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	04/17/2026

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure, for one of three residents reviewed (Resident 1):1.A complete skin assessment was conducted and documented upon the resident's admission; and2.Physician's order was obtained for treatment of sacrococcyx (tailbone) pressure ulcer (PU - skin damage due to prolonged pressure).These failures resulted in a delay in the care and treatment of Resident 1's sacrococcyx PU and had the potential for complications of delay wound care such as infection and delayed wound healing, which could compromised the resident's overall health condition.Findings:On March 27, 2026, at 8:01 a.m., an unannounced visit was conducted at the facility to investigate a quality-of-care issue.On April 1, 2026, a review of Resident 1's Face Sheet, indicated the resident was admitted to the facility on [DATE], with a diagnosis of pneumonia (lung infection).A review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated February 4, 2026, indicated a Brief Interview for Mental Status (BIMS - a cognitive assessment) score of 3 (severe cognitive impairment).A review of Resident 1's Progress Notes, dated March 3, 2026, at 9:02 a.m. by the Treatment Nurse (TxN), indicated, Resident 1 was re-admitted to the facility on [DATE], from the General Acute Care Hospital (GACH) with a pressure ulcer (PU) located at his sacrococcygeal area (base of the spine/tailbone area), the PU was unstageable (completely covered by dead skin, unable to determine the stage of the wound), present on admission [DATE]), measuring 9 cm (centimeters - a unit of measurement) in width by (X) 11 cm in depth with discoloration around the surrounding skin.A review of Resident 1's care plans (Individualized plan of care for specific health issues), initiated on March 3, 2026, titled, (Resident 1) Has Unstageable PU . to sacrococcyx area (Base of the spine/tailbone area), which included the intervention of, . Administer treatments as ordered .A review of Resident 1's physician's orders, indicated no wound care treatment orders to treat resident's sacrococcyx PU identified by the TxN on March 3, 2026.A review of Resident 1's Treatment Administration Record, for the month of March 2026, indicated no wound care treatments were administered to Resident 1's sacrococcyx PU.A review of Resident 1's treatment orders, dated March 8, 2026 (six days after the PU was identified on March 3, 2026), indicated, . Medihoney (wound ointment) and.Dressing.to Coccyx (Sacrococcyx).every day shift for open wound Cleanse with (Normal Saline).cover with foam or silicone dressing.A review of Resident 1's. TAR, for the month of March 2026, indicated Resident 1 began receiving treatments for the sacrococcyx PU on March 9, 2026 (seven days after it was first identified).On April 1, 2026, at 2:34 p.m., a concurrent interview and review of Resident 1's record were conducted with the TxN and stated the following:- When a resident is admitted to the facility, the Registered Nurse (RN) completes an admission skin assessment (skin check) to identify any skin issues, then the same day or the following day, the TxN completes an additional skin check to verify and/or identify additional skin issues if any;- If he identifies a skin issue, the wound care physician is to be notified, orders received and carried out, and completed treatments are documented by the nurse in the resident's TAR;- Resident 1 was re-admitted to the facility on [DATE], and a skin check was completed on March 3, 2026, which identified a sacrococcygeal PU with discoloration of the surrounding skin, and no wound care orders were received;- He was responsible for receiving these orders, and he was not sure why the orders (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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