

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555403	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/02/2024
NAME OF PROVIDER OR SUPPLIER  Monterey Palms Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  44610 Monterey Avenue 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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41422</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure basic accommodations of needs were provided when one of three residents, (Resident 3)'s call light was not within reach.</p> <p>This failure resulted in Resident 3 to be unable to call for assistance.</p> <p>Findings:</p> <p>On July 2, 2024, at 11:58 a.m., an unannounced visit to the facility for a complaint investigation was initiated.</p> <p>On July 2, 2024, at 1:42 p.m., observed Resident 3 sitting in a wheelchair at the foot of her bed. Resident 3's call light was wrapped around the right siderail.</p> <p>On July 2, 2024, at 1:42 p.m., an interview was conducted with Resident 3. Resident 3 stated she was unable to reach her call light and could not call for help.</p> <p>On July 2, 2024, at 1:57 p.m., an interview was conducted with the Certified Nursing Assistant, (CNA). The CNA stated that when residents are sitting in wheelchairs their call lights should be within reach. The CNA observed Resident 3's call light and stated that Resident 3's call light was not within reach.</p> <p>A review of Resident 1's medical record indicated she was admitted to the facility on [DATE], with diagnoses with diagnoses of cerebral infarction, (stroke), and Parkinson's disease, (a progressive disease of the nervous system marked by tremor, muscular rigidity, and slow, imprecise movement).</p> <p>A review of Resident 3's History and Physical dated April 22, 2024, indicated she had the capacity to make decisions.</p> <p>A review of Resident 3's Care Plan dated June 1, 2022, indicated Problem: Increase susceptibility to falling that may cause physical harm .Approach: call light within reach .</p> <p>A review of the facility's policy and procedure titled Call Lights-Answering Of undated, indicated .7. When leaving the room, ensure that the call light is placed within the Resident's reach .</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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