STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555772	A. Building B. Wing	03/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Joshua Tree Post Acute	8515 Cholla Ave Yucca Valley, CA 92284

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46696 Based on observation, interview, and record review, the facility failed to ensure two of 25 rooms were clean, sanitary, and homelike when damage was observed on walls and ceiling of rooms [ROOM NUMBERS]. These failures created an environment that was not clean, sanitary, and homelike for residents who reside in room [ROOM NUMBER] and 107. Finding: During an observation on March 25,2024, at 4:10 PM, in resident's room [ROOM NUMBER], an entire section of wooden trim was observed to be missing along the back wall and the headboard wall creating an open area of exposed unpainted dry wall along the length of the room. During an observation on March 25, 2024, at 4:15 PM, in resident's room [ROOM NUMBER], an approximate 2 foot by 4-foot section of wall and ceiling and windowsill was found to be unpainted with exposed drywall and chipping paint. During a concurrent observation, and interview, on March 25, 2024, at 4:30 PM, with the facility Infection Control Practitioner 1 (ICP1), in room [ROOM NUMBER], the damaged section of wall, ceiling and windowsill were observed. ICP 1 stated, the room is not in good repair, she states she would not find this acceptable if this was my home. ICP 1 further stated she was aware of the damage in room [ROOM NUMBER] as well and had put in a work order in today to have it fixed properly. During a review of the facility's policy and procedure (P&P) titled, Homelike Environment, dated March 13, 2024, the P&P indicated, The facility staff and management maximizes to the extent possible, the characteristics of the facility that reflect personalized, homelike setting. These characteristics include a. clean, sanitary and orderly environment.

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 0685 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assist a resident in gaining access to vision and hearing services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46696 Based on observation, interview, and record review, the facility failed to provide proper treatment and assistive devices to maintain hearing ability for one of 12 Sampled Residents (Resident 10). This failure resulted in Resident 10 not being assessed for hearing ability and unable to appropriately express his needs. Finding: During a review of Resident 10's Admission Record (A document with basic information about the resident), the Admission Record indicated, Resident 10 was admitted to the facility on [DATE], with diagnosis which include Alzheimer's disease (a progressive disease the destroys memory and other important mental functions.), Dementia (Loss of cognitive functioning, thinking, remember and reasoning), and Unspecified hearing loss. During a concurrent observation, and interview, on March 25, 2024, at 11:37 AM, with Resident 10, in room [ROOM NUMBER], Resident 10 was observed in bed without hearing aids. Resident 10 stated, I am unable to hear very well. The following conversation had to be spelled out 1 letter at a time after multiple prompts stating he was unable to hear me. During a review of Resident 10's Minimum Data Set (MDS) (a tool for implementing standardized assessment and for facilitating care management in nursing homes) dated March 15, 2024, the MDS indicated Under section B, Hearing, speech and vision, Resident 10 has Moderate hearing difficulty and No hearing aid. During a review of Resident 10's Care Plan, dated April 7, 2023, indicated, Resident has a communication problem related to Hearing deficit. Intervention: Monitor/ document/ report to Medical Doctor (MD) as needed, changes in ability to communicate, potential contributing factors for communication problems potential for improvement. Refer to audiology for hearing consult as ordered. During a concurrent interview, and record review, on March 27, 2024, at 1:00 PM, with Licensed Vocational Nurse 3 (LVN 3) Resident 10's Physician Orders were reviewed. The physician's orders indicated, no order was ever placed for an audiology or hearing consult. LVN 3 stated, I don't see any orders ever placed for this, LVN 3 further stated resident 10 did have hearing difficulties that appear to have gotten worse. During an interview on March 28, 2024, at 3:00 PM with Medical Records Director (MRD), MRD stated No order was placed for an auditory consult prior to today, we should have gotten an order for this prior.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47360 Based on observation, interview, and record review, the facility failed to ensure the blood glucose monitor's (a device used to test a person's blood sugar level) control solutions (a pair of sugar solution, each set with a specific amount of sugar, used to ensure the glucometer and strips are accurate) were dated with an open date. This failure had the potential for the glucometer control testing to be inaccurate and potential for residents that require blood sugar monitoring to have inaccurate results. Findings: During a concurrent observation, and interview, on [DATE], at 06:00 AM, at medication cart #2, (a movable piece of equipment used in healthcare facilities to store, transport, and dispense medicines, medical supplies, and emergency equipment), with Licensed Vocational Nurse 1 (LVN1), it was observed that medication cart 2's glucometer controls had been opened and used, but did not have an open date written on the bottles or the box. LVN 1 stated, the glucometer controls were opened about a week ago and should have been dated with the open date, but were not. LVN 1 went on to say that registry personal and other staff would not be able to identify when these controls were opened, LVN 1 further stated the control solution would be thrown away after 90 days of opening. During a concurrent interview, and record review, on [DATE], at 10:00 AM, with Director of Nursing 2 (DON 2), The [name of brand] Glucose Monitoring System User's Guide was reviewed. The [name of brand] Glucose Monitoring System User's Guide page 24 indicated, Meter set up: Control Solution Testing Note: Use only [name of brand] Glucose Control Solutions with [name of brand] Blood Glucose Test Strips .Always check the expiration date of the control solution . DO NOT use expired control solution. Record the date on the bottle when opening a new bottle of control solution. Discard any unused control solution three months after the opening date. Control solutions are good for three months after opening or until the expiration date on the bottle, whichever comes first . DON 2 stated, the glucose controls are only good for three months after opening. The bottles should be labeled with date opened and date expired. Expired controls could lead to inaccurate blood glucose results.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 47360 Based on observation, interview, and record review, the facility failed to ensure hand hygiene (cleaning hands with hand sanitizer or soap and water) was performed during medication administration and resident's care tasks for two of seven sampled residents (Resident 41 and Resident 49). This failure had the potential to cause infectious diseases (germs) to be spread from one resident to another by contaminated hands . Findings: During an observation on March 27, 2024 at 5:12 AM, with Licensed Vocational Nurse 1 (LVN 1), outside of Resident 41's room, hand hygiene was not performed prior to moving the medication cart (a movable piece of equipment used in healthcare facilities to store, transport, and dispense medicines, medical supplies, and emergency equipment) to Resident 41's room. LVN 1 failed to perform hand hygiene while preparing medication for administration, entering or exiting the room, and after disposing of medication in the medication room when it was refused. During an observation on March 27, 2024 at 5:18 AM, with LVN 1, LVN 1 did not perform hand hygiene between Resident 41 and Resident 49. LVN 2 prepared Resident 49's medication and supplies for blood glucose monitoring (measuring the amount of sugar in a person's blood, done by a finger prick), and then entered Resident 49's room without performing hand hygiene. Gloves were worn during the blood glucose monitoring and were discarded afterward, but no hand hygiene was performed. Upon leaving the room LVN 1 did not perform hand hygiene and began charting on the medication cart computer. During an interview on March 27, 2024, at 5:25 AM, with LVN 1, LVN 1 stated he could not recall if he performed hand hygiene before or after providing care to Resident 41 or Resident 49. LVN 1 stated hand washing should be performed whenever entering and exiting a resident's room, before and after performing resident's care and preparing resident's medication, to prevent the spread of infection. During a concurrent interview and record review on March 29, 2024, at 9:46 AM, with Director of Nursing 2 (DON 2), the facility's policy and procedure (P&P) titled, Handwashing/Hand Hygiene, dated March 13, 2024, was reviewed. The P&P indicated, .This facility considers hand hygiene the primary means to prevent the spread of healthcare-associated infections .Indications for Hand Hygiene 1. Hand Hygiene is indicated a. immediately before touching a resident; b. before performing an aseptic task .c. after contact with blood, body fluids, or contaminated surfaces; d. after touching a resident; e. after touching the resident's environment; f. before moving from work on a soiled body site to a clean body site on the same resident; and g. immediately after glove removal . 5. The use of gloves does not replace hand washing/hand hygiene . DON 2 stated, hand hygiene whether it is hand sanitizer or hand washing should be performed upon entering a resident's room and exiting the room. Hand washing needs to be performed when administering resident medication or performing resident care. There is always potential for staff to touch the resident's environment and spread infection.