

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 02/11/2026
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)		
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on interview, and record review, the facility failed to report an allegation of abuse within 24 hours for one of three sampled residents (Resident 1). This failure prevented the appropriate state agencies from ensuring that the facility was taking the necessary actions to protect Resident 1 and other residents from actual or potential harm. Findings: During a review of the facility's Report of Suspected Dependent Adult/Elder Abuse (SOC 341, in California, it is a confidential form used to report suspected abuse or neglect of seniors or dependent adults. Mandated reporters must submit this form to local authorities within two working days of witnessing or suspecting harm), dated January 21, 2026, the SOC 341 indicated the allegation of Psychological/Mental (mind, emotion, and behavior) abuse toward Resident 1 was identified on January 13, 2026, and was reported to the Ombudsman (a state-certified advocate dedicated to protecting the rights, safety, and quality of life of the residents) and the California Department of Public Health (CDPH) on January 21, 2026 (8 days after the incident). During an interview on January 30, 2026, at 2:30 PM, with the Director of Nursing (DON), the DON stated, I was out of town, and the Dietary Supervisor wrote it [Report] as a Grievance and handed it to [the Social Worker (SW)], who placed it in my mailbox. On (January 21, 2026), I read the Grievance and realized it should have been reported as an allegation of abuse and promptly filed an SOC 341 on (January 21, 2026). The DON further stated, there was a delay in reporting. The DON stated the negative outcome for the delay in reporting may not protect Resident 1 and other residents from the potential harm. The DON further stated that the expectation is that all mandated reporters (All employees of a long-term care facility, including support, security, and maintenance staff, regardless of whether they are paid or unpaid) report any allegation of abuse. During a concurrent interview and record review on January 30, 2026, at 2:30 PM, with the DON, the facility's policy and procedure (P&P) titled, Resident Abuse, Neglect Prevention, Investigation and reporting, dated October 18, 2021, was reviewed. The P&P indicated, PURPOSE: To outline the facility and staff's responsibility to establish and maintain a safe environment for our residents. In pursuant to federal and state law, abuse in all of its forms is prohibited .C. Investigate and Report any such allegation of abuse and reasonable suspicion of crime pursuant to all Federal, State, and local laws to the appropriate authorities S483.12(b)(2) .IN THE EVENT OF AN INCIDENT OR ALLEGATION OF ABUSE: Staff member's responsibility: .E. Reporting is the individual responsible of the mandated reporter. No one may prohibit the filing of a required report .Charge Nurse or Supervisor Responsibility: .F. Notify the Skilled Nursing Facility Director of Nursing immediately. If unable to reach or if after hours, notify the House Supervisor and Hospital Administrator on call .E. All allegations of abuse that result in serious bodily injury are reported immediately, but no later than 2 hours after the allegation is made to the administrator of the facility, the State Survey Agency (COPH) and the ombudsman in accordance with State law through established procedures. F. All allegations of abuse that DO NOT result in serious bodily injury are reported within 24 hours to the administrator of the</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: 555443	Facility ID: 555443 If continuation sheet Page 1 of 2

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 02/11/2026
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)		
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	facility, the State Survey Agency (CDPH) and the Ombudsman in accordance with State law through established procedures. S483.12(c)(1), Sec. 11508. [42 U.S.C. 1320b-25] (b)(2). The DON stated the P&P was not followed because as mandated reporters, the individual must report any observation, knowledge of or reasonably suspected abuse to the Ombudsman and CDPH within 24 hours.		