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	05/27/2026

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure care and treatment with the use of indwelling catheter (a tubing that is inserted through the urethra [the tube that carries urine from the bladder out of the body] which drains urine from the bladder into a bag outside the body) was provided timely, for one of three residents reviewed (Resident A), when the resident had low and/or no urine output for eight hours.This failure had a potential for a delay in the care and treatment to address Resident A's low or no urine output. Findings:On April 14, 2026, at 9:30 a.m., an unannounced visit was conducted at the facility to investigate a quality-of-care issue.On April 16, 2026, Resident A's medical record was reviewed. A review of Resident A's Face Sheet, indicated the resident was admitted to the facility on [DATE], with diagnoses which included chronic respiratory failure (lung failure) and obstructive and reflux uropathy (a urinary tract disorder due to a structural or functional obstruction of urinary flow). A review of Resident A's care plan, dated August 31, 2023, indicated, .Has increased risk for infection r/t (related to) prolonged use of invasive devices.Monitor/document/report to MD (physician) PRN (as needed) any s/sx (signs and symptoms) of infection.dysuria (pain, discomfort, or burning sensation during urination), hematuria (blood in the urine), flank pain and foul smelling urine.A review of Resident A's care plan, revised June 23, 2025, indicated, .At risk for infections and trauma due to needs (sic) an Indwelling Catheter r/t urine retention.Monitor and document intake and output.Monitor/record/report to MD for s/sx UTI (Urinary Tract Infection): pain, burning.cloudiness, no output.A review of Resident A's Order Summary Report, included a physician's order, dated January 4, 2026, which indicated, .CHANGE INDWELLING CATHETER #20/30ml (milliliter - unit of measurement) TO CLOSED DRAINAGE SYSTEM.USE: URINARY RETENTION (the inability to completely empty the bladder, or the complete inability to pass urine at all).A review of Resident A's Fluid Output, indicated the resident had urine output of 650 ml on March 29, 2026, at 5:51 a.m., and 50 ml at 2:09 p.m.A review of Resident A's Progress Notes, dated March 29, 2026, at 5:35 p.m., indicated, .Pt (patient) sent out to (name of general acute care hospital) for abnormal vital signs, urinary retention and leaking of brown contents from Gtube (gastrostomy - a medical device inserted through the abdomen into the stomach).1725 (5:25 p.m.) upon report that RN (Registered Nurse) tried to irrigate foley (indwelling catheter) and replace (sic) catheter to retrieve urinary output without success. When irrigating foley, able to retrieve only amount irrigated into the catheter, some sediment present but no additional output noted.On April 16, 2026, at 1:30 p.m., during an interview with the RN, the RN stated she assessed Resident A on March 29, 2026, and noted no urine output. The RN stated she irrigated the foley catheter and the foley drained out sediment but no additional urine, then she replaced the foley catheter and notified the physician and was sent to the emergency room. The RN stated she informed the ER nurse of Resident A's having abdominal distention and excoriation on the Gtube site and buttocks area. The RN stated there was no abdominal distention when she assessed Resident A earlier in the shift.On April 20, 2026, at 10:25 a.m., a follow up interview was conducted with the RN. The RN stated she changed the foley catheter about 30-45 minutes before he was transferred to the ER. The RN stated the Licensed Vocational Nurse (LVN) (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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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	notified her of Resident A not having urine output and still had no urine output after she replaced the foley catheter. The RN stated the Certified Nursing Assistants (CNAs) and LVNs usually monitor the residents' urine output. The RN stated urine output should normally be approximately 30 ml per hour, and 50 ml within eight (8) hours' time frame is not an adequate amount of urine output. The RN stated the nursing staff should have noted the low or no urine output before the 8 hours and interventions could have been done earlier.A review of the facility's policy and procedure titled, Change of Condition, revised on December 2023, indicated, .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 in accordance with the interdisciplinary comprehensive assessment and plan of care.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.Change in output (bowel or bladder) including amount, color, consistency, odor, or frequency.The nurse will perform and document an assessment of the resident and identify need for additional interventions.