STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555443	A. Building B. Wing	06/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HI-Desert Medical Center D/P Snf	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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility did not ensure services to increase range of motion (measurement of how far you can move a body part) or to prevent further decrease in range of motion were provided for three of three sampled residents (Resident 1, 2 and 3), when Resident 1, 2 and 3 were assessed for but not provided the services as ordered for the Functional Maintenance Program (FMP -formally the Restorative Nursing Assistance program or RNA- a program to aim to help residents in the long-term care to maintain the highest level of functioning like bed mobility, transfer walking, dressing etc.) after discharged from Physical Therapy and (PT- a branch of rehabilitative health that uses specially designed exercise to help residents regain or improve their physical abilities) and Occupational Therapy (OT-a branch of rehabilitative health that focuses on improving the patient's ability to perform activities of daily living such as bathing, toileting, eating, personal hygiene, etc.) This failure had the potential to contribute to Resident's 1, 2 and 3's decline in range of motion and could have limited to function independently with comfort and quality of life.1. During a review of Resident 1's admission Records (general demographics information), the admission Records indicated Resident 1 was admitted to the facility on [DATE], with diagnoses which included quadriplegia (partial or total loss of motor an sensory function in all limbs and torso), muscle spasms (sudden involuntary contractions of a muscle that cannot relax), and neurogenic bladder dependent on foley (poor bladder control, inability to empty the bladder and depend on an urinary catheter). During an interview on June 16, 2026, at 11:13 AM, with Resident 1, Resident 1 stated, The RNA program stopped. Functional Maintenance Program (FMP) only helps me put on my shirt and shorts, there is no stretching, there is nothing else, all that other stuff is gone. I addressed this issue at the resident council meeting. Resident 1 further stated the facility responded by State said it was OK and his right knee was turning in, had muscle spasms and felt worse, Resident 1 stated he and other residents were not receiving any RNA or FMP services for some time now and the facility was aware. During a review of Resident 1's medical records indicated as follows: a) Order sheet Restorative Program Active Range of Motion (ROM) (measurement of how far you can move a body part), dated December 30, 2025, no, Leg stretches, hand stretches. b) Rehab Note dated May 06, 2026, 1607 (4:07 PM): FMP (formally RNA program) voiced his concerns of not having RNA within last 4 weeks when he has an order for 3x (tree times) week. He (Resident 1) is aware of the transition to FMP and is not happy about this. He (Resident 1) remains appropriate for the continued manual stretching. ROM of both Upper Extremities and Right Lower Extremities . c) Rehab Note dated May 14, 2026, 1709 (5:09 PM): Therapist visited this patient (Resident 1) in the am (morning) and provided Passive Range of Motion PROM (therapist of technique moves patient joint without any muscular effort) to all 4 (extremities)'s as indicated.Patient (Resident 1) informed the therapist that he has not stretched in weeks since there is no longer an RNA program. Therapist attempted to secure patients Certified Nursing Assistant (CNA) for training, but CNA was unavailable at the time. Patient can benefit from continued ROM and stretching activities with nursing. d) Rehab Discharge to Nursing-Plan of Care (outline medical, supportive and daily living services a patient needs) dated May 19, 2026: FMP, goal Resident will (continued on next page)

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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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	maintain current level of function in arms and legs range stretch, function (eating self) interventions: Both arms are tight, has right leg spasms, left leg postures into internal rotation and abduction, Stretch. Abductor pillow has been recommended to keep hips more open. Transfers Dependent Hoyer (mechanical device that helps transfer individuals between surfaces), Out of Bed (OOB) usually to powerchair (motorized mobility devices, electric wheelchair). Passive ROM to both arms and legs, slow sustained stretches. The facility did not provide a care plan addressing RNA, FMP Therapy, ROM, for Resident 1 and did not provide documented evidence of FMP or ROM services being delivered. 2. During a review of Resident 2's admission Records, the admission Records indicated Resident 2 was admitted to the facility on [DATE], with diagnoses which included quadriplegia (partial or total loss of motor an sensory function in all limbs and torso), neurogenic bladder dependent on foley (poor bladder control, inability to empty the bladder and depend on an urinary catheter) and hypertension (high blood pressure). During an interview on June 16, 2026, at 11:23 AM, with Resident 2, Resident 2 stated, the doctor wrote a prescription 2 days ago for Therapy and RNA and no one has done anything. Resident 2 stated he had been at the facility for over a year and was supposed to have RNA services but did not receive for a really long time. During a review of Resident 2's medical records indicated as follows: a) Rehab Note dated May 05, 2026, 4:43 PM: FMP (formally RNA program) . He (Resident 2) would benefit from manual ROM via FMP at this time. He (Resident 2) needs to participate when they offer services, or he (Resident 2) will be removed from services. Reassess in 6-12 months. b) Rehab Discharge to Nursing-Plan of Care dated May 19, 2026: FMP, goal Resident (Resident 2) will maintain current level of function in hips, shoulders. Function Total Care, Bilateral feet are in plantar flexion, pelvis rotated to right. Active ROM/PROM: Both hips are tight, arms and knees. The facility did not provide a care plan addressing RNA, FMP Therapy, ROM, for Resident 2 and did not provide documented evidence of FMP or ROM services being delivered. 3. During a review of Resident 3's admission Records, the admission Records indicated Resident 3 was admitted to the facility on [DATE], with diagnoses which included quadriplegia (partial or total loss of motor an sensory function in all limbs and torso), muscle spasms (sudden involuntary contractions of a muscle that cannot relax) and seizures (disturbance in brain to cause sudden involuntary body movements). During a review of Resident 3's medical records indicated as follows: a) Rehab Note dated May 06, 2026, 2:37 PM: FMP (formally RNA program) Review, Patient (Resident 3) is well known to this therapist.He (Resident 3) remains with spasms.He (Resident 3) is appropriate to continue with FMP to address ROM to both Upper Extremities and Lower extremities, seated forward trunk leans and side to side. b) Rehab Discharge To Nursing-Plan of Care dated May 19, 2026: FMP, goal Resident (Resident 3) will maintain current level of function in leg and arm ROM so he (Resident 3) can use power chair, function (total Care), locomotion, uses power wheelchair.has been assessed by PT (Physical Therapy), transfers Hoyer lift, passive ROM focus on left arm and leg, can stretch both. The facility did not provide a care plan addressing RNA, FMP Therapy, ROM, for Resident 3 and did not provide documented evidence of FMP or ROM services being delivered. During a review of the document titled, Resident Council (meetings for group of residents in a nursing home to share concerns, plan activities and help improve quality of life while in facility) Sign in and Acknowledgement, dated May 12, 2026, and June 09, 2026, indicated, RNA cannot be replaced with FMP and Neither RNA or FMP are currently happening During a review of the document titled, Lesson Plan (plan prepared to teach a lesson), Topic: Range of Motion, dated January 2026, it indicated, Topic: We will identify all residents that are currently on a RNA program and place them on the FMP. All staff CNA, nursing and rehab) will receive an in-service on the FMP. [Facility name] is no longer utilizing RNAs alone, all CNAs are responsible for doing the FMP with their assigned residents. All CNAs will be shown all tasks necessary for the FMP. They will be required to complete a competency checklist. CNAs will be provided with assignment sheets to reflect the specific functional maintenance restorative task required to each shift. Audience RNs, LVNs (staff and travelers). Any staff who are not scheduled for an extended period, on a leave of absence or who have not received (continued on next page)

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	the education will be in-serviced upon return to the facility and prior to providing patient care. During a review of the document titled, Functional Maintenance Program Individualized CNA Restorative Care Plan Sheet (fill in sheet), the Plan sheet (Fill in sheet, to be Filled out by CNAs for FMP services being provided) (Facility could Not provide Documentation of Services provided for Residents on FMP list). During an interview on June 16, 2026, at 11:43 AM, with Certified Nursing Assistant (CNA 1), CNA 1 stated, I did not get the training on FMP. I have not done anything to my residents. I watched the RNAs before doing the range of motion for residents. During an interview on June 16, 2026, at 11:50 AM, with Certified Nursing Assistant (CNA 2), CNA 2 stated, I'm not too certain about the difference of RNA and FMP. We did not get training. They just threw this at us. We don't have a list but on the resident's door it has if they have FMP. We do not document the FMP services. Before we had 1 RNA for mornings. For both units. They would pull RNAs just to do that and focus on that service. There is not enough time to do the FMP for the CNAs. We could do ROM. It's supposed to be done daily. But we are running short. During an interview on June 16, 2026, at 11:50 AM, with License Vocational Nurse (LVN), stated, Apparently this was implemented when the CNAs are already overworked. They now have to add FMP to their workload; this is not possible. The residents are not getting what they need with FMP. There were RNAs assigned to do the services, but now they want the CNAs to do this. I will say these residents are not getting FMP services. During an interview and record review on June 16, 2026, at 12:32 PM, with the Administrator (Admin), the Admin stated, previously the RNAs had a list and paper to document on but not anymore. The Admin stated she could not show if the residents have been or are currently getting the services and the facility does not have a signing sheet for the lesson plan or in-services provided. Overseeing the FMP program was the responsibility of both departments of Rehab and the Director of Staff Development (DSD) with Administrator monitoring. The Admin further stated there was no job description for FMP, and it was all taught in the C.N.A. courses to be licensed/certified. During a review of the facility's policy and procedure (P&P) titled, Functional Maintenance Program, dated October 2023, the P&P indicated, To provide a structured program of nursing interventions that prevent or slow the decline of a resident's functional status. This policy ensures that maintenance activities are performed safely, effectively, and in accordance with individualized care plans. -Desert Continuing Care Center; . This policy applies to all CNAs and specialized Restorative. Individualized Plan: Each resident in the program must have a written Functional Maintenance Plan detailing specific goals, techniques, and precautions. Supervision: CNAs performing these tasks must be supervised by a Licensed Nurse, with therapists providing consultation as needed. 4. CNA Responsibilities, Adherence to Plan: Follow the specific exercises or activities (e.g., Range of Motion, ambulation, or AOL support) as outlined in the care plan. Nursing Assistants (RNAs) trained to provide restorative or maintenance services. 5. Documentation requirements Daily Records: CNAs must document every session, including the specific activity performed, the duration (in minutes), and the residents' response or level of participation. Reporting Decline: Any significant change or decline in a resident's ability to perform the program must be reported and charted to justify a reassessment by a licensed professional. 6. Training & Competency Only CNAs who have completed specialized training in restorative techniques may be assigned to lead formal FMP/RNP sessions. Annual competency evaluations will be conducted to ensure staff maintain proper technique and safety standards.