| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 555403 | A. Building<br>B. Wing | 06/17/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Monterey Palms Health Care Center | 44610 Monterey Avenue<br>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 0800<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide the resident's diet as ordered by the doctor (Dr) and did not include the resident's preferences and dislikes for one of three residents (Resident 1). This failure resulted in the facility providing Resident 1 with a clear liquid diet (all food in liquid form), instead of a regular diet (solid foods) as ordered and did not include the residents' preferred foods. Findings: A review of Resident 1's admission record indicated Resident 1 was admitted to the facility on [DATE], with a diagnosis of liver and colon cancer. Resident 1 was discharged from the facility on May 27, 2026. A review of Resident 1's diet order received on May 21, 2026, untimed, indicated .Regular diet . to be served 3 times per day. A review of Resident 1's Communication Slip (a document the nursing staff use to communicate with the dietary staff), dated May 21, 2026, untimed, by the Registered Nurse (RN) indicated, . No Added Salt; CCHO (Controlled Carbohydrates); Clear Liquid Diet, Advance as tolerated . A review of Resident 1's tray card (a card used by dietary staff to prepare the resident's food tray), dated June 4, 2026, indicated, a diet of . No Added Salt; CCHO . the card did not indicate the type of diet or the texture, and did not have Resident 1's preferences or dislikes included on the card. On June 4, 2026, at 2:20 p.m., an interview with the Dietary Supervisor (DS) and record review of Resident 1's diet orders, communication slip dated May 21, 2026, and the undated tray card was conducted. The DS stated she kept a record of the resident's diet communication slips for one year. The DS verified Resident 1 had a diet order dated May 21, 2026, for a regular diet, and Resident 1's communication slip dated May 21, 2026, indicated a No salt added, CCHO, clear liquid diet. The DS verified Resident 1 was served a clear liquid diet from May 21, 2026 to May 27, 2026.The DS stated the process for dietary staff to receive the resident's diet orders and make their food tray includes the following: The nurse receives the resident's diet orders from the Dr and fills out a communication slip from the order;The nurse gives a copy of the communication slip to the DS. The DS will print out a tray card which includes the resident's preferred and disliked foods;The DS will verify the resident's diet information on the tray card matches the communication slip. If the resident is on a clear liquid diet the DS will add by writing Clear liquid diet on the tray card; andThe DS will give the tray card to dietary staff, then dietary staff will prepare the residents food tray.The DS stated she does not verify the resident's diet order against the communication slip. She stated she trusts the nurse gives her the resident's correct diet information on the communication slip.The DS further stated as soon as she receives a communication slip, she reviews the diet information with the resident and verifies their food preferences and dislikes and adds this information to the tray card. The DS verified Resident 1's tray card did not include a list of Resident 1's preferred and disliked foods because Resident 1 was on a clear liquid diet. On June 4, 2026, at 3:14 p.m., a concurrent interview with the Director of Nursing (DON) and record review of Resident 1's diet order and communication slip dated May 21, 2026, was conducted. The DON verified Resident 1 had diet orders for a regular diet, and Resident 1 received a clear liquid diet during her stay at the facility. The DON stated she was not sure why Resident 1's communication slip indicated she was to receive a clear liquid diet. The DON stated when a resident does not receive their ordered diet, the adverse effects could be weight loss and delayed wound<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 0800<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | healing. A facility policy, titled, Nutrition Care, dated 2018, indicated, . All residents/patients will have a written diet order on admission which has been prescribed by the physician . The facility will serve diets as ordered by the physician . |