STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555742	A. Building B. Wing	06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Desert Mountain Care Center	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure care and treatment was provided timely, for one of five residents reviewed (Resident 1), when Resident 1 had an elevated pulse rate (heart beat per minute {BPM}) and decreased oxygen saturation ({O2 Sat} - the amount of hemoglobin carrying oxygen within the blood). The failure had the potential for a delay in the care and treatment and affect the resident's overall health condition of Resident 1. Findings: On May 22, 2025, at 1210 p.m., an unannounced visit was conducted to the facility to investigate a complaint regarding quality of care. A review of Resident 1 ' s medical records titled, Resident Information, dated May 23, 2025, indicated Resident 1 was admitted to the facility on [DATE], with a diagnosis of respiratory failure (respiratory system is unable to adequately provide oxygen to the body) with hypoxia (low blood oxygen). A review of Resident 1 ' s Progress Notes, dated December 26, 2024, at 1:48 a.m., by Licensed Vocational Nurse (LVN) 1, indicated, . (Resident 1) found unresponsive. Upon assessment .oxygen level at 65% (normal values 95 -100%) on room air (no added oxygen). PT (Resident) placed on oxygen via nasal canula (nostrils) 5L (liters) ineffective .Pulse 132 (elevated, normal values 60 -100 beats per minute); O2 (sats): 73% (low) via nasal cannula. RN (Registered Nurse) made aware . Further review of Resident 1's record indicated the physician was not notified of Resident 1 ' s elevated pulse and low oxygen level. A review of Resident 1 ' s Progress Notes, dated December 26, 2024, at 2:12 a.m., by RN 1, indicated, . (Resident 1) Resting in bed with eyes closed, known to staff (resident) is fine .skin is cold to touch .(Pulse) 126 (elevated) . (Resident agree(s) if get(s) worse will go to hospital . Further review of Resident 1's record indicated the physician was not notified of Resident 1 ' s elevated pulse and rate. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555742	A. Building B. Wing	06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Desert Mountain Care Center	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of Resident 1's Progress Notes, dated December 26, 2024, at 7:52 a.m., by Respiratory Therapy (RT), indicated, .Pt (Resident 1) refusing to wear oxygen mask .(O2 sat) 87% (low), (Pulse) 143 (elevated) . explained to the (resident) he was in need of oxygen .(resident) .said no .RN and LVN notified at this time . Further review of Resident 1's record indicated the physician was not notified of Resident 1 ' s elevated pulse rate and low O2 sats. A review of Resident 1 ' s documented pulse and O2 sats, dated December 26, 2024, indicated resident ' s values were not closely monitored between the hours of 01:58 a.m. and 10:28 a.m.: - 1:48 a.m.; P (pulse) 132 (elevated); O2 Sat 65 - 73% (low), - 1:58 a.m.; P 132; O2 Sat 73%, - 2:12 a.m.; P 126 (elevated); no documented O2 Sat noted, - 5:11 a.m.; Pulse 107 (elevated); O2 sats 90% (low), - 7:52 a.m.; P 143 (elevated); O2 sat 87% (low), and - 10:28 a.m.; O2 Sats 84-86%, no Pulse noted. A review of Resident 1 ' s, Progress Notes, dated, December 26, 2024, at 10:28 a.m., by RN 2, indicated, . RT did not made (sic) aware (resident) was refusing Oxygen mask, upon arrival found (resident) in bed . (Oxygen) mask on the left side of the bed (not on resident) .O2 (Sats) ranges from 84-86 (%-low) .(Resident 1) is refusing the oxygen .keeps refusing oxygen, and (resident) stated he's aware but still refuses .Called Dr .and made aware (resident) is refusing to go to the ER (Emergency Room) to get evaluated and refusing oxygen. (Dr) stated he is making rounds in another facility, but he will come to evaluate (Resident 1) today as soon as he can .(resident representative) is requesting (Resident 1) to be sent to the ER. Dr (physician) .said sent (sic) to ER per (representative) request . A review of Resident 1 ' s, Progress Notes, dated December 26, 2024, at 11:41 a.m., by RN 2, indicated, . Called 911 to transfer (resident) out (to ER) for low oxygen level 84% .(Resident 1) refused to go to the ER . DR . stated he will be here (facility) in person to evaluate .(resident) . Further review of Resident 1's record indicated the physician did not come to the facility on December 26, 2024 to evaluate Resident 1 and there was no follow up to the physician when he would present to the facility. A review of Resident 1 ' s, COC,, dated, December 27, 2024, at 1050 a.m., by RN 3, indicated, . Abnormal vital signs .started on (December 27, 2024) . morning .Pulse 163 (elevated); O2 Sats 91%; Blood Pressure 76/66 (low, normal values 90/60 to 130/80); Temperature 98.0 (normal value); Respirations (Breaths per minute) 11 (low, normal values 12 - 20) .Decreased level of consciousness (sleepy, lethargic) .Gradual change in level of consciousness .(physician notified, December 27, 2024) at 10:55 (a.m.) . Recommendations of (Dr): Send to (GACH-General Acute Care Hospital) for evaluation . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555742	A. Building B. Wing	06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Desert Mountain Care Center	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of Resident 1 ' s, Progress Notes, dated, December 27, 2024, at 11:10 a.m., by RN 3, indicated, 911 was called. Paramedics arrived . approximately (at) 1100 a.m. (Resident 1) left the facility approximately (at) 1115 a.m. A review of Resident 1 ' s, Progress Notes, by the physician (MD), dated December 27, 2024, at 8:42 p.m., indicated, .(Resident 1) in bed, very drowsy but responds to commands only to dose off again; alert upon evaluation, per nursing staff (resident) had similar episode yesterday (December 26, 2024) including hypoxic (low O2 Sats) episodes but refused (oxygen); (Resident 1) refused to be taken to the ED yesterday . (Resident) agreed to go to the ED today .Physical Exam: (Pulse) 163; (O2 Sats) 91% .Cardiovascular (heart rate) .irregular .DIAGNOSIS: CHANGE IN MENTAL STATUS/ (RULE OUT) SEPSIS (Infection that has traveled to the blood stream)/CARDIAC ARRHYTHMIA (Irregular heart beat)/SEPTIC SHOCK (A life threatening, severe infection, causing organ failure) .PLAN: transfer to (Emergency Room) for further evaluation and treatment . A review of Resident 1 ' s GACH, ER notes, dated, June 3, 2025, at 2:10 p.m., indicated Resident 1 was admitted to the ER on [DATE], at 11:21 a.m., with a chief diagnosis of, . (Altered Level of Consciousness), with (low blood pressure) and (Elevated Pulse rate) . Further review indicated, Resident 1 was diagnosed in the ER with, . 1: Septic Shock; 2. Atrial fibrillation (Irregular Heart Beat, usually rapid) with RVR (fast heartbeat of lower chambers, affecting blood flow); 3: Pneumonia . On May 27, 2025, at 12:58 p.m., an interview was conducted with the Assistant Director of Nursing (ADON). The ADON stated the nursing staff should perform a detailed assessment on the resident, notify the physician, and complete a COC documentation, when a resident ' s vital signs were outside of normal range. The ADON further stated completing a COC would trigger nursing staff to monitor and document on condition every shift. The ADON further stated she would expect staff to recheck resident ' s vital signs multiple times. On May 27, 2025, at 1:06 p.m., an interview was conducted with RN 1. RN 1 stated she would notify the physician, follow-up with the physician's orders, and complete a COC, when a resident ' s vital signs (pulse, O2 sats) were outside of normal values. RN 1 further stated she would monitor and document the resident ' s vital signs every 15 minutes, until resident ' s condition improves or become stable. RN 1 verified a pulse rate of 126 was outside of normal values, and the physician should have been notified. On May 27, 2025, at 1:50 p.m., a concurrent interview and record review was conducted with the Director of Nursing (DON). The DON stated the staff should immediately assess the resident, call for help, and call 911, when a resident was found unresponsive. The DON stated it is expected of the nursing staff to reassess the resident, including vital signs, notify the physician, closely monitor the resident at their bedside to assess for any other COCs, at least until the resident returns to stable condition, document a COC, progress note, and physician ' s notifications, if the resident becomes responsive and refuses to go to the hospital for further evaluation. The DON further stated the physician should have been notified, the nurse should follow the physician ' s orders, and monitor the resident ' s vital signs every 10 – 15 minutes, until resident ' s heart rate went down (to normal values), when Resident 1 started to have a COC on December 26, 2024, at 01:48, and onwards. The DON stated the nursing staff should have called 911 when Resident 1 ' s O2 sats were 84% and pulse rate of 143, on December 26, 2024, at 7:52 a.m. The DON further stated she expected the nursing staff to be proactive and follow up with the physician to evaluate the resident at the facility as the physician indicated to the licensed nurse, on December 26, 2024, at 11:41 a.m. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555742	A. Building B. Wing	06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Desert Mountain Care Center	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On May 28, 2025, at 9:22 a.m., an interview was conducted with RN 2. RN 2 stated she would notify the physician, and the physician would give orders, interventions and expectations to monitor the resident when a resident has a low O2 saturation. RN 2 further stated interventions were provided for the resident according to the physician ' s orders. RN 2 verified, the physician was notified on December 26, 2024, at 11:41 a.m., of Resident 1's refusal to go to the hospital due to low O2 sats and was informed by the physician that he would come to facility to assess and talk to resident, to find out why Resident 1 was refusing treatment (oxygen & transfer to ER). RN 2 stated she was not sure if the physician came to the facility on December 26, 2024. RN 2 further stated, she should have assess Resident 1's vital signs every 15 minutes, and should have followed up with the physician that he needed to evaluate Resident 1 as previously discussed. On May 28, 2025, at 11:41 a.m., a follow up interview was conducted with the ADON. The ADON stated there was no documentation the physician came to evaluate Resident 1 on December 26, 2024. The ADON stated there was no documentation the nursing staff followed up with the physician to evaluate Resident 1. The ADON stated she expected the physician to come to the facility to evaluate the resident if the physician stated he would be coming to evaluate the resident. The ADON stated she expected the licensed nurses and respiratory therapist to check the resident's vital signs every 15 minutes. On May 28, 2025, at 5:48 p.m. an interview was conducted with the MD (physician). The MD stated the on call physician should have been notified, when Resident 1 was found to have abnormally high pulse rates, and low O2 saturations, on December 26, 2024, between the hours of 1:48 – 7:52 a.m. The MD stated, if he was the on-call physcian, he would have given the nursing staff orders to place Resident 1 on O2 and send to the ER for further evaluation. The MD further stated, he could not remember if he presented at facility to assess Resident 1 in person on December 26, 2024. A review of the facility's policy and procedure titled, Change of Condition, revised December 2023, indicated, . Policy: It is the policy of this facility to ensure each resident receives quality of care and services to attain and maintain the highest practicable physical mental and psychosocial well-being . Procedure .If, at any time, it is recognized by any one of the team members that the condition or care needs of the resident have changed, the Licensed Nurse or Nurse Supervisor should be made aware. Examples would be the following (but not limited to) .Change or a trending change in vital signs, to include temperature, pulse, blood pressure, heart rate, and oxygen saturation .Change in ability or decline in physical function .Change in medical condition .The nurse will perform and document an assessment of the resident and identify need for additional interventions, considering implementation of existing orders or nursing interventions or through communication with the resident ' s provider using SBAR or similar process to obtain new orders or interventions .The resident will then be placed on the 24 Hour Report and Nursing will provide no less than three (3) days of observation, documentation, and response to any interventions. An attempt to identify the cause for decline, when it occurs, needed assist and resident behavior/acceptance of increased need of assistance will be monitored .There will be certain circumstances where immediate attention will be warranted and nursing will be responsible for notifying the appropriate department for evaluation. The nurse shall use he/her clinical judgement and shall contact the physician based on the urgency of the situation .The nurse will transcribe the treatment and plan of care relative to the change of condition on the resident(s) electronic Medical Record (EMR) . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555742	A. Building B. Wing	06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Desert Mountain Care Center	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Based on interview and record review, the facility failed to ensure care and treatment was provided timely, for one of five residents reviewed (Resident 1), when Resident 1 had an elevated pulse rate (heart beat per minute {BPM}) and decreased oxygen saturation ({O2 Sat} - the amount of hemoglobin carrying oxygen within the blood). The failure had the potential for a delay in the care and treatment and affect the resident's overall health condition of Resident 1. Findings: On May 22, 2025, at 1210 p.m., an unannounced visit was conducted to the facility to investigate a complaint regarding quality of care. A review of Resident 1's medical records titled, Resident Information, dated May 23, 2025, indicated Resident 1 was admitted to the facility on [DATE], with a diagnosis of respiratory failure (respiratory system is unable to adequately provide oxygen to the body) with hypoxia (low blood oxygen). A review of Resident 1's Progress Notes, dated December 26, 2024, at 1:48 a.m., by Licensed Vocational Nurse (LVN) 1, indicated, . (Resident 1) found unresponsive. Upon assessment .oxygen level at 65% (normal values 95 -100%) on room air (no added oxygen). PT (Resident) placed on oxygen via nasal canula (nostrils) 5L (liters) ineffective .Pulse 132 (elevated, normal values 60 -100 beats per minute); O2 (sats): 73% (low) via nasal cannula. RN (Registered Nurse) made aware . Further review of Resident 1's record indicated the physician was not notified of Resident 1's elevated pulse and low oxygen level. A review of Resident 1's Progress Notes, dated December 26, 2024, at 2:12 a.m., by RN 1, indicated, . (Resident 1) Resting in bed with eyes closed, known to staff (resident) is fine .skin is cold to touch .(Pulse) 126 (elevated) . (Resident agree(s) if get(s) worse will go to hospital . Further review of Resident 1's record indicated the physician was not notified of Resident 1's elevated pulse and rate. A review of Resident 1s Progress Notes, dated December 26, 2024, at 7:52 a.m., by Respiratory Therapy (RT), indicated, .Pt (Resident 1) refusing to wear oxygen mask .(O2 sat) 87% (low), (Pulse) 143 (elevated) . explained to the (resident) he was in need of oxygen .(resident) .said no .RN and LVN notified at this time . Further review of Resident 1's record indicated the physician was not notified of Resident 1's elevated pulse rate and low O2 sats. A review of Resident 1's documented pulse and O2 sats, dated December 26, 2024, indicated resident's values were not closely monitored between the hours of 01:58 a.m. and 10:28 a.m.: - 1:48 a.m.; P (pulse) 132 (elevated); O2 Sat 65 - 73% (low), - 1:58 a.m.; P 132; O2 Sat 73%, (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555742	A. Building B. Wing	06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Desert Mountain Care Center	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- 2:12 a.m.; P 126 (elevated); no documented O2 Sat noted, - 5:11 a.m.; Pulse 107 (elevated); O2 sats 90% (low), - 7:52 a.m.; P 143 (elevated); O2 sat 87% (low), and - 10:28 a.m.; O2 Sats 84-86%, no Pulse noted. A review of Resident 1's, Progress Notes, dated, December 26, 2024, at 10:28 a.m., by RN 2, indicated, . RT did not made (sic) aware (resident) was refusing Oxygen mask, upon arrival found (resident) in bed . (Oxygen) mask on the left side of the bed (not on resident) .O2 (Sats) ranges from 84-86 (%-low) .(Resident 1) is refusing the oxygen .keeps refusing oxygen, and (resident) stated he's aware but still refuses .Called Dr .and made aware (resident) is refusing to go to the ER (Emergency Room) to get evaluated and refusing oxygen. (Dr) stated he is making rounds in another facility, but he will come to evaluate (Resident 1) today as soon as he can .(resident representative) is requesting (Resident 1) to be sent to the ER. Dr (physician) .said sent (sic) to ER per (representative) request . A review of Resident 1's, Progress Notes, dated December 26, 2024, at 11:41 a.m., by RN 2, indicated, . Called 911 to transfer (resident) out (to ER) for low oxygen level 84% .(Resident 1) refused to go to the ER . DR . stated he will be here (facility) in person to evaluate .(resident) . Further review of Resident 1's record indicated the physician did not come to the facility on December 26, 2024 to evaluate Resident 1 and there was no follow up to the physician when he would present to the facility. A review of Resident 1's, COC, dated, December 27, 2024, at 1050 a.m., by RN 3, indicated, . Abnormal vital signs .started on (December 27, 2024) . morning .Pulse 163 (elevated); O2 Sats 91%; Blood Pressure 76/66 (low, normal values 90/60 to 130/80); Temperature 98.0 (normal value); Respirations (Breaths per minute) 11 (low, normal values 12 - 20) .Decreased level of consciousness (sleepy, lethargic) .Gradual change in level of consciousness . (physician notified, December 27, 2024) at 10:55 (a.m.) .Recommendations of (Dr): Send to (GACH-General Acute Care Hospital) for evaluation . A review of Resident 1's, Progress Notes, dated, December 27, 2024, at 11:10 a.m., by RN 3, indicated, 911 was called. Paramedics arrived . approximately (at) 1100 a.m. (Resident 1) left the facility approximately (at) 1115 a.m. A review of Resident 1's, Progress note, by Dr, dated, December 27, 2024, at 8:42 p.m., indicated, . (Resident 1) in bed, very drowsy but responds to commands only to dose off again; alert upon evaluation, per nursing staff (resident) had similar episode yesterday (December 26, 2024) including hypoxic (low O2 Sats) episodes but refused (oxygen); (Resident 1) refused to be taken to the ED yesterday .(Resident) agreed to go to the ED today .Physical Exam: (Pulse) 163; (O2 Sats) 91% .Cardiovascular (heart rate) . irregular .DIAGNOSIS: CHANGE IN MENTAL STATUS/ (RULE OUT) SEPSIS (Infection that has traveled to the blood stream)/CARDIAC ARHYTHMIA (Irregular heart beat)/SEPTIC SHOCK (A life threatening, severe infection, causing organ failure) .PLAN: transfer to (Emergency Room) for further evaluation and treatment . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555742	A. Building B. Wing	06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Desert Mountain Care Center	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of Resident 1's GACH, ER notes, dated, June 3, 2025, at 2:10 p.m., indicated Resident 1 was admitted to the ER on [DATE], at 11:21 a.m., with a chief diagnosis of, . (Altered Level of Consciousness), with (low blood pressure) and (Elevated Pulse rate) . Further review indicated, Resident 1 was diagnosed in the ER with, . 1: Septic Shock; 2. Atrial fibrillation (Irregular Heart Beat, usually rapid) with RVR (fast heartbeat of lower chambers, affecting blood flow); 3: Pneumonia . On May 27, 2025, at 12:58 p.m., an interview was conducted with the Assistant Director of Nursing (ADON). The ADON stated the nursing staff should perform a detailed assessment on the resident, notify the physician, and complete a COC documentation, when a resident's vital signs were outside of normal range. The ADON further stated completing a COC would trigger nursing staff to monitor and document on condition every shift. The ADON further stated she would expect staff to recheck resident's vital signs multiple times. On May 27, 2025, at 1:06 p.m., an interview was conducted with RN 1. RN 1 stated she would notify the physician, follow-up with the physician's orders, and complete a COC, when a resident's vital signs (pulse, O2 sats) were outside of normal values. RN 1 further stated she would monitor and document the resident's vital signs every 15 minutes, until resident's condition improves or become stable. RN 1 verified a pulse rate of 126 was outside of normal values, and the physician should have been notified. On May 27, 2025, at 1:50 p.m., a concurrent interview and record review was conducted with the Director of Nursing (DON). The DON stated the staff should immediately assess the resident, call for help, and call 911, when a resident was found unresponsive. The DON stated it is expected of the nursing staff to reassess the resident, including vital signs, notify the physician, closely monitor the resident at their bedside to assess for any other COCs, at least until the resident returns to stable condition, document a COC, progress note, and physician's notifications, if the resident becomes responsive and refuses to go to the hospital for further evaluation. The DON further stated the physician should have been notified, the nurse should follow the physician's orders, and monitor the resident's vital signs every 10 – 15 minutes, until resident's heart rate went down (to normal values), when Resident 1 started to have a COC on December 26, 2024, at 01:48, and onwards. The DON stated the nursing staff should have called 911 when Resident 1's O2 sats were 84% and pulse rate of 143, on December 26, 2024, at 7:52 a.m. The DON further stated she expected the nursing staff to be proactive and follow up with the physician to evaluate the resident at the facility as the physician indicated to the licensed nurse, on December 26, 2024, at 11:41 a.m. On May 28, 2025, at 9:22 a.m., an interview was conducted with RN 2. RN 2 stated she would notify the physician, and the physician would give orders, interventions and expectations to monitor the resident when a resident has a low O2 saturation. RN 2 further stated interventions were provided for the resident according to the physician's orders. RN 2 verified, the physician was notified on December 26, 2024, at 11:41 a.m., of Resident 1's refusal to go to the hospital due to low O2 sats and was informed by the physician that he would come to facility to assess and talk to resident, to find out why Resident 1 was refusing treatment (oxygen & transfer to ER). RN 2 stated she was not sure if the physician came to the facility on December 26, 2024. RN 2 further stated, she should have assess Resident 1's vital signs every 15 minutes, and should have followed up with the physician that he needed to evaluate Resident 1 as previously discussed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555742	A. Building B. Wing	06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Desert Mountain Care Center	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On May 28, 2025, at 11:41 a.m., a follow up interview was conducted with the ADON. The ADON stated there was no documentation the physician came to evaluate Resident 1 on December 26, 2024. The ADON stated there was no documentation the nursing staff followed up with the physician to evaluate Resident 1. The ADON stated she expected the physician to come to the facility to evaluate the resident if the physician stated he would be coming to evaluate the resident. The ADON stated she expected the licensed nurses and respiratory therapist to check the resident's vital signs every 15 minutes. On May 28, 2025, at 5:48 p.m. an interview was conducted with the MD (physician). The MD stated the on call physician should have been notified, when Resident 1 was found to have abnormally high pulse rates, and low O2 saturations, on December 26, 2024, between the hours of 1:48 – 7:52 a.m. The MD stated, if he was the on-call physcian, he would have given the nursing staff orders to place Resident 1 on O2 and send to the ER for further evaluation. The MD further stated, he could not remember if he presented at facility to assess Resident 1 in person on December 26, 2024. A review of the facility's policy and procedure titled, Change of Condition, revised December 2023, indicated, . Policy: It is the policy of this facility to ensure each resident receives quality of care and services to attain and maintain the highest practicable physical mental and psychosocial well-being . Procedure .If, at any time, it is recognized by any one of the team members that the condition or care needs of the resident have changed, the Licensed Nurse or Nurse Supervisor should be made aware. Examples would be the following (but not limited to) .Change or a trending change in vital signs, to include temperature, pulse, blood pressure, heart rate, and oxygen saturation .Change in ability or decline in physical function .Change in medical condition .The nurse will perform and document an assessment of the resident and identify need for additional interventions, considering implementation of existing orders or nursing interventions or through communication with the resident's provider using SBAR or similar process to obtain new orders or interventions .The resident will then be placed on the 24 Hour Report and Nursing will provide no less than three (3) days of observation, documentation, and response to any interventions. An attempt to identify the cause for decline, when it occurs, needed assist and resident behavior/acceptance of increased need of assistance will be monitored .There will be certain circumstances where immediate attention will be warranted and nursing will be responsible for notifying the appropriate department for evaluation. The nurse shall use he/her clinical judgement and shall contact the physician based on the urgency of the situation .The nurse will transcribe the treatment and plan of care relative to the change of condition on the resident(s) electronic Medical Record (EMR) .