

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  11/05/2024
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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 40000</p> <p>Based on observation, interview, and record review, the facility failed to ensure an environment free of accident hazard was provided, for one of three residents (Resident 1) reviewed for elopement (resident leaves the facility without authorization or supervision necessary for his safety) when the door alarm was not activated.</p> <p>This failure had the potential for Resident 1 to be able to leave the facility undetected, which could lead to repeated elopement and have subsequently result in accidents, injuries or even death to the resident.</p> <p>Findings:</p> <p>On November 5, 2024, at 9 a.m., an unannounced visit was conducted at the facility to investigate an incident of elopement.</p> <p>On November 5, 2024, at 9:30 a.m., during a concurrent observation and interview with the Director of Staff Development (DSD) in hallway 200, the exit door was observed with a red alarm equipment attached to the inner side of the door. The door alarm was tested by opening the door and did not hear any alarm sound come off. The DSD stated the door alarm was off and should have been turned on. The DSD further stated she forgot to activate the alarm this morning when she used to enter the facility. The DSD stated the alarm on the exit door in hallway 200 should have been checked and the alarm should be turned on. The DSD stated if the alarm was not armed, it could result to the resident to go out without staff noticing them, and could lead to accident or injuries.</p> <p>On November 5, 2024, at 9:37 a.m., during an interview with Registered Nurse (RN) 1. RN 1 stated the door in hallway 200 was used for emergency door for paramedics and for staff as well. RN 1 stated the door alarm should had been turn on whether it was use as entrance or exit by the staff. RN 1 further stated if the door alarm was off, there was a potential for resident to get off the door and could leave the facility undetected.</p> <p>On November 5, 2024, at 9:50 a.m., during a concurrent observation and interview with Resident 1. Resident 1 was sitting in a folding chair outside his room with a sitter beside him. Resident 1 stated he loved to walk around, and he wants to look for the door to go out to see and feed his dog. Resident 1 further stated I could probably use that door.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On November 5, 2024, Resident 1 ' s ADMISSION RECORD, was reviewed. Resident 1 was admitted on [DATE], with diagnoses which included altered mental status, unspecified psychosis (mental illness).</p> <p>A review of Resident 1 ' s Elopement/Wandering Evaluation, dated November 4, 2024, indicated, .Yes, wandering (walk) is aimless w/ potential to go outside, active exit seeking behavior .category: High risk .</p> <p>A review of Resident 1 ' s eINTERACT Change in Condition Evaluation, dated November 4, 2024, indicated, . Patient was wandering outside with staff and patient ran off, yelling I ' m going home! Staff lost sight of the patient. Patient was found and returned to the facility .</p> <p>On November 5, 2024, at 11:10 a.m., an interview with the Maintenance Supervisor (MS) was conducted. The MS stated the door alarm was activated early in the morning around 7:45 a.m. The MS stated the staff used the back door to enter and forgot to switch on the alarm. The MS stated licensed nurses were responsible in monitoring the door alarm because he was not in the building all the time. The MS further stated whether they use it as entrance or exit, staff should switch on the door alarm and make sure it was armed.</p> <p>On November 5, 2024, at 1:20 p.m., an interview with the Assistant Director of Nursing (ADON) was conducted. The ADON stated her expectation to all staff were to follow facility ' s policy to provide safe environment that was free of accidents for those residents at risks for elopement. The ADON further stated the door alarm should have been kept armed or turned on whether they use it as an entrance or exit. The ADON further stated if the door alarm was not activated, it could lead to a repeat incident of elopement which could result to accidents or injuries of a resident.</p> <p>A review of the facility ' s policy and procedure titled, Elopement/ Unsafe Wandering, dated June 2028, indicated, .The Facility is committed to promoting resident autonomy by providing an environment that remains as free of accident hazards as possible .It is the policy of this facility to provide a safe environment for all residents through appropriate assessment and interventions to prevent accidents related to unsafe wandering or elopement .</p> <p>A review of the facility ' s undated policy and procedure titled, Equipment Maintenance, indicated, .It is the policy of this facility to establish procedures for routine and non-routine care equipment and to ensure that equipment remains in good working order for resident and staff safety .Electrical .equipment will be inspected by the Maintenance Supervisor or Designee .on a routine basis to ensure that equipment is working properly .</p>		