

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555417	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/14/2025
NAME OF PROVIDER OR SUPPLIER Desert Regional Medical Center D/P Snf		STREET ADDRESS, CITY, STATE, ZIP CODE 1150 North Indian Canyon Drive Palm Springs, CA 92262	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37536</p> <p>Based on interview and record review, the facility failed to notify the resident ' s representative, of a transfer to the Emergency Department (ED) for further evaluation of agitation for one of three residents (Resident 1).</p> <p>This failure resulted in Resident 1 ' s Representative not being informed of the transfer to the ED, limiting their ability to participate in the resident's medical care decisions to the extent deemed possible.</p> <p>Findings:</p> <p>On January 9, 2025, an unannounced visit was made to the facility for a quality of care issue.</p> <p>A review of Resident 1 ' s, Face Sheet, undated, indicated, resident was admitted to the facility on [DATE], with an admitting diagnosis of a resistive organism fungemia (fungal infection in the blood).</p> <p>On January 9, 2024, at 3:00 p.m., an interview was conducted with the Director of Nursing (DON). The DON stated, the document, Appointment of Personal Representative (APR), is part of the admission packet. The DON verified, this document allowed the resident to appoint a representative to be notified in case of an emergency or to make healthcare decisions on the resident's behalf if the resident is deemed confused or incapacitated.</p> <p>A review of Resident 1 ' s Appointment of Personal Representative, dated, December 13, 2024, untimed, indicated, . I do wish to appoint a Personal Representative . Further review of the document indicated Representative 1 was listed as resident ' s personal representative.</p> <p>A review of Resident 1 ' s Nursing Narrative, dated December 13, 2024, indicated, . (Resident 1) (transferred to) ED per (Doctor) . (resident) very restless/agitated . multiple attempts to crawl (Out of Bed) . Further review of Resident 1's nursing narrative revealed no documentation indicating that Resident 1's representative was notified of the transfer by RN 1.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 555417
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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On January 9, 2025, at 5:15 p.m., a concurrent interview with the DON, and a review of Resident 1 ' s APR, Nursing Narratives, and Notification/Transfers, was conducted. The DON stated, if a resident is deemed too confused to notify their family or representative of a transfer, staff should notify the resident's appointed representative. The DON stated, the staff should document the notification in the resident ' s medical record under the Notification/Transfers section. The DON stated, Resident 1 was transferred to the ED on December 13, 2024, at 6:30 p.m., and notification of the transfer was not documented in Resident 1's medical record.</p> <p>On January 13, 2025, at 1:37 p.m., an interview was conducted with RN 1. RN 1 stated, the staff should notify the resident's appointed representative when the resident is unable to notify their family or representative. RN 1 stated, he would document the notification of the resident's representative in the Nursing Narrative note. RN 1 stated, he was Resident 1 ' s assigned nurse on the day the resident was transferred to the ED (December 13, 2024 at 6:30 p.m.). RN 1 stated, prior to the transfer, Resident 1 was combative, agitated, and confused. RN 1 stated, he received orders to transfer Resident 1 to the ED for further evaluation. RN 1 stated, he forgot to notify Resident 1 ' s Representative about the transfer to the ED.</p> <p>On January 14, 2024, at 10:30 a.m., an interview was conducted with the DON, who stated, RN 1 should have notified Resident 1 ' s Representative because resident was in no condition (restless & agitated) to notify their representative herself.</p> <p>A review of the facilities Policy & Procedure, Resident Rights, approved, April 23, 2021, indicated, . Policy: The patient has a right to . D. A patient who had not been adjudged incompetent by the state court: 1. Has the right to designate a representative, in accordance with State law and any legal surrogate so designated may exercise the patient ' s rights to the extent provided by state law . L. Be notified immediately on changes such as: 4. When there is a decision to transfer or discharge the patient . 7. The facility shall also contact the patient representative if the patient so chooses. If patient is deemed incompetent the representative shall be notified consistent with this or her authority .</p>