

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 04/29/2026
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>Based on interview and record review, the facility failed to provide sufficient number of nursing staff in accordance with its policy when the required number of Certified Nursing Assistant (CNAs) was not met for three consecutive days (April 10, 2026. through April 12, 2026). This failure had the potential to result in unmet resident's needs, such as psychosocial, physical needs, and safety concerns for 78 vulnerable residents. Findings: During an interview on April 13, 2026, at 10:25 AM, with Resident 2, Resident 2 stated, I usually don't call because sometimes it takes a long time for someone to come. During an interview on April 13, 2026, at 10:35 AM, with Certified Nursing Assistant (CNA 1), the CNA 1 stated, We [the facility] usually work with not enough CNAs. During an interview on April 13, 2026, at 10:45 AM, with Certified Nursing Assistant (CNA 2), the CNA 2 stated, We have been working with short CNAs, but it is better today. During a telephone interview on April 13, 2026, at 10:50 AM, with the License Vocational Nurse (LVN 1), LVN 1 stated, We have been working with short nurses lately. During a concurrent interview and record review on April 13, 2026, at 11:20 AM, with the Director of Nursing (DON), the DON reviewed the facility's staffing assignments and nursing hours per patient day (NHPPD) - direct care service hours per patient day (DHPPD) staffing requirements of which a minimum of 2.4 hours per patient day shall be performed by CNAs, from April 10, 2026, through April 12, 2026, were reviewed with the Director of Nursing (DON). The staffing assignment and nursing hours indicated the hours to provide 3.5 nursing hours per patient day were not met on the following dates: April 12, 2026 - actual CNA NHPPD was 2.03 hours (short by 1.47)April 11, 2026 - actual CNA NHPPD was 1.87 hours (short by 1.63)April 10, 2026 - actual CNA NHPPD was 1.79 hours (short by 1.71) The DON acknowledged the facility did not meet the staffing requirements on the above dates and emphasized the necessity of adequate staffing for patient safety. During a concurrent interview and review of the facility ?s policy and procedure (P&P) titled, DP SNF [Distinct Part Skilled Nursing Facility] STAFFING GUIDELINES dated, April 2018, the P&P indicated, .PURPOSE: To ensure HDMC D/P SNF [Name of facility] provides the adequate provision of nursing hours required for each resident while in the facility. POLICY: In order to provide both optimal quality and well-coordinated patient care. The DON stated, We do have problem with staffing.</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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