

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 03/11/2026
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)
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to investigate and monitor the use of illegal substances (drug or chemical that the government has made against the law to have, use, or sell) for one of three sampled residents (Resident 1), when Resident 1 tested positive for marijuana (most common name of the cannabis plant, widely used either for its mind-altering effect or for medical purposes). This failure had the potential to pose a safety hazard to Resident 1 and other residents in the facility. Findings: During a review of Resident 1's face sheet (which contains demographic and medical information) indicated Resident 1 was admitted to the facility on [DATE], with diagnoses that included paraplegia (paralysis of the lower half of the body), and multiple sclerosis (a condition where the body mistakenly attacks the nerves, making it harder for the brain to send messages to the rest of the body). During a review of Resident 1 ' s Minimum Data Set (facility assessment tool), dated January 12, 2026, under Section C, it indicated Resident 1's Brief Interview for Mental Status (BIMS-screening tool to assess a resident's cognition) score was 15. (A BIMS score of 13 to 15 suggests the patient is cognitively intact.) During a review of Resident 1's Nurse's Note, dated December 22, 2025, it indicated, Resident was acting impaired after coming in from smoking, new order for UA (Urine Analysis tests that looks at the appearance of urine and checks for other substances in it.) from [Name of doctor] for drug screen may straight cath [straight catheter or in-and-out catheter]. During a review of Resident 1's doctor's order, dated December 22, 2025, it indicated, Urinalysis with Microscopic Examination if Indicated (UA with Microscopic if Indicated) Urine, Straight cath, Routine collect, Nurse collect, Collection Date 12/22/2025 (December 22, 2025) . Drug screen [a test to check if someone has drugs in their body]. During a review of Resident 1's laboratory results, dated December 22, 2025, it indicated Resident 1 was positive for cannabis (marijuana). During an interview on March 11, 2026, at 11:10AM, with Resident 1, Resident 1 stated she occasionally uses marijuana, which was not prescribed to her. She stated she used to smoke marijuana in the designated smoking area. She further stated that the facility and the staff were not aware of her use of marijuana. During a concurrent telephone interview and record review on March 16, 2026, with the Director of Nursing (DON), the DON reviewed the facility's policy and procedure, titled Corporate Policy, dated June 19, 2023, which indicated, .Ill. Definitions: Illegal Substance: Any illegally possessed controlled substance, drug (e.g., marijuana, cocaine, heroin, etc.), drug paraphernalia or unprescribed drugs for which prescriptions are required.B. Investigation 1. The use of Illegal Substances by patients presents a significant threat to the patients' welfare and places the Facility in a position that may result in potential liability. Therefore, the initial investigation should focus on identifying the person responsible for bringing the suspect item into the Facility and whether a patient used or had access to the item. The DON stated they did not investigate to see if there were any illegal substances in Resident 1's room, and according to policy, an investigation should have been done since the resident's drug test came back positive. She acknowledged that conducting the investigation was important because Resident 1 uses an electric wheelchair and could be a safety hazard to herself and others if she was under the influence.</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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