

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 01/31/2025
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 29623</p> <p>Based on observation, interview, and record review, the facility failed to ensure a person-centered care plan was developed and implemented for a resident with a new diagnosis of pulmonary emboli (a condition in which one or more arteries in the lungs become blocked by a blood clot) and on anticoagulant (medication used to prevent blood clots from forming or growing larger) treatment.</p> <p>This failure had the potential to delay the necessary care and services which could place Resident 24 at risk for another life-threatening blood clot or other complications that could develop related to the treatment with an anticoagulant.</p> <p>Findings:</p> <p>On January 27, 2025, at 1:40 p.m., Resident 24 was observed awake, alert, lying on bed. Resident 24 was asked if he was hospitalized recently. Resident 24 could not recall.</p> <p>On January 28, 2025, Resident 24's record was reviewed. Resident 24 was admitted to the facility on [DATE], and was readmitted on [DATE], with diagnoses which included heart failure (a chronic condition in which the heart does not pump blood as well as it should) atrial fibrillation (an irregular, often rapid heart rate that causes poor blood flow) and pulmonary emboli.</p> <p>Resident 24's Minimum Data Set (MDS - an assessment tool) dated October 28, 2024, indicated a Brief Interview for Mental Status (BIMS - a screening tool for cognitive status) score of 9 (moderate cognitive impairment).</p> <p>The physician's history and physical dated April 18, 2024, indicated Resident 24 does not have the capacity to understand and make decisions, can make needs known, but can not make medical decisions.</p> <p>The nurse's notes dated December 15, 2024, indicated, .Resident c/o (complaint of) general body pain, chest pain before dinner. B/P (blood pressure) 121/82, P (pulse) 92, Oxygen 98%. PRN (as needed) pain medication was given . after resident ate dinner, nursing assessed for pain, resident stated now only having discomfort in chest on left side and requested to be sent out to the hospital .</p> <p>The nurse's note dated December 16, 2024, indicated, .Per (name of the hospital) nurse , patient admitted to (name of hospital) for pulmonary embolism and patient discharging with new order for Eliquis (a medication used for blood clot) .</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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The hospital CTA (Computed Tomography Angiography - a type of special X-ray used to diagnosed conditions of blockages, blood clots and many diseases of blood vessels) of the chest performed on December 16, 2024, indicated pulmonary emboli.</p> <p>The hospital discharge medication list on December 16, 2024, included .Apixaban 5 milligram (mg - a unit of measurement) tablet. Commonly known as Eliquis. Start taking on December 16, 2024. Take 2 tablets (10 mg total) by mouth 2 (two) times a day for 7 days, then 1 tablet (5 mg) two times a day for 21 days. Last time this was given: 10 mg on December 16, 2024 8:57 a.m., next dose due:12/16/24 at dinner .</p> <p>The physician's order for the month of January 2025, indicated, .Eliquis (Apixaban) tablet; 5 milligram (mg - a unit of measurement) amount to administer: 1 tablet oral twice a day. Give 1 tablet po (by mouth) BID (twice a day) x 21 days .) with the start date of 12/25/24 - 01/15/2025 .</p> <p>The facility's electronic Medication Administration Record (MAR) indicated Resident 24 had completed the anticoagulant therapy for 28 days.</p> <p>There was no documented evidence a patient centered care plan for the care of Resident 24 was developed and implemented for signs and symptoms of pulmonary emboli, while receiving the anticoagulant medication, Eliquis.</p> <p>On January 31, 2025, at 9 a.m., a concurrent interview and record review was conducted with the MDS Coordinator and the Director of Nursing (DON). The DON acknowledged Resident 24 was sent out on December 15, 2024, for chest pain, and returned to the facility on [DATE], with pulmonary emboli. The DON acknowledged a care plan was not developed for Resident 24, specific for his new diagnosis and the use of Eliquis. The DON stated she and the QA (Quality Assurance) nurse are responsible for initiating the care plan for residents who were sent out to the acute hospital. The DON stated the MDS coordinator/staff will conduct a 24 hour follow up of the residents diagnosis at the acute hospital.</p> <p>The facility's undated policy and procedure titled, Acute Condition Plan of Care, indicated, .Each resident will have an acute condition plan of care developed when an acute condition is identified. The Acute Condition Plan of care is developed by the Licensed Nurse and/or any member of the facility's Interdisciplinary Team (IDT - a group of healthcare professionals who work together to coordinate and provide care for a patient) .to review and address the resident's acute condition until the Comprehensive Plan of Care is finalized by the Interdisciplinary Team. The care plan shall be used in addressing the acute condition of the resident. The care plan shall be used in developing the resident's daily care routines and will be available to staff personnel who are responsible in providing care or services to the resident .</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 29623</p> <p>Based on observation, interview, and record review, the facility failed to provide the necessary care and services to maintain cleanliness and proper hygiene of resident's fingernails for one of 19 residents reviewed (Resident 29).</p> <p>This failure had the potential to negatively impact the physiological and psychological well being of Resident 29. In addition this failure had the potential to result in cross contamination of bacteria underneath the dirty fingernails to Resident 29's food during meals.</p> <p>Findings:</p> <p>On January 27, 2025, at 2:30 p.m., an Enhanced Barrier Precaution (EBP - a type of infection control practices that use personal protective equipment to reduce the spread of multidrug resistant organism) sign was observed outside Resident 29's room. Resident 29 was observed asleep.</p> <p>A review of Resident 29's record, on January 28, 2025, indicated Resident 29 was admitted to the facility on [DATE], and had a latest readmission on December 26, 2024, with diagnoses which included cerebral infarction (a condition that occurs when the blood flow to the brain is disrupted, causing brain tissue to die) with left sided weakness and paralysis, osteomyelitis (bone infection), status post below the knee amputation, End Stage Renal Disease (ESRD - kidney failure) and hemodialysis (a treatment that removes waste products and fluid from the blood).</p> <p>During a concurrent observation and interview on January 28, 2025, at 9:49 a.m., with Resident 29, Resident 29 was observed lying on bed, awake, alert, and able to verbalize his needs. He stated he just returned from the dialysis center. Resident 29 was observed moving and scratching his face with his right hand. Resident 29's right hand fingernails were observed with blackish materials underneath the nail beds. He stated his nails had been like that for a while. He stated he would like to have his nails cleaned. He stated his mother would always remind him to keep his nails clean. Resident 29 was observed with left sided weakness. He stated he had a stroke, kidney failure, and ended up having dialysis.</p> <p>On January 28, 2028, at 10:08 a.m., a concurrent observation and interview was conducted with the Infection Preventionist (IP). The IP stated Resident 29's right hand fingernails were dirty. The IP stated the Certified Nursing Assistant (CNA) should have cleaned his nails before going to hemodialysis treatment.</p> <p>On January 28, 2025, at 10:19 a.m., a concurrent observation and interview was conducted with CNA 1. CNA 1 stated Resident 29's fingernails needed cleaning. CNA 1 stated every Sunday is when residents are shaved and have their nails cleaned and clipped.</p> <p>During a review of Resident 29's care plan dated December 20, 2023, and edited on January 13, 2025, for SELF CARE DEFICIT .Extensive assistance to dependent .due to physical limitation . a long term goal of providing assistance in ADL (activity of daily living) to maintain comfort and dignity .</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On January 29, 2025, at 12:15 p.m., an interview was conducted with the Director of Nursing (DON). The DON stated the facility had established that every Sunday is scheduled for nail cleaning and shaving. She stated the CNAs were supposed to check all residents nails and keep them clean.</p> <p>A review of the facility's undated policy and procedure titled, Fingernail Care, indicated, .Care of the fingernails promotes circulation to the hands and helps prevent small tears around the nails that could lead to infections .Nail care includes daily cleaning and regular trimming .Proper nail care can aid in the prevention of skin problems around the nail bed .</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50309</p> <p>Based on observation, interview, and record review, the facility failed to ensure medications and biologicals were properly stored when:</p> <ol style="list-style-type: none"> 1. One of 36 residents reviewed (Resident 47) had a bottle of medication from an outside pharmacy by her bedside, readily available for use; 2. Three expired Daptomycin antibiotic (medications used to treat infections) intravenous piggyback (IVPB - a method of administering IV antibiotics by piggybacking it to a primary IV fluids) were stored in the F Court medication room refrigerator for Resident 68, readily available for use. <p>These failures had the potential for the residents to self-administer a medication without licensed nurse monitoring and to receive expired or ineffective medications.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. On January 27, 2025, at 11:25 a.m., an observation and concurrent interview was conducted with Resident 47. Resident 47 was observed in her wheelchair by the bedside. Resident 47 was alert, oriented with some confusion noted. <p>An orange medication bottle from (name of outside pharmacy), containing four pills of Simvastatin (a medication that lowers the cholesterol level) 20 mg (milligrams - a unit of measurement) was observed on the bedside table. Resident 47 stated she wanted to take it in the evening. Resident 47 stated she found the medication bottle at home in her son's belongings and brought it to the facility.</p> <ol style="list-style-type: none"> 2. On January 29, 2025, at 11:28 a.m., an interview was conducted with Licensed Vocational Nurse (LVN) 2. LVN 2 stated the bottle of Simvastatin medication should not be at Resident 47's bedside. <p>On January 29, 2025, at 11:30 a.m., an interview was conducted with the Quality Assurance Nurse (QA nurse). The QA nurse stated the bottle of Simvastatin at Resident 47's bedside was a medication from an outside pharmacy, and not the medication from the facility. The QA nurse stated resident should not have the bottle of outside medication readily available at the bedside.</p> <p>On January 29, 2025, Resident 47's record was reviewed. Resident 47 was admitted to the facility on [DATE], with diagnoses which included: hyperlipidemia (high cholesterol), depression, and mild cognitive impairment (problems with a person's ability to think, learn, remember, use judgement, and make decisions). The physician's order from December 19, 2023, indicated Simvastatin tablet 20 mg, one tablet by mouth at bedtime.</p> <p>On January 29, 2025, at 10:11 a.m., a concurrent interview and record review was conducted with the QA nurse. The QA nurse stated there was no record of a medication self-administration assessment for Resident 47 prior to January 27, 2025, when the medication bottle was found at Resident 47's bedside by surveyors.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On January 29, 2025, at 10:17 a.m., a concurrent interview and record review was conducted with the Director of Nursing (DON). The DON stated a medication self-administration assessment was not conducted for Resident 47 prior to the medication being found at the bedside by surveyors.</p> <p>The facility's policy and procedure, titled, Medication Storage - Storage of Medication, dated January 2021, was reviewed. The policy indicated, .Medication and biologicals are stored properly, following manufacturers or provider pharmacy recommendations, to maintain their integrity and to support safe effective drug administration. The medication supply shall be accessible only to licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications .The provider pharmacy dispenses medications in containers that meet state and federal labeling requirements, including requirements of good manufacturing practices established by the United States Pharmacopeia (USP). Medications are to remain in these containers and stored in a controlled environment. This may include such containers as medication carts, medication rooms, medication cabinets, or other suitable containers .In order to limit access to prescription medications, only licensed nurses, pharmacy staff, and those lawfully authorized to administer medications (such as medication aides) are allowed access to medication carts. Medication rooms, cabinets and medication supplies should remain locked when not in use or attended by persons with authorized access .</p> <p>The facility's policy and procedure, titled, Self-Administration of Medication, undated, was reviewed. The policy indicated, .Purpose .To provide an assessment and evaluation process to determine if a resident is capable of self-administration .To provide instructions for those capable of self-administration .To maintain the safety and accuracy of medication administration .</p> <p>2. A review of Resident 68's medical records indicated Resident 68 was admitted to the facility on [DATE], with diagnoses which included urosepsis (a urinary tract infection [UTI] that spread to the kidneys).</p> <p>A review of Resident 68's physician's order dated, December 22, 2024, indicated to administer daptomycin 350 mg (milligrams - unit of measurement) per 50 mL (milliliters - unit of measurement) intravenous once a day for sepsis.</p> <p>On January 27, 2025, at 11:45 a.m., a concurrent observation and interview was conducted with Registered Nurse (RN) 1, inside the Medication Room in F Court unit. During the inspection, three IVPB daptomycin antibiotic bags labeled 350mg/50 mL normal saline were stored inside the big refrigerator for Resident 68. One bag was observed to have a use by date of January 23, 2025, and the other two bags had a use by date of January 25, 2025.</p> <p>RN 1 stated the three antibiotic medications were expired and should have been discarded and removed from the refrigerator. She further stated expired antibiotics could have less therapeutic potency (dose strength) and not be effective in treating infections.</p> <p>On January 28, 2025, at 3:30 p.m., an interview was conducted with the Infection Preventionist (IP) nurse. The IP nurse stated licensed nurses were responsible for ensuring no expired medications were stored in the refrigerator. The IP further stated administering expired antibiotic medications may not be effective in treating infections.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On January 30, 2025, at 11:43 a.m., an interview was conducted with the Director of Nursing (DON). The DON stated the RN staff should have checked the expiration dates of the antibiotic bags and remove the medications out of the storage room. She further stated administering expired medications had the potential to cause harmful side effects and ineffective treatment for residents.</p> <p>A review of the facility's policy and procedure titled, Medication Storage, dated 2007, indicated, .Outdated, contaminated, discontinued or deteriorated medications, and those in containers that are cracked, soiled, or without secure closures are immediately removed from stock .disposed of .</p> <p>A review of the facility's policy and procedure titled, Disposal of Medications, Syringes and Needles, dated 2007, indicated, .Outdated medications, contaminated, or deteriorated medications, and the contents of containers with no label shall be destroyed .</p>

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<p>F 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service.</p> <p>44504</p> <p>Based on dietetic service observations, dietary staff interviews and dietary document reviews the facility failed to ensure that dietary staff safely and effectively carried out the functions of food and nutrition services when:</p> <ol style="list-style-type: none"> 1. Dietary Aide (DA) 2 did not follow manufacture's guideline time length for testing the Quaternary (Quat) sanitizer (sanitizing solution used for sanitizing food contact surfaces); 2. [NAME] 2 did not follow the proper steps to clean the Prep counter after preparing raw chicken on January 28, 2025, (Cross reference to 812); and 3. [NAME] 1 was unable to demonstrate proper Cooling Food (an essential process used in food production to prevent foodborne illness. Bacteria grow best in food in the temperature range 135 F (F - a unit of measurement) to 41 F, also referred to as the temperature danger zone. Food must be cooled quickly to minimize bacterial growth. If left out to cool, cooked food can become unsafe to eat in a matter of hours). <p>These failures had the potential to cause foodborne illness for 89 out of 89 sampled residents who received food from the kitchen.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. A review of the test strip manufacturer's guidelines indicated the test strip needed to be dipped into Quat sanitizer for 10 seconds. <p>On January 28, 2025, at 8:36 a.m., a concurrent observation and interview was conducted with the Dietary Aide (DA) 2. DA 2 was asked how long she needed to dip test strip into the Quat sanitizer to test sanitizer concentration. DA 2 stated she needed to dip test strip into sanitizer for 1 second and she dipped the test strip into sanitizer for 1 second to test the concentration of sanitizer.</p> <p>On January 29, 2025, at 10:12 a.m., an interview was conducted with the Registered Dietitian (RD). The RD stated dietary staff need to follow manufacturer's guideline to dip test strip for 10 seconds into sanitizer, otherwise would result in false reading of the sanitizer concentration. The RD explained if the sanitizer was not in the right concentration, could result in not properly sanitizing the food contact surface.</p> <p>During a review of the facility's Job Description, DIETARY AIDE, undated, the Job description indicated, . ESSENTIAL DUTIES AND RESPONSIBILITIES .Maintains food service equipment and work spaces in a clean and safe condition at all times per facility policies and procedures and applicable regulations .</p> <ol style="list-style-type: none"> 2. On January 28, 2025, at 9:41 a.m., a noon meal preparation observation was conducted with [NAME] (CK) 2. The Prep counter was observed dripping with pink chicken juice after CK 2 prepared raw chicken. CK 2 was observed only using sanitizing wipes to clean the Prep counter. <p>(continued on next page)</p>		

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<p>F 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On January 29, 2025, at 8:24 a.m., an interview was conducted with the RD. The RD stated CK 2 should follow the steps to wash, rinse, air dry and sanitize to clean the Prep counter after preparing the raw chicken; otherwise, it was a hazard for food borne pathogen (a bacterium, virus or other microorganism that can cause disease).</p> <p>During a review of the facility's Job Description, COOK, dated 2018, the Job description indicated, .The [NAME] . assuring proper .sanitation and cleaning procedures are followed .RESPONSIBILITIES .Cleans and sanitizes equipment and food preparation area using proper cleaning agents and cleaning methods and following established procedures .Practices safety, infection control .according to facility procedures .</p> <p>During a review of the facility's Policy and Procedure (P&P) titled, Dietary Cleaning, undated, the P&P indicated, .PURPOSE: Proper cleaning and sanitation of equipment ensures removal of residual food, chemicals, and bacteria .PROCEDURE .Cleaning fixed equipment .Non-removable parts will be washed, rinsed, air dried, and sprayed with sanitizing solution .</p> <p>3. On January 28, 2025, at 11:02 a.m., an interview was conducted with CK 1. CK 1 was asked to demonstrate Cooling Food. CK 1 stated he started cooling roast meat from 140 degrees F and stored the roast meat in refrigerator during cooling process and rechecked the temperature the next day, 14 hours later, to reach 40 F.</p> <p>On January 29, 2025, at 10:23 a.m., an interview was conducted with the RD. The RD explained it was important for cooks to know the cooling process to minimize exposing roast meat to the temperature danger zone. The RD stated roast meat started cooling process at 140 F and need to reach 70 F within 2 hours. Cooks have another 2 hours to cool down the roast meat to 40 F. Cooks need to check the roast meat every 2 hours to ensure it reached the proper temperature from 140 F to 40 F for total 6 hours process. The RD explained if the roast meat was not monitored at least a 2 hours period; that meant CK 1 did not perform the cooling process for the roast meat. The RD claimed the roast meat should be discarded after 14 hours without monitoring the temperature. The RD stated the potential risk for not monitoring cooling process for the roast meat was food safety issue that microorganism (bacteria or virus) could grow on the roast meat which could cause foodborne illness if residents consume it.</p> <p>During a review of the facility's Policy and Procedure (P&P) titled, Cooling Foods, undated, the P&P indicated, .PURPOSE: Proper cooling of foods eliminates the most common cause of foodborne illness. BACKGROUND: Hazard Analysis Critical Control Point (HACCP) guidelines are to cool food items from 140 F to 70 F within 2 hours and 41 F or lower within an additional 4 hours. PROCEDURE . Monitor temperature at least 2 hours for 4 hours or until the appropriate temperature is achieved, whichever comes first .If the hot food is not cooled to 41 F after 6 hours, discard it or reheat to at least 165 F for 15 seconds and used immediately .</p> <p>During a review of the facility's Job Description, COOK, dated 2018, the Job description indicated, .The [NAME] assists in assuring proper .preparation .are followed .RESPONSIBILITIES Assures all food items are handled properly to meet safety and sanitation standards according to State and Federal regulations . Ensures that foods are cooked to the appropriate temperatures according to the latest FDA Food Code, State, local regulations .</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>44504</p> <p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>Based on dietary observation, dietary staff interview and record review, the facility failed to ensure the menus, recipes, Cooks spreadsheet were followed and resident nutritional needs were met when:</p> <ol style="list-style-type: none"> [NAME] 1 and [NAME] 2 did not follow the Cooks spreadsheet (the menu document used to guide dietary staff on food items, portions, texture of foods and therapeutic diet) to serve the portion size of pureed food items during the noon meal on 1/27/2025 and 1/28/2025; [NAME] 1 did not follow recipe to make pureed cauliflower during the noon meal on January 27, 2025; [NAME] 2 did not follow recipe to make Buttered corn during the noon meal on January 28, 2025 (Cross reference 804); Dietary Aide 1 did not follow the Cooks spreadsheet served the right dessert for Low fat low cholesterol diet and Cardiac diet during the noon meal on January 28, 2025; and The Dietary Manager served salad dressing without measuring during noon meal on January 27, 2025. <p>These failures had the potential for 89 out of 89 sampled residents receiving food prepared in the kitchen to not meet their nutritional needs which may lead to nutritional related health complications.</p> <p>Findings:</p> <ol style="list-style-type: none"> On January 27, 2025, at 12:16 p.m., a concurrent observation of the lunch meal plating service and Cooks spreadsheet review was conducted with [NAME] (CK) 1 at the Trayline (a system of food preparation in which trays move along an assembly line). CK 1 used number (#) 12 scoop [equal to 2.75 ounce (oz- a unit of measurement)] served all pureed foods items including beef pot pie, and cauliflower to pureed diet residents. Reviewed Cooks' spreadsheet of the day indicated CK 1 should use 2 scoop of # 8 (equal to 8 oz) to serve the pureed beef pot pie and #16 scoop (equal to 2 oz) to serve the pureed cauliflower. On January 28, 2025, at 12:30 p.m., a concurrent observation of the lunch meal plating service and Cooks spreadsheet review was conducted with CK 2 at the Trayline. CK 2 used # 12 scoop served all pureed foods items including pureed chicken and pureed white rice. Reviewed Cooks' spreadsheet of the day indicated CK 2 should use # 8 scoop (equal to 4 oz) to serve the pureed chicken and # 10 scoop (equal to 3.5 oz) to serve the pureed white rice. <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Monterey Palms Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 44610 Monterey Avenue Palm Desert, CA 92260	
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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On January 29, 2025, at 11:10 a.m., a concurrent interview and Cooks spreadsheet review was conducted with the Dietary Services Supervisor (DSS) and the Registered Dietitian (RD). After review Cooks spreadsheet on January 27, 2025, and January 28, 2025, the RD stated cooks (CK1 and CK 2) underserved pureed beef pot pie, pureed chicken and pureed white rice and overserved pureed cauliflower to pureed diet residents. The RD stated cooks should use the scoop size as indicated in the Cooks spreadsheet. The RD explained underserved food items to residents on pureed diet could result in residents not receiving enough calories, protein and nutrients need and overserved could lead to providing extra nutrients than the pureed diet residents' need.</p> <p>A review of the facility's document titled, The facility Diet Type Report, dated January 28, 2025, indicated, five Residents (Resident 27,40, 54, 307 and 357) were on a Pureed diet.</p> <p>A review of the facility's Policy and Procedure (P&P) titled, FOOD PREPARATION, dated 2018, the P&P indicated, SUBJECT: PORTION CONTROL. POLICY: Portion control assures correct quantities are served to resident/patients to meet the nutritional specifications as determined by the menu. Standard portions are necessary to control food costs, quality, attractiveness and appeal of food. Resident/patient satisfaction is highest when expectations about the amount of food received are the same for all resident/patients. Standard portion control equipment will be available and utilized for measuring and serving residents meal portions. PROCEDURES:1. Portions served are those listed on the menu for each food items. 2. Standard tools are utilized to assure portion control, i.e. scoops .</p> <p>2. On January 27, 2025, at 12:12 p.m., a concurrent noon prep pureed cauliflower observation and interview was conducted with CK 1. CK 1 placed cooked cauliflower in the blender and gradually added unmeasured hot water to make pureed cauliflower. End product of pureed cauliflower was observed runny and not in the form of mashed potatoes. CK 1 confirmed he was adding unmeasured hot water while preparing pureed cauliflower. CK 1 was not using recipe during preparation of the pureed cauliflower.</p> <p>On January 29, 2025, at 10:53 a.m., an interview was conducted with the DSS and the RD. The RD and DSS stated pureed food items should have soft mashed potatoes consistency. The RD confirmed the pureed cauliflower did not have soft mashed potatoes consistency. The RD and DSS claimed runny consistency pureed food items did not have good presentation which was not appealing and appetizing for residents to enjoy and eat. The DSS stated CK 1 was not supposed to add water into pureed cauliflower because water did not have any nutrition value and made the consistency runny and dilute the nutrient of the pureed cauliflower. The RD and DSS stated cooks should follow recipes.</p> <p>A review of the facility's Policy and Procedure (P&P) titled, FOOD PREPARATION, dated 2018, the P&P indicated, .FOOD PREPARATION .Employee will prepare foods by methods that conserve nutrients, enhance flavor, and maintain attractive appearance . PROCEDURES .Standardized recipes will be used to ensure meals are attractive, palatable and provide necessary nutritive value .</p> <p>A review of the facility's Policy and Procedure (P&P) titled, SERVING FOODS, undated, the P&P indicated, PURPOSE: Serve foods at the . attractively . BACKGROUND: Preparation: Prepare pureed food the consistency of mashed potatoes .PROCEDURE .Use .standardized recipes .</p> <p>A review of the facility's document titled, RECIPE: CAULIFLOWER PURRED, undated, the recipe did not instruct adding any liquid.</p> <p>(continued on next page)</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3. On January 28, 2025, at 11:57 p.m., a concurrent noon prep meal observation and interview was conducted with CK 2. CK 2 pulled out cooked corn from steamer and directly served on Trayline. CK 2 admitted he forgot to add margarine and seasoning to corn.</p> <p>On January 28, 2025, at 12:41 p.m., a test tray (to evaluate the quality of a meal during a meal service and identify any areas for improvement) was performed with the RD. The RD acknowledged the corn did not have any flavor of margarine and seasoning.</p> <p>On January 29, 2025, at 10:54 a.m., an interview was conducted with the RD. The RD stated cooks needed to follow recipe while preparing foods. The RD explained not follow recipe would result in served foods did not taste good which could lead to Residents' decrease meal intake and cause weight loss.</p> <p>A review of the facility's Policy and Procedure (P&P) titled, FOOD PREPARATION, dated 2018, the P&P indicated, SUBJECT: FOOD PREPARATION. POLICY .Employee will prepare foods by methods that conserve nutrients, enhance flavor, and maintain attractive appearance . PROCEDURES .Standardized recipes will be used to ensure meals are attractive, palatable and provide necessary nutritive value .</p> <p>A review of the facility's document titled, RECIPE: BUTTERED CORN, undated, the recipe indicated, DIRECTIONS .ADD MARGARINE, SALT AND PEPPER TO CORN .</p> <p>4. A review of the facility's provided document titled, Cooks Spreadsheet on Monday, undated, the Cooks Spreadsheet indicated, Low fat low Cholesterol (LFLC) diet served chilled pears.</p> <p>On January 27, 2025, at 1:04 p.m., a concurrent observation, interview and meal ticket review was conducted at dining room with Resident 40 and Infection Preventionist (IP). Resident 40's meal ticket indicated, Cardiac diet (a combination of low fat low cholesterol diet and 2 gram sodium diet). Resident 40 was served ice cream. IP confirmed Resident 40 was served ice cream.</p> <p>On January 27, 2025, at 1:12 p.m., a concurrent interview and meal ticket review was conducted at dining room with Resident 19. Resident 19's meal ticket indicated, LFLC. Resident 19 stated he received ice cream with his lunch.</p> <p>On January 27, 2025, at 1:21 p.m., a concurrent observation and meal ticket review was conducted at dining room with Resident 30. Resident 30's meal ticket indicated, LFLC. Resident 30 was served ice cream.</p> <p>On January 29, 2025, at 11:18 a.m., a concurrent interview and Cooks spreadsheet review was conducted with the DSS and the RD. After reviewing the Cooks spreadsheet, the RD stated Residents' who on Cardiac diet and the LFLC should not receive ice cream because ice cream had more cholesterol than pears. The DSS stated she reminded Dietary Aide 1 served pears to Cardiac diets and LFLC diets' residents. The RD and DSS acknowledged dietary staff should follow Cooks spreadsheet when served food items to residents.</p> <p>A review of the facility's Policy and Procedure (P&P) titled, MENUS, dated 2018, the P&P indicated, SUBJECT: THERAPEUTIC DIET ORDERS .PROCEDURES .There will be a therapeutic diet spreadsheet, which specifically lists the food items to be prepared for each diet served by the facility .</p> <p>(continued on next page)</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>5. On January 27, 2025, at 12:25 p.m., a noon meal preparation observation was conducted with the DSS. The DSS was observed pouring salad dressing into large water pitcher and then she poured unmeasured amount salad dressing from water pitcher into individual serving salad.</p> <p>On January 29, 2025, at 11:27 a.m., an interview was conducted with the DSS and the RD. The DSS stated she was running out of time, so she poured the salad dressing without measuring into individual serving salad. The RD and DSS stated without measuring salad dressing, dietary staff could under or over serve the salad dressing in the salad which could lead to over or under served calories and nutrients needs to residents. The RD and DSS claimed dietary staff needed to follow the serving portion size of salad dressing according to Cooks spreadsheet.</p> <p>A review of the facility's provided document titled, Cooks Spreadsheet on Monday, undated, the [NAME] Spreadsheet indicated, Dressing 1/2 oz</p> <p>A review of the facility's Policy and Procedure (P&P) titled, FOOD PREPARATION, dated 2018, the P&P indicated, SUBJECT: PORTION CONTROL. POLICY: Portion control assures correct quantities are served to resident/patients to meet the nutritional specifications as determined by the menu. Standard portions are necessary to control food costs, quality, attractiveness and appeal of food. Resident/patient satisfaction is highest when expectations about the amount of food received are the same for all resident/patients. Standard portion control equipment will be available and utilized for measuring and serving residents meal portions. PROCEDURES .Portions served are those listed on the menu for each food items .Standard tools are utilized to assure portion control, i.e ladles .</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>47832</p> <p>Based on observation, interview, and record review, the facility failed to follow its policy and procedure to provide appetizing and palatable (refers to the taste and/or flavor of the food) food at appropriate temperatures according to residents' preferences, for seven out of 89 sample residents, Residents 23, 43, 47, 82, 84, 96 and 99.</p> <p>This failure placed residents at risk for decreased nutritional intake and had the potential to affect the resident's nutritional status.</p> <p>Findings: (Cross reference 803)</p> <p>On January 27, 2025, at 9:27 a.m., during an interview, Resident 96 stated the food was cold most of the time.</p> <p>On January 27, 2025, at 10:59 a.m., during an interview, Resident 43 stated dinner needs to be warm and served on time.</p> <p>On January 27, 2025, at 10:59 a.m., during an interview, Resident 47 stated they did not like the taste of the food.</p> <p>On January 27, 2025, at 11:27 a.m., during an interview, Resident 82 stated the food was terrible and cold.</p> <p>On January 27, 2025, at 11:56 a.m., during an interview, Resident 84 stated the food was terrible, and eggs were cold.</p> <p>On January 28, 2025, at 9:05 a.m., during an interview, Resident 23 stated the food was often cold and did not taste well.</p> <p>On January 28, 2025, at 10:29 a.m., during an interview, Resident 99 stated they did not like the food.</p> <p>On January 28, 2025, at 11:57 a.m., during a concurrent observation and interview with [NAME] 1 (CK1). CK 1 stated he forgot to add margarine to the Buttered Corn.</p> <p>On January 28, 2025, at 12:41 p.m., during a concurrent interview and test tray (to evaluate the quality of a meal during a meal service and identify any areas for improvement) for regular and pureed food was performed with the Registered Dietician (RD). The RD confirmed Buttered Corn and Lemon Pepper Chicken had no flavor and lacked seasoning.</p> <p>On January 29, 2025, at 7:32 a.m., a concurrent interview and breakfast test tray observation was performed with the Dietary Service Supervisor (DSS). The DSS confirmed the eggs were cold with scrambled eggs at 101 F and pureed eggs at 100 F. The DSS stated one of the reason residents received cold food was, due to delay in passing the meal trays.</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On January 29, 2025, at 10:57 a.m., during an interview with the RD, the RD stated the cooks should follow the recipe to prepare tasty meals, if not, the residents would not eat the served meals which could lead to inadequate food intake and weight loss.</p> <p>A review of the facility's policy and procedure titled, Food Preparation, dated 2018, indicated, .Cooks are required to taste all food prior to serving to ensure adequate seasoning and quality .prepared food should be routinely checked and tested by the DSS and RD for portion control, seasoning, quality and correct consistency .</p> <p>A review of the facility's policy and procedure titled, Serving Foods undated, indicated, Serve foods at the proper temperatures, attractively, and under sanitary conditions .monitor point of delivery temperatures if problem is identified .hot foods 110 F or above .</p>		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>47832</p> <p>Based on observation, interview, and record review, the facility failed to ensure resident's food preference was honored for one of three sampled residents (Resident 50), when a turkey sandwich was on Resident 50's lunch plate and the meal ticket (lists resident's current diet, likes and dislikes for the current day and mealtime) indicated she disliked turkey and liked cottage cheese.</p> <p>This failure had the potential to result in decreased food intake, and could lead to unplanned weight loss, further compromising Resident 50's nutritional and medical status.</p> <p>Findings:</p> <p>On January 27, 2025, at 1:16 p.m., during a concurrent observation, interview and review of meal ticket was conducted with Resident 50 in the small dining hall. Resident 50's meal ticket that designated her food preferences and dislikes, was reviewed. The meal ticket listed 4 oz Cottage Cheese under preferences and Turkey under dislikes.</p> <p>Observed Resident 50 eating a turkey sandwich and the meal ticket indicated dislikes turkey and prefers cottage cheese to be served daily. Resident 50 stated she did not like turkey sandwiches but did not want to bother anyone. Resident 50 further stated she liked cottage cheese, and it was not served today.</p> <p>On January 27, 2025, at 1:20 p.m., during an interview with the Restorative Nurse Assistant (RNA) she confirmed Resident 50 did not receive cottage cheese and did not like turkey sandwich as indicated on the meal ticket.</p> <p>On January 29, 2025, at 11:43 a.m., during an interview with the Dietary Manager (DSS), stated it was important to honor resident's food preferences and offer them alternatives. The DSS further stated if a resident does not enjoy their food, it could result in decreased food intake, weight loss and nutritional deficiency.</p> <p>A review of the facility's policy and procedure titled, Serving Foods undated indicated, .Use diet tray cards (meal ticket) to ensure tray accuracy and that resident preferences are provided .</p> <p>A review of the facility's policy and procedure titled, Nutrition Care dated 2018, indicated .The resident/patient food preferences should be placed on the profile card and identified on the tray card . Appropriate substitutions will be offered for individual resident/patient dislikes .</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>47832</p> <p>The facility failed to maintain a sanitary environment, prepare, and serve food in accordance with the professional standards for food service and safety when:</p> <ol style="list-style-type: none"> 1. Kitchen equipment was stored wet; 2. Dust was found on several locations in the kitchen; 3. Build-up on kitchen equipment: on storage shelves in walk in freezer, on the blender machine, ice machine and hot waterspout; 4. Two opened tortillas exposed to the air in walk in refrigerator; 5. Ground beef was placed in walk in refrigerator for defrosting without a label; 6. Strainer had brown spots on the sieve (mesh in the strainer frame); 7. Two cracked tiles and one broken tile found in dishwashing area; 8. Four jackets found on the rack in storage area number 2; 9. One cutting board was marred found in kitchen; and 10. [NAME] 2 did not follow proper steps to clean the prep counter after preparing raw chicken. (Cross reference 802) <p>These failures had the potential to cause foodborne illnesses (stomach illness acquired from ingesting contaminated food) in a medically vulnerable population of 89 of 89 residents who received food prepared in the kitchen.</p> <p>Findings:</p> <p>1. On January 27, 2025, at 9:05 a.m., a concurrent observation and interview was conducted with the Dietary Aide (DA) 1 at the prep sink (a small sink in the kitchen used for food preparation) area six wet plastic containers were observed stacked and stored under the prep sink. DA 3 stated the six wet plastic washed containers had to be air dried before storing under the prep sink.</p> <p>On January 27, 2025, at 9:21 a.m., during an interview, the Dietary Services Supervisor (DSS) stated containers and utensils should be air dried before stacking and storing them.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On January 27, 2025, at 10:20 a.m., a concurrent observation and interview was conducted with the Registered Dietician (RD). The food processor container was observed wet on the counter. The RD stated all equipment used in kitchen including the food processor container, and the plastic containers should be air dried after washing. The RD explained wet equipment has the potential to transmit microorganisms.</p> <p>A review of the facility's policy and procedure titled, Sanitation and Infection Control dated 2018, indicated, . Blenders, Food Processors and Mixers will be cleaned and sanitized after each use .remove all parts, wash in hot soapy water, rinse, sanitize and air dry .allow racks of dishes/trays/utensils to air dry .Do not rack and stack wet dishes or trays .</p> <p>A review of the facility's policy and procedure titled, Machine Dishwashing Racking Procedure, undated, indicated, .Air dry dishes. Do not wipe with a dish towel. Stack when dry .</p> <p>2. On January 27, 2025, at 10:18 a.m., a concurrent observation of the kitchen and interview with the RD was conducted. Observed dust build-up on the door frame. The RD confirmed entrance door frame had accumulated dust.</p> <p>On January 27, 2025, at 10:27 a.m., a concurrent observation and interview was conducted with the RD in the walk-in refrigerator. Observed two vents and pipes on the ceiling covered with black debris. The RD confirmed the black debris was dust. The RD stated the walk-in refrigerator needed to be kept clean, free of dust and debris to prevent food contamination and infection control.</p> <p>A review of the U.S. Food and Drug Administration's (FDA) Food Code 2022, Section 4-602.13 Nonfood-Contact Surfaces, the Food Code indicated, The presence of food debris or dirt on nonfood contact surfaces may provide a suitable environment for the growth of microorganisms which employees may inadvertently transfer to food. If these areas are not kept clean, they may also provide harborage for insects, rodents, and other pests.</p> <p>3. On January 27, 2025, at 10:20 a.m., a concurrent observation of the kitchen and an interview with the RD was conducted. Observed base of the blender had a yellow build up. The RD stated, the yellowish build up looked like pureed egg. The RD stated the base of the blender needed to be washed, cleaned and sanitized.</p> <p>On January 27, 2025, at 10:25 a.m., a concurrent observation of the kitchen and an interview with the RD was conducted. Observed build up on the gasket in walk in freezer. The RD stated the buildup looked like a combination of dust and debris. The RD stated the gasket needed to be washed, cleaned and sanitized. The RD stated there was a potential risk of cross contaminating (process of bacteria or microorganisms transferring from one substance or object to another).</p> <p>On January 27, 2025, at 10:27 a.m., a concurrent observation of the kitchen and an interview with the RD was conducted. An observation of three out of three storage shelves in the walk-in freezer had brown and grey color buildup and worn-out plastic on the racks.</p> <p>On January 28, 2025, at 10:13 a.m., a concurrent observation of the kitchen ice machine and an interview with the RD was conducted. The RD confirmed there was build up inside the ice machine near the ice maker. The RD confirmed the observation and stated there should not be any build up on the kitchen equipment due to infection control and potential to contaminate the food.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the facility's policy and procedure titled, Sanitation and Infection Control, dated 2018, indicated . Equipment will be cleaned and sanitized to prevent food borne illness .</p> <p>A review of the facility's policy and procedure titled, Dietary Cleaning undated indicated, .Proper cleaning and sanitation of equipment ensures removal of residual food, chemicals, and bacteria .</p> <p>4. On January 27, 2025, at 10:27 a.m., a concurrent observation of the walk-in refrigerator and an interview with the RD was conducted. The walk-in refrigerator had two six-inch tortillas in a cardboard box exposed to the air. The RD confirmed and stated food had to be sealed to retain the quality of food and prevent food borne illness.</p> <p>A review of the facility's policy and procedure titled, Food Receiving and Storage of Cold Foods, dated 2018, indicated, .All refrigerated foods will be covered properly. Leftover food or unused portions of packaged foods should be covered .</p> <p>5. On January 27, 2025, at 10:27 a.m., a concurrent observation of the walk-in refrigerator and an interview with the RD was conducted. During this observation, there was a box of ground beef, and three five-pound tubes of ground beef with no labels. The RD stated labelling the food was important to minimize the risk of food borne pathogens.</p> <p>On January 27, 2025, at 10:56 a.m., during an interview with the [NAME] (Cook1) stated after he placed a box of ground beef and the three five-pound tubes of ground beef in the refrigerator for defrosting, but he forgot to label the pull-out and use by date.</p> <p>On January 27, 2025, at 11:23 a.m., during an interview with the DSS, the DSS stated dietary staff are responsible for labeling the food with pull-out date and use by date for thawing. The DSS further stated it was important to label the food to know the freshness of the food and to know the use by date to prevent any food borne illness.</p> <p>A review of the facility's policy and procedure titled, Food Receiving and Storage of Cold Foods dated 2018, indicated, .Labelled with pull by date and used by date all frozen, uncooked meat, poultry and fish should be placed on the bottom shelf for proper thawing .All meat and perishable food .placed in the refrigerator for thawing must be labeled on pull date and used by date when item was transferred to the refrigerator .</p> <p>A review of the facility's policy and procedure titled, Food Preparation, dated 2018, indicated, .Foods must be labeled and dated with item name, pull date and use-by date no more three days past use by date .</p> <p>6. On January 27, 2025, at 11:40 a.m., during a concurrent observation and interview with the RD, the strainer was observed with brown spots on the sieve. The RD stated the sieve needed to be discarded immediately, it could be rust and could cause food borne illness.</p> <p>A review of the U.S. Food and Drug Administration's (FDA) Food Code 2022, Section 4-101.11 Equipment Characteristics, the Food Code indicated food-contact surfaces and utensils are to be clean to sight and touch and utensils and food contact surfaces of equipment are to have a smooth, easily cleanable surface and resistant to scratching, pitting, chipping, crazing, scoring, distortion and decomposition.</p> <p>(continued on next page)</p>		

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 01/31/2025
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>7. On January 28, 2025, at 10:28 am., during a concurrent observation in the kitchen and interview with the RD, two cracked tiles and one broken tile were observed at the dishwashing area. The RD stated there should not be cracked or broken tiles, as it can be a fall hazard, an infection issue, food particles can get trapped in the crevices and could attract pests.</p> <p>A review of the facility's policy and procedure titled, Physical Plant Interior Maintenance, undated, indicated, . All interior areas of the building are inspected within a one-month period to ensure proper condition and function .check all areas of ceramic/vinyl flooring for repairs and cleanliness .</p> <p>8. On January 28, 2025, at 9:14 a.m., in the second dry storage room a concurrent observation and interview with the RD was conducted. There were four jackets hung on the rack in the second storage room. The RD stated the rack was not designated for personal items but was to be used only to store paper goods. The RD stated personal items if stored in storage rooms can cause cross contamination.</p> <p>A review of the facility's policy and procedure titled, Personal Belongings Storage Guidelines, undated, indicated, .The company shall make a secure space available where employees can store their personal belongings during their working hours .The employee may store belonging in the employee lounge(s), designated space/area in the nurses' station(s), and designated offices during working hours .</p> <p>9. On January 28, 2025, at 9:00 a.m., during a concurrent observation of the kitchen and interview with the DSS, there was one worn out yellow cutting board with scratches and brownish black grime on the cutting board. The DSS stated when the cutting board was rough to touch with scratches, it can cause cross contamination and should be discarded.</p> <p>A review of the U.S FDA (Food and Drug Administration) Food Code 2022, Section 4-501.12 Cutting Surfaces, the FDA Food Code indicated, Cutting surfaces such as cutting boards and blocks that become scratched and scored may be difficult to clean and sanitize. As a result, pathogenic microorganisms transmissible through food may build up or accumulate. These microorganisms may be transferred to foods that are prepared on such surfaces.</p> <p>10. On January 28, 2025, at 9:41 a.m., during an observation of food preparation, the [NAME] (Cook 2) placed a box of defrosted raw chicken on the prep table and pink defrosted water from the box dripped on the prep table. After the prepping was completed, [NAME] 2 cleaned the prep table using only sanitary wipes.</p> <p>On January 29, 2025, at 8:24 a.m., during an interview with the RD, the RD stated after use, the prep table had to be washed with soap and water at 125 F, next clean with a dry towel, then sanitize with a sanitizer cloth and air dried. The RD further stated if the kitchen was not cleaned properly, it was a hazard for food borne pathogen and had to follow the steps of wash, rinse and sanitize.</p> <p>A review of the facility's policy and procedure titled, Dietary Cleaning, undated, indicated, .Proper cleaning and sanitation of equipment ensures removal of residual food, chemicals, and bacteria .</p>		

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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.			
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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Dispose of garbage and refuse properly.</p> <p>44504</p> <p>Based on observation, interview and record review, the facility failed to dispose of garbage and refuse properly when trash was found outside on the floor surrounding the dumpsters, and the lids of the dumpsters did not close properly.</p> <p>This failure had the potential to attract pests and cause infection control issues.</p> <p>Findings:</p> <p>On January 27, 2025, at 8:41 a.m., an observation was conducted outside back kitchen at dumpster area. There were three dumpsters, a white color recycle dumpster and another two black color dumpsters for trash. The recycle dumpster's lid and one of the trash dumpster's lids were not close. Trash (used gloves, used fork, napkins, opened cut boxes) was found on floor surrounding the dumpster area.</p> <p>On January 27, 2025, at 9:43 a.m., a concurrent observation and interview was conducted with the Dietary Services Supervisor (DSS) outside back kitchen at the dumpster area. The DSS acknowledged trash was found on floor surrounding the dumpster area. The DSS stated dumpsters' lids needed to close properly all the time otherwise would attract pests and cause infection control issues.</p> <p>On January 29, 2025, at 8:38 a.m., an interview was conducted with the Registered Dietitian (RD). The RD stated dumpsters' lids needed to close all the time to minimal the smell, prevent attract pests and infection control issue. The RD further stated surrounding dumpster area needed to be kept clean.</p> <p>During a review of the facility's Policy and Procedure (P&P) titled, Pest Control, dated 2018, the P&P indicated, .Keep the dumpster, waste removal and trash storage areas clean and sanitized. Trash receptacles will .kept covered at all times .The lid of the dumpster should be closed at all times .</p>		

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NAME OF PROVIDER OR SUPPLIER Monterey Palms Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 44610 Monterey Avenue Palm Desert, CA 92260	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<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** 51080</p> <p>Based on observation, interview, and record review, the facility failed to follow infection control measures for one of 19 residents reviewed for infection (Resident 507) who required contact isolation precautions (method to prevent the spread of serious illnesses that can be transmitted by direct or indirect contact), when multiple staff members were observed entering and exiting the resident's room without following contact isolation precautions.</p> <p>This failure had the potential to result in spreading infection to a vulnerable resident population.</p> <p>Findings:</p> <p>On January 29, 2025, at 2:22 p.m., Certified Nursing Assistant (CNA) 2 was observed entering Resident 507's room answering a call light and providing Resident 507 with water. CNA 2 did not wear appropriate PPE (Personal Protective Equipment - gown, gloves, mask) while in the room of Resident 507.</p> <p>On January 29, 2025, at 3:32 p.m., CNA 3 was observed entering Resident 507's room to perform vital sign monitoring. CNA 3 did not use a disposable blood pressure cuff, did not wear PPE, and utilized orange top Sani-wipes (bleach wipes) to perform hand hygiene upon leaving the contact isolation room.</p> <p>On, January 29, 2025, at 4:07 p.m., during an interview with CNA 3, CNA 3, stated that PPE only needs to be worn when there is patient care is being done, quick interactions like taking blood pressure readings and answering call lights are not necessary. She stated the only acceptable hand hygiene is washing hands or using the supplied hand sanitizer. She also stated the use of non-disposable medical devices should be acceptable if cleaned properly. CNA 3 was unable to state the proper way to disinfect equipment.</p> <p>On January 30, 2025, at 12:10 p.m., during an interview with Licensed Vocational Nurse (LVN) 2, LVN 2 stated any time you enter a room with contact precautions, you must wear all associated PPE.</p> <p>Resident 507's record was reviewed. Resident 507 was admitted to the facility on [DATE], with diagnoses that included Urinary Tract Infection (UTI).</p> <p>The physician's order dated January 21, 2025, indicated, Contact isolation ESBL (Extended-spectrum beta-lactamases - a hard to treat bacterial infection) .in urine .</p> <p>A record review of the facility policy and procedure title, Transmission Precaution: Contact, undated, indicated, .Wear a clean, non-sterile gown upon entering a resident's room .Dedicate the use of non-critical resident care equipment (stethoscope, sphygmomanometer [blood pressure cuff], bedside commode or glass thermometer) to a single resident .</p>		