

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555742	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/04/2024
NAME OF PROVIDER OR SUPPLIER Desert Mountain Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 47-763 Monroe Avenue Indio, CA 92201	

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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46145</p> <p>Based on observation, interview and record review, the facility failed to maintain environmental conditions that could keep insects from entering the building, as evidenced by one window screen was missing, other screens were observed to have tears and gaps, and the entrance and exit doors also had gaps large enough for a fly or other insect to enter the facility.</p> <p>This failure could result in insects coming in to the resident's rooms and other areas of the facility frequented by the residents which could potentially cause health problems to vulnerable residents.</p> <p>Findings:</p> <p>On June 3, 2024, at 8:15 a.m., an unannounced visit was made to the facility for a Quality-of-care issue.</p> <p>On June 3, 2024, at 11:00 a.m., an interview was conducted with the Maintenance Supervisor (MS), the MS stated he tours the outside of the facility once a month, to ensure all doors latch and close entirely with no visible gaps or openings.</p> <p>On June 3, 2024, at 11:05 a.m., a concurrent observation of the front door, and interview with the MS was conducted. The MS verified, the front door was not completely closed or latched, and a large gap was present on the top left corner. The MS stated, the front door was still locked, and that was the reason the door did not close all the way. The MS further stated, the front door must not have been unlocked by the charge nurse that morning.</p> <p>On July 3, 2024, at 11:10 a.m., a concurrent observation of the front door, and interview with the Director of Nursing (DON) was conducted. The DON verified the front lobby door was not completely closed, as it was still locked. The DON further verified the door had a gap at the top corner, large enough for a fly or insect to enter the facility. The DON stated, the procedure for the front door is for it to be locked at 5:00 p.m., and unlocked at 7:00 a.m., by the Charge Nurse on duty.</p> <p>On June 3, 2024, at 11:19 a.m., an interview was conducted with the DON. The DON stated her expectations were for the facility window screens to be fully intact with no holes or gaps. The DON further stated, it is the facility 's policy for all screen to be intact.</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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On June 4, 2024, at 11:35 a.m., a concurrent observation of the facility windows and doors, and interview was conducted with the DON. The DON verified the following observations:</p> <ul style="list-style-type: none"> - Lunch staff lounge: Window screen with large gap. - Small dining room: No screen on the window. A fly noted on the inside (facility side) of the window. - rooms [ROOM NUMBERS] from outside: Window screens with holes. - Hall window across from dining room: Window screen with large gap. - 100, 200, 300 hallway exit doors: Gaps observed bottom of the doors, left and right top corners. <p>A review of the facility Policy & Procedure, titled, Environmental Conditions/Environmental Rounds, revised, December 2019, indicated, .It is the policy of this facility that the facility must provide a safe, functional, sanitary, and comfortable environment for residents . The following environmental conditions shall be included in the Monthly Environmental Rounds . Keep window screens in good shape to prevent insect, bugs, critters, etc. from coming into the building . Doors must be properly functioning. Doors must be able to fully close and latch. No day light should be visible on the door frame .</p>