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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                     | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>555443 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing  | (X3) DATE SURVEY COMPLETED<br><br>08/29/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>HI-Desert Medical Center D/P Snf |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>6601 White Feather Road<br>Joshua Tree, CA 92252 |  |

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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |
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| <p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47206</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure call lights were answered in a timely manner to provide care and services for two of three residents (Resident 1 and Resident 2).</p> <p>This failure has the potential to jeopardize the health and safety of clinically compromised Residents (Resident 1 and Resident 2) when their requests for assistance with activities of daily living were not responded to promptly.</p> <p>Findings:</p> <p>During a concurrent observation and interview on August 29, 2024, at 1:50 PM. Resident 1 was found seated in a wheelchair in his room, it was noted that Resident 1 relied solely on the wheelchair for mobility. Resident 1 stated, It takes a long time, sometimes up to two hours for staff to answer the calls for help.</p> <p>During a review of Resident 1's clinical record, the face sheet (contains demographic and medical information), indicated Resident 1 was admitted on [DATE]. A review of history and physical (H&amp;P - a formal assessment of a patient ' s health that includes an interview, physical exam, and summary of tests.) dated July 22, 2024, at 6: 53 PM, H&amp;P indicated Resident 1 had a diagnosis that included paraplegia (a paralysis that affects the legs, but not the arms).</p> <p>During a review of the clinical record for Resident 1 ' s the Brief Interview for Mental Status (BIMS- screening tool to identify and monitor cognitive decline), dated June 2, 2024. Resident 1 ' s score was a 15, which indicated Resident 1 had no mental impairment.</p> <p>During a review of Resident 1's MDS Section G (Functional Status), dated June 22, 2024, the MDS Section G indicated, Resident 1 was totally dependent for transfers to and from bed (or wheelchair).</p> <p>During a concurrent observation and interview on August 29, 2024, at 2:15 PM, Resident 2 was found lying in her room with the commode positioned at the foot of her bed. Resident 2 indicated she relied on staff assistance for commode use as needed. Resident 2 also stated, The response time for the call light varies, sometimes the staff are prompt and sometimes the wait time could last half an hour to 45 minutes, depending on who is working.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| NAME OF PROVIDER OR SUPPLIER<br><br>HI-Desert Medical Center D/P Snf   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>6601 White Feather Road<br>Joshua Tree, CA 92252 |  |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |   |  |
| <p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>During a review of Resident 2's clinical record, the face sheet (contains demographic and medical information), indicated Resident 2 was admitted on [DATE]. A review of history and physical (H&amp;P - a formal assessment of a patient ' s health that includes an interview, physical exam, and summary of tests.) dated August 7, 2024, at 7:05 AM. H&amp;P indicated Resident 2 had a diagnosis that included lung cancer that has metastasized to the bone (occurs when cells in the lungs[pair of organ that supply the body with oxygen and remove carbon dioxide] grow out of control and form tumors that prevent the lungs from working, the cancer also spreads to the bones).</p> <p>During a review of Resident 2's MDS Section G (Functional Status), dated June 16, 2024, the MDS Section G indicated, Resident 2 was totally dependent for shower/bath self: the ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair) does not include transferring in/out of tub/shower; and upper body dressing: The ability to dress and undress above the waist, including fasteners, if applicable.</p> <p>During a review of the clinical record for Resident 2, the Brief Interview for Mental Status (BIMS- screening tool to identify and monitor cognitive decline), dated June 16, 2024, indicated, Resident 2 ' s score was a 15, which indicated Resident 1 had no mental impairment.</p> <p>During an interview with the director of nursing (DON 1) on August 29, 2024, at 3:17 PM, DON 1 stated that call lights should be answered in a timely manner. However, when asked for the facility ' s policy regarding call lights, none was provided.</p> <p>During a telephone interview with the administrator (ADM 1) on September 10, 2024, at 1:28 PM, ADM 1 confirmed that the facility does not have a specific policy in place on call lights.</p> |   |  |