

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555443	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/22/2025
NAME OF PROVIDER OR SUPPLIER HI-Desert Medical Center D/P Snf		STREET ADDRESS, CITY, STATE, ZIP CODE 6601 White Feather Rd 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 (Each deficiency must be preceded by full regulatory or LSC identifying information)
<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>(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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews, Record Review and observation, the facility failed to follow policy and procedure to provide services in a timely manner to 1 out of 4 residents to avoid physical harm, pain, mental anguish and emotional distress. This failure had the potential to compromise the residents' health, safety, psychosocial wellbeing and overall quality of care, when the resident was left soiled, and their activities of daily living were not met in a timely manner. Based on interviews, Record Review and observation, the facility failed to follow its policy and procedure to provide services in a timely manner to 1 out of 4 residents to avoid physical harm, pain, mental anguish and emotional distress. This failure had the potential to compromise the residents' health, safety, psychosocial wellbeing and overall quality of care, when the resident was left soiled, and their activities of daily living were not met in a timely manner. FINDINGS: During a record review of Resident's 1's admission record (general Demographics), the document indicated the resident was admitted to the facility on [DATE], with a diagnosis to include blunt abdominal trauma (an injury to the abdomen caused by a forceful impact, fall, or attack with a dull object, rather than a sharp object) non-displaced C-5 and C-7 fractures (a nondisplaced C5 and C7 fracture means that there is a break in the fifth and seventh vertebrae of the neck, but the bones have not moved out of their normal position, anxiety (Anxiety is a feeling of fear, dread, and uneasiness. It might cause you to sweat, feel restless and tense, and have a rapid heartbeat) right upper arm partial thrombus (a blood clot, called a thrombus, that forms in a blood vessel but does not completely block it; instead, it only partially obstructs blood flow), (and tracheostomy (a surgical procedure that creates an opening in the trachea (windpipe) to provide an airway for breathing). During an interview with the Director of Nursing (DON), she stated the incident regarding Registered Nurse 1 (RN) not helping the resident at the time she needed help. She stated there was no reason why he did not help her or at the very least tell a Certified nursing assistant (CNA) that the resident needed help. During a Record Review of the 5-day F/U (follow up) investigation on September 4, 2025, conducted by the Chief Nursing Officer (CNO) of the Hospital, it indicated Registered Nurse 1, interviewed regarding allegation of abuse. He stated that he remembers the incident, the unit was short staffed. He remembers the patient waving her hand at him and he remembers the call light being on and thinking that it was the patient in the other bed who is not his patient. He said that when he realized it was Resident 1, he asked her what she needed, and she did not speak clearly so he asked her to write it down. Resident 1 did not write it down, so he went on about his business until the Respiratory Therapist told him Resident 1 needed to be changed. It also indicated that on September 5, 2025 Decision to bring Registered Nurse 1(RN) back to work. He did fail to follow up on a patient call light. Leave without pay will stand due to failure to respond in a timely manner to patient needs. Final written warning to be issued. No other issues on file for the staff member. Education regarding expectations for patient responsiveness and call light response given. During a review of the facility's policy and procedure titled, Resident abuse, neglect prevention, investigation and reporting, Revised June 16, 2021, it indicated The resident has the right to, AH). Be provided good personal hygiene and be given care to prevent bedsores, and measures shall be used to prevent and reduce incontinence for each patient. HSC S1599.1(b).</p>		