check if there were any adverse effects related to the use of antibiotics. The IP stated this was his method for antibiotic stewardship (coordinated strategies and actions to improve how antibiotics are prescribed and used, aiming to optimize patient outcomes and minimize harm caused by unnecessary antibiotic use).</p> <p>On May 13, 2025, during a review of the facility document titled Order Listing Report, from October 2024 to October 2025, indicated the following residents had a physician order for antibiotic (medication to treat infection):</p> <ol style="list-style-type: none"> 1. Resident 8 - Levaquin 500 mg (milligram - unit of measurement) one tablet a day for UTI (urinary tract infection - urine infection) for five days; date ordered December 13, 2024; 2. Resident 9 - Cefpodoxime Proxetil 200 mg two tablet for sepsis (systemic infection) for seven days; date ordered November 2, 2024; 3. Resident 10 - Levofloxacin 750 mg one time a day for catheter-associated UTI for five days; date ordered November 19, 2024; 4. Resident 2 - Levaquin 500 mg once a day for infection for five days; date ordered December 17, 2024; 5. Resident 11 - Levofloxacin 750 mg one time a day for UTI for six days; date ordered November 26, 2024; 6. Resident 12 - Levofloxacin 500 mg one time a day for infection to biliary drain site (occurs when bacteria enters the body through the opening where a biliary drain tube [a thin, flexible tube inserted into the bile duct to drain bile from the liver, usually when there's a blockage] is inserted).for seven days; date ordered January 16, 2025; <p>(continued on next page)</p> | | |

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| <p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>7. Resident 13 - Levofloxacin 500 mg one time a day for cyst (a closed sac-like structure that can develop in various parts of the body, typically containing fluid, air, or other materials) to top of left foot for 10 days; date ordered January 17, 2025;</p> <p>8. Resident 14 - Levaquin 500 mg one time a day for possible pneumonia for seven days; date ordered November 11, 2024;</p> <p>9. Resident 15 - Doxycycline 100 mg two times a day for infection (PNA - pneumonia) for 10 days; date ordered November 25, 2024;</p> <p>10. Resident 16 - Levofloxacin 250 mg one time a day for UTI for three days; date ordered December 12, 2024; and</p> <p>11. Resident 17 - Levaquin 500 mg one time a day for UTI for seven days; November 6, 2024.</p> <p>On May 16, 2025, at 3:50 p.m., during an interview with the IP, the IP stated antibiotic surveillance assessment, which included review of the resident's symptoms if the antibiotic use is appropriate, was being documented in paper form prior to February 2025. The IP presented a paper form of the antibiotic surveillance from July 2024. The IP stated he could not find the antibiotic surveillance of those residents on antibiotic from August 2024 to January 2025. The IP stated the antibiotic surveillance was not completed for residents on antibiotics from August 2024 to January 2025. The IP stated the lack of infection surveillance and antibiotic stewardship placed the residents at risk for improper use of antibiotics and ineffective infection control.</p> <p>A review of the facility's policy and procedure titled, Infection Control Program, dated October 2018, indicated, .An infection prevention and control program (IPCP) is established and maintained to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections .Surveillance .Surveillance tools are used for recognizing the occurrence of infections, recording their number and frequency .Standard criteria are used to distinguish community-acquired from facility-acquired infections .Antibiotic Stewardship .Culture reports, sensitivity data, and antibiotic usage reviews are included in surveillance activities .Medical criteria and standardized definitions of infections are used to help recognize and manage infections .</p> | | |