

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

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 07/21/2026
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)		
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed appropriate interventions to prevent injuries from repeat fall incidents were implemented, for one of three sample residents (Resident 1). This failure placed Resident 1 at increased risk for serious injury related to falls. Findings: On July 20, 2026, at 9:30 a.m., an unannounced visit was conducted to investigate a complaint related to quality of care. On July 20, 2026, at 11:08 a.m., during a concurrent observation, interview and review of Resident 1 record with Licensed Vocational Nurse (LVN) 1, LVN 1 stated the following: -Resident 1 had a history of placing herself on the floor; -Resident 1 had a fall on July 4, 2026, and was transferred to General Acute Care Hospital (GACH) because of the fall for further evaluation and management. Resident 1 was readmitted back to the facility on July 17, 2026; -Resident 1's room was observed to have no landing mats on each side of the bed. LVN 1 stated she was unsure why Resident 1 did not have landing mats in her room since she had a history of falls; -There was no current order for landing mats on each side of the bed; -It was the nurse's responsibility to get an order for landing mats if the resident had a history of falls; -Resident 1's Fall Risk Assessment score was which indicated high risk for falls; and -Resident 1 should have landing mats on each side of the bed as Resident 1 had the potential risk to experience another fall or sustain further injuries from the fall due to not having landing mats in place as part of the interventions. On July 20, 2026, at 11:30 a.m., during a concurrent interview and review of Resident 1's record with the Director of Nurses (DON), the DON stated the following: -Resident 1 had landing mats prior to transfer to the GACH on July 7, 2026, and did not have landing mats on each side of the bed since readmitted from GACH on July 17, 2026; - Resident 1 could sustain another fall and injury if interventions such as landing mats are not in place; -The DON presented facility document titled, Active Fall Device, and stated the document was being used in interdisciplinary team (IDT - a group of healthcare professionals) meetings to indicate which residents are at high risk for falls. The DON stated the document indicated Resident 1 was a fall risk; On July 20, 2026, at 12 p.m., a concurrent observation and interview was conducted with Resident 1. Resident 1 was observed resting in bed, observed no fall risk band on, observed no falling star on entry of Resident 1's doorway, observed one fall mat in place, observed Resident 1 with right below the knee amputation (BKA). Resident 1 stated she fell a while ago because she was moving her leg and had a lot of falls while she was in the facility. On July 21, 2026, at 8:40 a.m., an interview was conducted with Certified Nursing Assistant (CNA) 1. CNA 1 stated the following: -She is aware how to identify residents' high risk for fall by a yellow star on the outside of the resident's door; -Residents who are at a fall risk have yellow/orange fall risk bands on person; -Residents who are at risk for falls need to have a low bed, sensor/bed alarm, and fall/landing mats. On July 21, 2026, at 8:40 a.m., an interview was conducted with CNA 2. CNA 2 stated residents who are at risk for falls have two fall mats, (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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	sensor/bed alarm on, orange fall risk arm band, and a falling star on their door. On July 21, 2026, at 9:39 a.m., a concurrent interview and record review was completed with the Minimum Data Set (MDS - a resident assessment tool) Nurse (MDSN), the MDSN stated the following: -Resident 1 had 11 total falls since April 6, 2026 (date of admission); -There were Change of Condition (COC), documentation completed for fall incidents on April 15, 2026, May 3, 2026, May 18, 2026, June 5, 2026, July 2, 2026, and July 4, 2026; -There were no COC's completed for fall incidents on April 18, 2026, June 19, 2026, and June 20, 2026; -Stated a COC documentation should have been completed at each episode of COC to monitor the residents for any adverse effects related to the COC; and -Resident 1's care plan, dated April 15, 2026, indicated fall/landing mats as interventions to address falls. On July 20, 2026, Resident 1's record was reviewed. Resident 1's admission Record, was admitted to the facility on [DATE], with diagnoses which included diabetes mellitus (abnormal blood sugar) and repeated falls. A review of Resident 1's care plan, dated June 18, 2026, indicated, .Resident is at risk for falls with or without injury related to lethargy, weakness and medication effects. Falling Star fall prevention program. anticipate needs and meet needs. landing mats. A review of Resident 1's MDS, dated June 24, 2026, indicated the resident has a BIMS (Brief Interview for Mental Status) score of 05 (severely cognitive status). A review of Resident 1's Fall Risk Observation/Assessment, dated July 18, 2026, indicated the resident's fall risk score was 20, indicating high fall risk (score of 16-42). The assessment indicated risk factors including a history of falls within the previous 90 days, moderately impaired vision, wheelchair dependence, need for assistance with elimination, and multiple health conditions/risk factors. A review of the facility's policy and procedure (P&P) titled, Falls and Fall Risk, Managing, dated March 2018, indicated, .staff will identify interventions related to the resident's specific risk and causes to try to prevent the resident from falling. a fall is defined as unintentionally coming to rest on the ground, floor or other lower level. a fall without injury is still a fall. residents conditions that may contribute to the risk of falls include, pain; lower extremity weakness; functional impairments and incontinence. medical factors that contribute to the risk of falls include balance and gait disorders. If falling reoccurs despite initial interventions, staff will implement additional or different interventions, or indicate why the current approach remains relevant. If underlying causes cannot be readily identified or corrected, staff will try various interventions, based on assessment of the nature or category of falling, until falling is reduced or stopped, or until the reason for the continuation of the falling is identified as unavoidable.		