

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 05/20/2025  
Form Approved OMB  
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555443	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/03/2022
NAME OF PROVIDER OR SUPPLIER  HI-Desert Medical Center D/P Snf		STREET ADDRESS, CITY, STATE, ZIP CODE  6601 White Feather Road Joshua Tree, CA 92252	
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 0557  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43943</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure dignity was maintained for five (5) of six (6) sampled residents (Resident 43, 80, 84, 90 and 249) reviewed for foley catheters (a flexible tube used to empty the bladder and collect urine in a drainage bag) when:</p> <ul style="list-style-type: none"> <li>a. Resident 43's foley catheter bag was not covered by a dignity bag (non-transparent covering over a plastic urine collection bag).</li> <li>b. Resident 80's foley catheter bag was not covered by a dignity bag.</li> <li>c. Resident 84's foley catheter bag was not covered by a dignity bag.</li> <li>d. Resident 90's foley catheter bag was not covered by a dignity bag.</li> <li>e. Resident 249's foley catheter bag was not covered by a dignity bag.</li> </ul> <p>These failed practices had the potential to compromise residents (Resident 43, 80, 84, 90 and 249)'s dignity and violate their right to privacy.</p> <p>Findings:</p> <ul style="list-style-type: none"> <li>a. During a review of Resident 43's medical record, ADMISSION RECORD (a document contains demographic information), indicated, Resident 43 was originally admitted on [DATE], with diagnoses which included, acute and chronic respiratory failure with hypoxia (condition that makes it difficult to breathe on your own), dependence on respirator (condition where an individual depends on a machine for life support), and gastrostomy (an opening into the stomach from the abdomen for an individual who has trouble eating to get nutrition and water).</li> </ul> <p>A review of Resident 43's medical record, Orders, dated August 25, 2022, indicated Resident 43 had an order for a foley catheter.</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

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<p>F 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent observation and interview on October 31, 2022, at 10:33 AM, in Resident 43's room with Licensed Vocational Nurse (LVN 2), LVN 2 acknowledged, the foley catheter bag was hanging on the bed frame out of the dignity bag. The foley catheter bag was uncovered and visible to public view. LVN 2 stated, the foley catheter bag should have been placed in the dignity bag to provide privacy and dignity for Resident 43.</p> <p>b. During a review of Resident 80's medical record, ADMISSION RECORD, indicated, Resident 80 was originally admitted on [DATE], with diagnoses which included, acute respiratory failure with hypoxia (condition that makes it difficult to breathe on your own), type 2 diabetes mellitus (condition of too much sugar circulating in the bloodstream), anoxic brain damage (injury caused by no oxygen to the brain), gastrostomy.</p> <p>A review of Resident 80's medical record, Orders, dated October 11, 2022, indicated Resident 80 had an order for a foley catheter.</p> <p>During a concurrent observation and interview on November 1, 2022, at 9:13 AM, in Resident 80's room with RN 2, RN 2 acknowledged, the foley catheter bag was hanging on the bed frame without of the dignity bag. The foley catheter bag was uncovered and visible to public view. RN 2 stated, the foley catheter bag should have been placed in the dignity bag to provide privacy and dignity to Resident 80.</p> <p>c. During a review of Resident 84's medical record, titled, ADMISSION FACESHEET (a document that contains the resident's demographic information), indicated, Resident 84 was admitted on [DATE]. Resident 84's admitting diagnosis was a foot infection.</p> <p>During a review of Resident 84's medical record titled, Admission H&amp;P (History and Physical) EMR (Electronic Medical Record), dated September 13, 2022, at 2:41 PM, by Nurse Practitioner (NP 1) indicated, Resident 84 had a past medical history of paralysis (inability to move body) of the lower extremity due to scoliosis (sideways curvature of the spine) surgery in 2000, recurrent foley tract infections (UTI) - secondary to chronic catheterization, and gout (inflammatory arthritis). Resident 84 underwent a left above the knee amputation (removal of a limb) on September 11, 2022 (due to osteomyelitis [infection in the bone]). The Review of Systems indicated the Resident was positive for chronic foley catheterization.</p> <p>During an observation on November 1, 2022, at 8:19 AM, observed Resident 84's foley catheter bag without a dignity bag cover over the foley catheter bag. Yellow urine was visible through the transparent plastic foley catheter bag. The foley catheter bag was hanging from the left side of the Resident's bed, and visible from the hallway door.</p> <p>During a subsequent observation on November 3, 2022, at 8:02 AM, observed Resident 84's foley catheter bag did not to have a dignity bag in place.</p> <p>During a concurrent observation and interview, on November 1, 2022, at 4:04 PM, with RN 1, Resident 84's foley catheter bag was observed without a dignity bag in place. RN 1 stated, foley catheter bags are to be covered for privacy issues. RN 1 stated the foley catheter bag was not covered for Resident 84, because it was not brought to RN 1's attention that it was the expectation to have the dignity bags in place at all times.</p> <p>(continued on next page)</p>		

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<p>F 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with the Director of Nursing (DON) on November 2, 2022, at 3:00 PM, the DON stated, staffs are expected to always use the dignity bag over the foley catheter bag. The DON stated, he/she expects that the staff will place the foley catheter bag in an inconspicuous area - to allow for privacy. The DON stated, there should always be enough dignity bags on hand, and pillowcases should not be used in place of a dignity bag.</p> <p>During an interview with LVN 3, on November 3, 2022, at 8:05 AM, LVN 3 stated, residents with foley catheters are supposed to have a dignity bag in place. LVN 3 stated, Resident 84 did not have a dignity bag in place.</p> <p>d. During a review of Resident 90's ADMISSION FACESHEET, indicated, Resident 90 was admitted to the facility on [DATE], with diagnoses of cellulitis (a deep infection of the skin caused by bacteria) of the right elbow.</p> <p>During a concurrent observation and interview on October 31, 2022, at 4:44 PM in Resident 90's room, Resident 90 was sitting on his wheelchair watching television. Resident 90's foley catheter bag was hanging at the side of his wheelchair. The foley catheter bag was uncovered, with yellow urine visible to the public. Resident 90 stated, he's had this foley catheter for 2 1/2 years and had it when admitted at this facility. Resident 90 further stated it used to have a cover but was taken out and never covered again.</p> <p>A concurrent observation and interview with Certified Nursing Assistant (CNA 3), on October 31, 2022, at 4:50 PM, in Resident 90's room , CNA 3 stated foley catheter bag should be covered with dignity bags, but the facility ran out.</p> <p>During an interview with the LVN 4, on October 31, 2022, at 5:00 PM, LVN 4 stated she was not aware that foley catheter bags should be covered.</p> <p>During an interview with the Infection Prevention Nurse (IPN) on November 1, 2022, at 10:00 AM, the IPN stated, it is an expectation that foley catheter bags should have dignity bags. IPN further stated she gave an in service to staff discussing dignity bags.</p> <p>e. During a review of Resident 249's medical record titled, ADMISSION FACESHEET (a document that contains the Resident's demographic information), indicated, Resident 249 was admitted to the facility on [DATE], with a diagnosis of left hip fracture.</p> <p>During a review of Resident 249's medical record titled, Admission H&amp;P EMR, dated October 27, 2022, at 3:37 PM, by NP 1, indicated, Resident 249, had a primary medical history of liver cirrhosis (scarring of the liver due to long term liver damage), and diabetes insipidus (a condition that causes the resident to urinate large amounts). Resident 249, was presented to [FACILITY NAME] after a fall in the bathroom that resulted in a hip fracture. The Assessment/Plan indicated; the resident arrived at the facility with foley catheter due to urine retention.</p> <p>During an observation on November 1, 2022, at 3:42 PM, observed Resident 249's foley catheter bag hanging from the right side of the bedframe and without a dignity bag cover over urine collection system.</p> <p>(continued on next page)</p>		

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<p>F 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent observation and interview, on November 1, 2022, at 3:45 PM, with RN 1, Resident 249's foley catheter bag was observed to be without a dignity bag. RN 1 acknowledged there was not a dignity bag in place. RN 1 stated the facility is out of the dignity bags.</p> <p>During an interview with CNA 1, on November 2, 2022, at 3:13 PM, CNA 1 stated, the facility ran out of dignity bags. CNA 1 stated the expectation is that foley catheter bags are covered at all times. CNA 1 stated the purpose of the dignity bags are to provide the resident with dignity and privacy. CNA 1 stated, Resident 249 was not provided a dignity when the foley catheter bag was not covered.</p> <p>During a review of the document titled, Catheter Care, dated April 2022, indicated, Catheter Privacy Bags: All residents should have a privacy cover for their catheter bag. If they decline, include that in your documentation.</p> <p>During a concurrent interview and record review, on November 2, 2022, at 3:15 PM, with the DON, the Job description (JD) titled, [Facility Name] Job Description Certified Nursing Assistant SNF (Skilled Nursing Facility)/Subacute Unit, dated April 2016, was reviewed. [Facility Name] Job Description CCNA) SNF /Subacute Unit indicated, Primary Duties .6. Demonstrates sensitivity to resident comfort and privacy. The DON acknowledged; the JD was not followed when dignity bags were not placed over the foley catheter bags.</p> <p>During a concurrent interview and JD review, on November 3, 2022, at 3:20 PM, with the DON, the JD titled, [Facility Name] Job Description Charge RN SNF/CDP Unit, dated July 2005, was reviewed. [Facility Name] Job Description Charge Registered Nurse (RN) SNF/CDP Unit indicated, Key Result Areas . 4. Service: The employee meets or exceeds customer service expectations . Primary Duties .10. Carries out on a daily basis, as needed: .Ensure LVN and CNA's team leaders complete assisted tasks and charting. The DON acknowledged; the JD was not followed when dignity bags were not placed over the foley catheter bags.</p> <p>During a concurrent interview and Policy and Procedure (P&amp;P) review on November 3, 2022, at 3:25 PM, with the DON, the P&amp;P titled, Resident Rights, dated October 7, 2021, was reviewed.The P&amp;P), indicated, Policy: It is the policy of the Skilled Nursing Facility to protect and promote the exercise of rights for each resident . The resident has a right to: a dignified existence, self -determination, and communication with and access to persons and services inside and outside the facility and to be free from all forms of abuse .F. Be informed of his or her total health status and participate in his or her treatment and plan of care, including: . 3. To be treated with consideration, respect and full recognition of dignity and individuality, including privacy in treatment and in care of personal needs. The DON acknowledged the policy was not followed.</p>		

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<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45431</p> <p>Based on observation, interview, and record review, the facility failed to provide five (5) out of 23 residents (Resident 10, 36, 51, 74 and 90) the choice to eat their meals in the dining room.</p> <p>This failure had the potential to deny five (5) out of 23 residents (Resident 10, 36, 51, 74 and 90) the right to choose where they eat their meals.</p> <p>Findings:</p> <p>During a lunch observation on October 31,2022 at 12:10 PM, lunch trays were served in the residents' rooms instead of the dining room.</p> <p>During an interview on October 31, 2022, at 12:35 PM, with Certified Nurse Assistant 3 (CNA3), CNA3 stated, residents eat their meals at their room most of the time because of a shortage of staffing. She stated, management re-assigns the Restorative Nurse Assistant (RNAs) to do patient care. CNA4 stated, Today is a good example, we are short of CNAs, so they took the RNA to do CNA work.</p> <p>During an interview on October 31,2022, at 12:44 PM, with Resident 10, Resident 10 stated they seldom eat in the dining room. She stated, We only eat in the dining room [ROOM NUMBER]-4 times a week, only for lunch, breakfast and dinner are always in the room. Most residents eat in their own room. I would love to eat in the dinning room so I could see and talk to other residents.</p> <p>During an interview on October 31, 2022, at 12: 46 PM, with Resident 74, Resident 74 stated, They don't have enough staff to watch us, so we usually eat in bed. We eat at the dining room [ROOM NUMBER] to 4 times a week, usually lunch time, dinner is always in bed. She stated that it would be nice to eat in the dining room so she could socialize with other residents.</p> <p>During an interview on October 31,2022, at 1:15 PM, with Resident 51, Resident 51 stated that he eats his meals in the room most of the time. He stated due to staffing shortage, the dining room occasionally opens. Resident 51 further stated he would appreciate it if the dining room were open for all meals.</p> <p>During an observation of the dinner meal, on October 31,2022, at 5:00 PM, the residents were all being served their dinner meal in their rooms.</p> <p>During an observation of the breakfast meal on November 1, 2022, at 7:00 AM, the residents were all being served their breakfast meal in their rooms.</p> <p>During an interview on November 1, 2022, at 8:20 AM, with Kitchen Lead (KL), KL stated, As far as the dietary department is concerned, the dinning room can be opened for service anytime because we have enough staff to do it, however, nursing has always been short staffed so no one can watch the residents while in the dining room.</p> <p>(continued on next page)</p>		

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<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on November 1, 2022, at 9:15 AM, with Registered Nurse (RN3), RN3 stated, To be honest if we have enough staff the dining room is open for breakfast, lunch, and dinner. We have been for one and half years, running one aid per hall. She stated there is only one RNA for the whole facility.</p> <p>During an interview on November 1, 2022, at 10:00 AM, with Resident 90, Resident 90 stated, he has not eaten in the dining room because there was not enough room. Resident 90 further stated that since he was admitted to this facility the dining room has not been open often.</p> <p>During an interview on November 2, 2022, at 1:30 PM, with Resident 36, Resident 36 stated that he enjoys eating in the dining room. When asked how he would feel about eating all his meals in the dining room, he stated, That would be great. I would like that.</p> <p>During an observation of the dinner meal, on November 1,2022, at 5:10 PM, the residents were all being served their dinner meal in their rooms.</p> <p>During an observation on November 2, 2022, at 7:00 AM, the residents were all being served their breakfast meal in their rooms.</p> <p>During an interview on November 2, 2022, at 7:05 AM, with CNA2, CNA2 stated residents always eat their breakfast in the room because there's not enough staff to get the residents out of bed.</p> <p>During an interview on November 2, 2022, at 7:43 AM, with the Assistant Director of Nursing (ADON), the ADON was asked how many active RNAs does the facility currently have, ADON stated, For now we only have one RNA, and we are actively hiring.</p> <p>During an interview on November 2, 2022, at 9:15 AM, with LVN1, LVN1 stated if the facility was fully staffed, they can have the residents eat their meals at the dining room. LVN1 stated with less staff everyday they do not have enough to supervise the residents in the dining room during meals. She stated we have 2 RNAs but they are being pulled to do resident care. LVN1 stated, RNA1, is also the van driver so if he has some errands to do, he is unable to do his RNA duties.</p> <p>During an interview on November 2, 2022, at 2:05 PM, with RNA2, RNA2 stated that there are two RNAs at this facility, however, they are pulled most of the time to do CNA responsibilities because they don't have enough staff. She stated, RNA1 is also the transportation driver so if he has errands, he is unable to help in the dining room.</p> <p>During an interview on November 3, 2022, at 3:57 PM, with the Director of nursing (DON), the DON was asked about why the residents are not eating at the dining room, he stated, It should be as much as possible. We have enough staff, but they are not getting the residents up. The DON further stated, staff should be getting the residents up as scheduled (for those that are willing) to have their meals in the dining room.</p> <p>During a review of the facility policy and procedure titled, Resident Rights, reviewed on October 7,2021, indicated, Procedure: C. Preferences, rights, and requests shall be honored to the maximum extent possible regardless of if the resident is deemed incompetent.</p>		

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<p>F 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45431</p> <p>Based on interview and record review, the facility failed to complete DP (Distinct Part) SNF (Skilled Nursing Facility) Notice Of Medicare Noncoverage (NOMNC) (a form that contains information regarding the end date of Medicare covered services) for one of three (3) sampled residents (Resident 253).</p> <p>This failure had the potential for the resident to be uninformed regarding his/her specific rights and protections related to financial liability for potential incurred medical expenses as well as the right to appeal.</p> <p>Findings:</p> <p>During a review of Resident 253's clinical record titled, REGISTRATION RECORD, indicated, Resident 253, was admitted to the facility on [DATE], for a chief complaint of shortness of breath.</p> <p>During a review of Resident 253's clinical record titled, Discharge Summary EMR (Electronic Medical Record), dated May 2, 2022, at 2:31 PM, by Family Nurse Practitioner (FNP) indicated, Resident 253 had a past medical history of hypertension (high blood pressure), dyspepsia (indigestion), and dyslipidemia (high cholesterol). Resident 253 presented to the Emergency Department (ED) after a fall with subsequent right hip pain. The resident had a right hip replacement and was sent to the facility for continued physical therapy and rehabilitation. The Resident was discharged to home on April 29, 2022, with an order for home health physical therapy.</p> <p>During an interview with Social Services (SS) on November 2, 2022, at 2:30 PM, stated, SS was unable to find the NOMNC form for Resident 253. SS stated, it was important to have the resident's signature on the NOMNC form, because the insurance company was informing the resident that their skilled services are ending. SS stated, in addition, the NOMNC form informs the resident of their right to appeal the decision. SS further stated, the NOMNC form should be given to the resident two to three days prior to services ending. SS acknowledged that he/she is unable to produce a copy of Resident 253's NOMNC form.</p> <p>During an interview with the Quality Manager (QM), on November 2, 2022, at 2:56 PM, the QM stated, he/she does not have a copy of the NOMNC form for Resident 253. The Quality Manager acknowledged that a copy of the NOMNC form should be available, and the form was missing.</p> <p>During a concurrent interview and record review on November 2, 2022, at 3:15 PM, with the Director of Nursing (DON), the facility's document titled, DP SNF Notice of Medicare Noncoverage, undated, was reviewed. DP SNF Notice of Medicare Noncoverage, indicated, The Effective Date Coverage of Your Current: Services Will End: _____.</p> <p>Your Medicare provider and/or health plan have determined that Medicare probably will not pay for your current SNF services after the effective date indicated above.</p> <p>You may have to pay for any services you receive after the above date.</p> <p>(continued on next page)</p>		



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F 0582  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Your Right to Appeal This Decision:  You have the right to an immediate, independent medical review (appeal) of the decision to end Medicare coverage of these services. Your services will continue during the appeal . The DON acknowledged the facility was unable to produce a copy of the NOMNC form for Resident 253.		



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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45431</p> <p>Based on observation, interview, and record review, the facility failed to ensure and follow their Policy and Procedure (P&amp;P), for the availability of appropriate lifting and safety equipment (sling) to transfer from the bed to the wheelchair for two (2) of 23 sampled residents (Resident 10 and 74) when:</p> <ol style="list-style-type: none"> <li>1. Resident 10 stayed in the bed due to unavailability of sling.</li> <li>2. Resident 74 stayed in the bed due to unavailability of sling.</li> </ol> <p>These failures had the potential for the two residents to develop skin breakdown and promote further deconditioning (having lost fitness or muscle tone).</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. During a review of Resident 10's Admission Record (contains demographic information), indicated, Resident 10 was admitted to the facility on [DATE], with a diagnosis of Multiple Sclerosis (a disease in which the immune system eats away at the protective covering of nerves) and Paraplegia (paralysis that affects all or part of the trunk, legs, and pelvic organs).</li> </ol> <p>During a concurrent observation and interview on October 31, 2022, at 11:50 AM, with Resident 10, who was observed to be alert awake and verbally responsive. Resident 10 stated, There's not enough [slings], that I had to order my own.</p> <p>During a review of Resident 10's Minimum Data Set (MDS - facility assessment tool), dated October 14, 2022, Section C: Cognitive Patterns, indicated Resident 10's Brief Summary of Mental Status (BIMS- screening tool used in nursing homes to assess cognition and a score of 13-15 suggests cognitively intact) score is 15. A further review of Resident 10's MDS , Section G: Functional Status, indicated, that resident was totally dependent on staff on bed mobility, transfer, dressing and toilet use. Section G: Functional Status, indicated, Resident 10 had an impairment on both sides of her lower extremities and uses a wheelchair for mobility.</p> <ol style="list-style-type: none"> <li>2. During a review of Resident 74's medical record, Face Sheet (contains demographic information), indicated, Resident 74 was admitted on [DATE], with a diagnosis of left foot fracture.</li> </ol> <p>During a concurrent observation and interview on October 31, 2022, at 11:00 AM, in Resident 74's room, Resident 74 stated, she was still in bed because there was no sling available to use for the lift equipment to help her transfer from the bed to the wheelchair. Resident 74 further stated, We are forced to stay in bed for 24 to 36 hours.</p> <p>During a review of Resident 74's MDS dated [DATE], Section C: Cognitive Patterns, indicated, Resident 74's BIMS score was 15. Section G: Functional Status, indicated, Resident 74 was totally dependent on staff to assist with bathing. A further review of Section G indicated, Resident 74 had impairment on both sides of her lower extremities and uses a wheelchair for mobility.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a follow- up interview on November 3, 2022, at 12:45 PM, with Resident 74, stated, this is what happens when CNA3 is off. She will be off until Monday. This morning there was no sling available for me, good thing my roommate was good enough to let me borrow her new sling that just arrived yesterday. Resident 74 further stated, she ordered her own sling, so she won't have to wait long to get out of bed like today.</p> <p>During a concurrent interview and record review on November 1, 2022, at 9:00 AM, with CNA3, the facility's document, [FACILITY NAME] Sling Tracking Log dated October 31,2022, for the day shift (7:00 AM to 7:00 PM), was reviewed. sling Tracking Log indicated, sling names [SLING 1], [SLING 2], [SLING 3], [SLING 4], [SLING 5], [SLING 6], [SLING 7], [SLING 8]. CNA 3 stated, these are the only slings available at this facility and the staff must sign out the sling when they use it because staff have lost so many slings in the past. CNA3 further stated, Some residents are buying their own (slings). Sometimes I have to get the slings early, or else I will have none.</p> <p>During a concurrent interview and record review on November 1, 2022, at 9:15 AM, with Registered Nurse (RN3), Printed Patient List, dated October 31, 2022, was reviewed. The Printed Patient List indicated, the names and room numbers of the residents located on the skilled nursing area of the facility. RN3 marked S adjacent to resident's names that needed slings. RN3 marked 49 residents. RN3 was asked if 8 slings are enough for the 49 residents, RN3 stated, No.</p> <p>During a concurrent interview and record review on November 2, 2022, at 6:10 AM, with RN7, Night Shift Get Up list undated, was reviewed. The Night Shift Get Up list, indicated, 114 Hall: 120B Friday only per family request, 122B and 125B. RNA7 stated, this was the list of residents provided by the facility who will be using the slings first.</p> <p>During an interview on November 2, 2022, at 12:18 PM, with the Assistant Director of Nursing (ADON), stated, Yes, we don't have enough (slings) for each resident, so we are constantly ordering more. ADON further stated, Some residents bought their own (slings).</p> <p>During an interview on November 3, 2022, at 1:10 PM, with Licensed Vocational Nurse (LVN), LVN1 stated, the facility does not have enough slings. LVN1 further stated, Slings are being ordered, but we can't provide slings for all the residents. when asked how staff choose or prioritize which residents can use the sling, LVN1 stated, It's first come first serve.</p> <p>During an interview on November 3, 2022, at 2:38 PM, with the Director of Nursing (DON), the DON when asked if they have enough slings, stated, If you are asking if we have enough [slings] no, we don't but we are continuing to order.</p> <p>During record review of the facility's Policies and Procedure (P&amp;P), Lifting Resident, No Lift Policy, reviewed on January 28, 2019, indicated, Procedure: .2 .The DON and designee will ensure the availability of appropriate lifting and safety equipment for the staff 7. Sling- Each lift should be equipped with medium, large and extra larges slings.</p>		

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43943</p> <p>Based on interview and record review, the facility failed to ensure adequate supervision was provided for one of five (5) sampled residents (Resident 248), reviewed for supervision leading to an elopement (a form of unsupervised wandering that leads to the resident leaving the facility) from the facility and traveled via city bus to a city approximately one and a half hours away.</p> <p>This failure placed the resident at risk for harm and endangerment in the community and had the potential to affect other residents with supervision needs in a universe of 90 residents.</p> <p>Findings:</p> <p>During a review of Resident 248's clinical record titled, Admission Record (document that contains the resident's demographics), indicated, Resident 248 was admitted to the facility on [DATE], and discharged on [DATE]. The Resident's admitting diagnosis included atrial fibrillation (irregular heart rhythm), paraplegia (inability to move the legs and lower body) and urinary tract infection (bacteria that enters the urinary system and leads to painful urination and infection).</p> <p>During a review of Resident 248's clinical record titled, Care Plan, dated July 7, 2020, by Registered Nurse RN 5, indicated, Resident 248 was an elopement risk related to previous attempts to leave other facilities.</p> <p>During a review of Resident 248's clinical record titled, Wandering Risk Scale, dated, July 7, 2020, at 1:54 PM, indicated, the resident had no history of wandering. The Resident's Wandering Risk Score was 7 (low risk).</p> <p>0-8 - Low Risk to Wander</p> <p>9-10 - At Risk to Wander</p> <p>11 above - High Risk to Wander.</p> <p>During a review of Resident 248's clinical record titled, Wandering Risk Scale, dated October 27, 2021, at 8:28 AM, indicated, the Resident had no history of wandering. Wandering Risk Score was 3 (low risk).</p> <p>During a review of Resident 248's clinical record titled, Wandering Risk Scale, dated November 9, 2021, indicated, the Resident was a high risk for wandering. Wandering Risk Score was 12.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 248's clinical record titled, Nursing Narrative, dated November 12, 2021, at 1:15 PM, by RN 4, indicated, Resident noted not being physically present in the building at 12:35 (PM). Staff searched the facility. Security notified by phone, 911 call initiated to report a missing resident. A visitor to the facility reported witnessing resident getting into a City bus. City bus call center notified, bus driver reported seeing resident getting off the bus at the local transfer center.</p> <p>During a review of Resident 248's clinical record titled, Nursing Narrative, dated November 12, 2021, at 1:30 PM, by RN 4 indicated, Facility driver was unable to locate resident at the local bus transit center. Sheriff has been notified; facility security aware of missing resident.</p> <p>During a review of Resident 248's clinical record titled, [FACILITY NAME] Continuing Care Center Progress Notes, dated November 15, 2021, at 9:43 AM, by Social Services (SS) indicated, the facility received a call from [Acute Care Hospital] in [NAME], that the resident had been admitted to the hospital in their ER (emergency room ) department.</p> <p>During an interview with Certified Nursing Assistant (CNA 3), on October 31, 2022, at 11:28 AM, stated, he/she remembers that Resident 248 was a risk for wandering. CNA 3 stated, the Resident required total care from staff and was unable to care for himself/herself. CNA 3 stated, someone in the Housekeeping Department saw Resident 248 left the facility via his/her electric wheelchair. CNA 3 stated, the residents who are risk for elopement are supposed to have an alarm around their ankle that sets off an alarm when the resident exits the front door. CNA 3 stated, the resident did not have an alarm in place.</p> <p>During an interview with the Minimum Data Set (MDS-oversee the resident's assessment) MDS RN, on November 3, 2022, at 8:30 AM, stated, Resident 248 had eloped from every facility he/she had been at. The MDS RN stated, the MDS RN knew this information because she reviewed the resident's referral packet before admission. The MDS RN acknowledged, the elopement scores were not done correctly.</p> <p>During a concurrent interview and policy and procedure (P&amp;P) review, with the Director of Nursing (DON), on November 3, 2022, at 8:50 AM, Accident Prevention, dated January 6, 2020, was reviewed. P&amp;P Accident Prevention indicated, Policy: It is the policy of the D/P ([Distinct Part] section of a facility) SNF (Skilled Nursing Facility) to ensure that: . B. Each resident receives adequate supervision .to prevent accidents.</p> <p>Procedure: . A. Upon admission, as part of the assessment, the nurse will assess the patient and his or her risk potential across a number of different variables including but not limited to . 3. Wandering. The DON acknowledged, Resident 248's careplan dated July 7, 2020, indicated, the resident was at risk for wandering and the elopement score was not completed correctly on July 7, 2020, and October 27, 2021, when no history of wandering was documented. The DON acknowledged the P&amp;P was not followed.</p>		

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<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>45431</p> <p>Based on observation, interview and record review, the facility failed to designate a qualified Director of Food and Nutrition Services.</p> <p>This resulted in the food services department lacking oversight which led to unsanitary conditions in the kitchen that served food to 80 medically compromised residents from an universe of 90, when the following were found:</p> <ol style="list-style-type: none"> <li>1. The microwave was not kept in sanitary condition which could transfer to residents' foods during reheating. This had the potential to contaminate the food and cause foodborne illnesses (stomach illness acquired from ingesting contaminated food).</li> <li>2. The toaster oven was dusty, wire rack and conveyor had hardened crumbs, old food residue and grime on the top heat switch and the bottom heat switch, which put residents who ingest food heated in the toaster at risk for foodborne illnesses.</li> <li>3. The floor under a counter near a sink adjacent to tray line table had food crumbs and dust, which had the potential to contaminate the food being prepared at the tray line table.</li> <li>4. The floors under the food racks in the walk-in freezer had food crumbs, trash, an axe, and dust, which had the potential to attract microorganisms carrying pests and contaminate the food stored in the freezer.</li> </ol> <p>Findings:</p> <p>During an interview on October 31, 2022, at 9: 00 AM, with the [NAME] (Cook), [NAME] stated, that Director of Operations and Maintenance (DOM) is serving as the Director of Food and Nutrition Services.</p> <p>During an interview on October 31, 2022, at 9:10 AM, with Kitchen Lead (KL), KL stated, he is not the Director of Food and Nutrition Services, I am just a mere kitchen lead crew. My manager is the DOM.</p> <p>During an initial tour of the kitchen on October 31, 2022, at 9:20 AM, the following unsanitary conditions were observed:</p> <p>The microwave oven had old food residue in the cooking cavity.</p> <p>The toaster oven was dusty, wire rack and conveyor had hardened crumbs, old food residue and grime on the top heat switch and the bottom heat switch.</p> <p>The floor under a counter near a sink adjacent to tray line table had food crumbs and dust.</p> <p>The floors under the food racks in the walk-in freezer had food crumbs, trash, an axe, and dust.</p> <p>(continued on next page)</p>		

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<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on October 31, 2022, at 10:00AM, with KL, KL stated, DOM has the oversight of this facility's kitchen and serves as the Director of Food and Nutrition Services.</p> <p>During an interview on November 1, 2022, at 8:30 AM, with DOM, DOM stated he manages the kitchen and can acknowledge the findings of the initial tour of the kitchen. DOM further stated that he is responsible for ordering kitchen equipment such as the oven toaster.</p> <p>During an interview on November 3, 2022, 9:40 AM, with Registered Dietician (RD), RD stated his role at this facility is to assess new admissions, quarterly and annual review of all residents, monitor weights, and approve menus. RD stated, he does not serve as Director of Food and Nutrition Services. RD further stated, The DOM has oversight of the kitchen operations. I don't know if the DOM has the qualifications, you will have to talk to Human Resources (HR).</p> <p>During an interview on November 3, 2022, at 9 :55 AM, with the Director of Nursing (DON), DON was asked who the Director of Food and Nutrition Services is, DON stated, the DOM is the Director of Food and Nutrition Services.</p> <p>During an interview on November 3, 2022, at 12:00 with KL, KL stated, he is not the Director of Food and Nutrition Services and does not have the qualifications to be one. KL stated, if he has concerns with the menu he consults with the RD, however, if KL has concerns with the kitchen operations he consults with the DOM.</p> <p>During an interview on November 3, 2022 at 12:15PM with the DOM, DOM stated, he manages the kitchen including staff performance evaluations. DOM further stated that he does not have the qualifications stipulated in the regulations to be the Director of Food and Nutrition Services.</p> <p>During a record review of the facility's document, Job Title Dir, Plant operations [FACILITY NAME], undated, indicated, DOM was hired as the Director of Plant Operations on March 17, 2019.</p> <p>During a record review of the facility's document, Job Description Director of Plant Maintenance, revised on March 2017, indicated, DOM's position has the following general duties, The Director of Facilities Management has responsibility for all aspect of the physical plant at [FACILITY NAME] Responsibilities Include: Plant Operations, Environmental Services, Grounds Security, Safety, Construction and Hazardous Material/Waste Management.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>45431</p> <p>Based on observation, interview, and record review, the facility failed to ensure a safe and sanitary food preparation and storage practices in the kitchen when:</p> <ol style="list-style-type: none"> <li>1. The microwave was not kept in sanitary condition which could transfer to residents' foods during reheating. This had the potential to contaminate the food and cause foodborne illnesses (stomach illness acquired from ingesting contaminated food).</li> <li>2. The toaster oven was dusty, wire rack and conveyor had hardened crumbs, old food residue and grime on the top heat switch and the bottom heat switch, which put residents who ingest food heated in the toaster at risk for foodborne illness.</li> <li>3. The floor under a counter near a sink adjacent to tray line table had food crumbs and dust, which had the potential to contaminate the food being prepared at the tray line table.</li> <li>4. The floors under the food racks in the walk-in freezer had food crumbs, trash, an axe, and dust, which had the potential to attract microorganism carrying pests and contaminate the food stored in the freezer.</li> </ol> <p>The facility's failures to ensure a safe and sanitary condition in the kitchen resulted in the increased risk of resident harm from food-borne illness to a population of 80 medically compromised residents from an universe of 90, who received food from the kitchen.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. During a concurrent observation and interview with the Kitchen Lead (KL), on October 31, 2022, at 9:10 AM, the microwave oven was observed to have old food residue at the cooking cavity. The KL confirmed that it was dirty and should have been cleaned after use.</li> </ol> <p>During an interview, on November 1, 2022, at 8:30 AM, the Director of Operations and Maintenance (DOM) stated that his expectation is for staff to follow the cleaning schedule and equipment to be cleaned every day.</p> <p>During a record review of facility's policy and procedure (P&amp;P) titled, Ranges and Oven dated 2018, indicated, Ovens: Cleaning procedure: 2. Weekly and as often as necessary, racks and shelves should be removed and cleaned in a warm detergent solution following manufacturer's instructions.</p> <p>A review of the FDA Federal Food Code 2017, 4-601.11 titled, Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils indicated, (C) Nonfood-CONTACT SURFACES of EQUIPMENT shall be kept free of an accumulation of dust, dirt, FOOD residue, and other debris.</p> <p>A review of the FDA Federal Food Code 2017, 4-601.12 titled, Cooking and Baking Equipment, indicated, (B) The cavities and door seals of microwave ovens shall be cleaned at least every 24 hours by using the manufacturer's recommended cleaning procedure.</p> <p>(continued on next page)</p>		



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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>2. During a concurrent observation and interview with the KL, on October 31, 2022, at 9: 13 AM, the toaster oven was dusty, wire rack and conveyor had hardened crumbs, old food residue and grime on the top heat switch and the bottom heat switch. The KL acknowledged that the toaster oven was very dirty and stated that his expectation was for the toaster oven to be cleaned daily.</p> <p>During an interview, on November 1, 2022, at 8:30 AM, with DOM, the DOM stated that his expectation is for staff to follow the cleaning schedule and the toaster oven to be cleaned every day.</p> <p>During a review of the facility's document Cook: Cleaning schedule - CCC dated August 25, 2021, indicated, Week beginning Monday: Time .Weekly .Saturday . Action .3. Clean ovens.</p> <p>During a record review of facility's policy and procedure titled, Ranges and Oven dated 2018, indicated, Ovens : Cleaning procedure: 2. Weekly and as often as necessary, racks and shelves should be removed and cleaned in a warm detergent solution following manufacturer's instructions.</p> <p>A review of the FDA Federal Food Code 2017, 4-601.11 titled, Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils indicated, (A) EQUIPMENT FOOD-CONTACT SURFACES and UTENSILS shall be clean to sight and touch. (B) The FOOD-CONTACT SURFACES of cooking EQUIPMENT and pans shall be kept free of encrusted grease deposits and other soil accumulations.</p> <p>3. During a concurrent observation and interview with the KL, on October 31, 2022, at 9:15 AM, the floor under a stainless-steel counter near a sink adjacent to tray line table had food crumbs and dust. KL acknowledged the floor was dirty and stated his expectation is for staff to clean the floors daily.</p> <p>During an interview, on November 1, 2022, at 8:30 AM, with the DOM, the DOM stated that his expectation is for staff to follow the cleaning schedule and the floors to be cleaned every day.</p> <p>During a review of the facility's document Utility Cleaning Schedule- CCC form, dated August 25, 2021 indicated, Week Beginning Monday: Time: Daily .Action .2. Sweep and mop kitchen after each meal (AM/PM).</p> <p>During a review of the facility's policy and procedure (P&amp;P), titled General Appearance of Food and Nutrition Department, dated 2018, the P&amp;P indicated, Floors, floor mats, and walls must be scheduled for routine cleaning and maintained in good condition .Floors and floor mats: 1. Floors must be mopped a least once per day.2. Sweep the floor, pushing all debris forward. Use a dustpan to remove and dispose of debris as it accumulates 8. Mop under and around the equipment, along the walls and corners .</p> <p>4. During a concurrent observation and interview with the KL, on October 31, 2022, at 9:25 AM, the floors under the food racks in the walk-in freezer had food crumbs, trash, an axe, and dust. The KL stated, What can I say. He stated the staff should have followed the cleaning schedule for the freezer.</p> <p>During an interview, on November 1, 2022, at 8:30 AM, with the DOM, the DOM stated that his expectation is for staff to follow the cleaning schedule and the floors in the walk-in freezer should be cleaned every day.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During a review of the facility's document Cook: Cleaning schedule - CCC form dated August 25, 2021, indicated, Week beginning Monday: Time .Weekly .Tuesday . Action .1. Organize and clean own area of walk-in refrigerator, produce bins/area, freezer (AM/PM Cooks).</p> <p>During a review of the facility's P&amp;P, Refrigerator and Freezer, dated 2018, the P&amp;P indicated, Maintaining a clean refrigerator and freezer can improve the safety and quality of your food .1. Refrigerator and freezer should be on a weekly cleaning schedule .7. Sweep the floor and mop with a freezer cleaner product obtained from your chemical company.</p>		

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F 0880  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42615</b></p> <p>Based on observation, interview, and record review, the facility failed to implement their infection control and prevention when:</p> <ol style="list-style-type: none"> <li>1. The Treatment Nurse (TN) used the same pair of gloves to remove a soiled wound dressing and grabbed a clean gauze to clean Resident 86's sacral (tailbone) wound.</li> <li>2. The trash bin was overflowing, and the dirty linen bag was on the floor in Resident 86's bathroom.</li> </ol> <p>These deficient practices had the potential to promote development and spread of communicable diseases and infections in the facility in a highly susceptible population of 90 residents.</p> <p>Findings:</p> <p>1. A review of Resident 86's ADMISSION RECORD (a document contains demographic information), indicated, Resident 86 was originally admitted to the facility on [DATE], with diagnoses that included, osteomyelitis (bone infection), quadriplegia (inability to move all four limbs), and chronic pain.</p> <p>A review of Resident 86's Admission H&amp;P (History and Physical) EMR (Electric Medical Record), dated October 11, 2022, the problem list and past medical history included pressure ulcer (wound) of the right hip and the sacral region.</p> <p>A review of Resident 86's clinical record, Orders, dated, October 12, 2022, indicated,</p> <p>Wound Care by Nursing Routine, 10/12/2022 . Daily Instructions: chronic pressure injury, sacrum, cleanse with wound cleanser apply triad Hydrophilic cream (used to treat wound infections) to edges cover with border foam dressing, Routine .</p> <p>During a concurrent observation and interview of Resident 86's wound care on November 3, 2022, at 9:50 AM, in Resident 86's room, with the TN, the TN used the same pair of gloves to remove a soiled wound dressing and grabbed a clean gauze to clean Resident 86's sacral wound. When asked about the process of cleaning during wound care, the TN acknowledged, she did not do proper hygiene and stated, I forgot to remove my gloves and wash my hands with soap and water before cleaning the wound. TN further stated the purpose of washing hands with soap and water was to decrease transmission of infection.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555443	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/03/2022
NAME OF PROVIDER OR SUPPLIER  HI-Desert Medical Center D/P Snf		STREET ADDRESS, CITY, STATE, ZIP CODE  6601 White Feather Road Joshua Tree, CA 92252	
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 - Few</p>	<p>During a review of the facility's undated document, titled, How to Change Your Wound Dressing, it indicated, How to change your dressing. Removing your old dressing. Wash your hands with soap and water for at least 20 seconds. Dry your hands with clean towel. If soap and water are not available, use hand sanitizer . Take off the dressing. If the dressing sticks to your skin, use the recommended cleaning solution to wet the dressing. This helps it come off more easily. Remove any gauze or packing in your wound. Inspect the dressing and wound for any changes in drainage, such as color, amount, and odor. Throw the old dressing supplies into the garbage bag. Remove each glove by grabbing the cuff with opposite hand and turning the glove inside out. Place the gloves in the trash immediately. Wash your hands with soap and water for at least 20 seconds. Dry your hands with a clean towel. If soap and water are not available, use hand sanitizer .</p> <p>2. During an observation on November 3, 2022, at 10:15 AM, a dirty linen bag was on the floor and the trash bin in Resident 86's bathroom was overflowing.</p> <p>During a concurrent observation and interview on November 3, 2022, at 10:25 AM, with an Environmental Services Aide (EVSA), EVSA acknowledged, Resident 86's bathroom, the dirty linen bag was on the floor and the trash bin in the bathroom was overflowing. EVSA further stated staff should ensure soiled linen and trash bins were disposed of properly in a designated area.</p> <p>During an interview on November 3, 2022, at 10:45 AM, with the Environmental Services Manager (EVSM), he stated trash bins should be emptied as needed and not overflowing, and dirty linen bags should be transported to the appropriate storage and not be on the floor. He further stated, this was not an acceptable practice.</p> <p>A review of a facility's policy and procedure (P&amp;P) titled, ENVIRONMENTAL SERVICES Title: PATIENT ROOM, OCCUPIED, CLEAN, reviewed on September 3, 2019, the P&amp;P indicated, To provide a safe and germ free room for patient/residents visit. POLICY: The Environmental Service Department will clean and disinfect each patient/resident room and restroom on a daily basis according to procedures listed below .5. Remove General Waste a. Remove general waste from the patient room .d. Place the bag of trash into the container on your cart or take it to the waste pick-up site. 6 .Place the linen in the appropriate container. Secure the container for proper transport to the soiled linen storage area.</p>		