

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  01/23/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>46509</p> <p>Based on observation, interview, and record review the facility failed to ensure proper infection prevention and control standards were followed, when three direct care staff members were noted to have artificial nails.</p> <p>This failure had the potential to result in the transmission of healthcare-associated infections to the vulnerable immunocompromised residents.</p> <p>Findings:</p> <p>On January 7, 2025, at 9:30 a.m., an unannounced visit was made to the facility to investigate a complaint of quality of care and infection control and one facility reported incident of gastrointestinal outbreak.</p> <p>On January 7, 2025, at 1:10 p.m., a concurrent observation and interview was conducted with Certified Nursing Assistant (CNA) 1. CNA 1 was observed coming out of a resident's room and had long decorative artificial nails. CNA 1 stated the staff were not allowed to have long artificial nails. CNA 1 stated she should not wear artificial nails because of infection control reasons.</p> <p>On January 7, 2025, at 1:15 p.m., a concurrent observation and interview was conducted with Licensed Vocational Nurse (LVN) 1. LVN 1 was noted to have long artificial nails. LVN 1 stated she had on artificial nails, and should not be wearing them, as the artificial nails could collect bacteria and she could pass it on to a resident during care.</p> <p>On January 7, 2025, at 1:35 p.m., a concurrent observation and interview was conducted with LVN 2. LVN 2 stated she usually a charge or medication nurse but was asked to work as a sitter today. LVN 2 was observed to have on artificial nails. LVN 2 stated she should not be wearing artificial nails, as it could pick up bacteria.</p> <p>On January 7, 2025, at 4:45 p.m., an interview was conducted with the Infection Preventionist (IP). The IP stated any staff members who performs direct patient care should not have any type of artificial nails, as this can cause an infection control problem.</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
---	-------	-----------

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  01/23/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the facility's undated policy and procedure titled Infection Prevention and Control Plan, indicated, . to develop a comprehensive Infection Control Policy that establishes a facility-wide system for the prevention, identification, investigation and control of infections of residents .best practices and regulatory compliance for the goal of quality systems for care .facility's Infection Prevention and Control Program (IPCP) .follows national standards and guidelines to prevent, recognize, and control the onset and spread of infection .surveillance .reporting .standard and transmission-based precautions to be followed to prevent the spread of infections .Hand Hygiene to be followed by staff with direct care, handling resident care equipment and the environment .Resident Infection Cases are managed by the IP (infection preventionist) .</p> <p>A review of the facility's undated policy and procedure titled Infection Prevention-Hand Hygiene, indicated, . hand hygiene the primary means to prevent the spread of infections personnel shall be trained and regularly in-serviced on the importance of hand hygiene in preventing the transmission of healthcare-associated infections .wearing artificial fingernails is strongly discouraged among staff members with direct resident-care responsibilities, and is prohibited among those caring for severely ill or immunocompromised residents .they present an unusual infection control risk .</p>