DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555403	A. BUILDING _____ B. WING _____	C 01/08/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTEREY PALMS HEALTH CARE CENTER	44610 MONTEREY AVENUE PALM DESERT, CA 92260

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The following reflects the findings of the Department of Public Health during an abbreviated standard survey for the investigation of one complaint. Complaint number: CA00372945 Representing the California Department of Public Health: 29339, HFEN The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. Two deficiencies were issued for complaint number: CA00372945.	F 000	This plan of correction constitutes my written allegation of compliance for the deficiencies cited. Submission of this Plan of Correction is not an admission that a deficiency was cited correctly. This Plan of correction is submitted to meet requirements established by State and Federal guidelines. Monterey Palms Health Care Rehab Center is in compliance by February 6, 2015	
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to provide necessary care and services when a resident fell (Resident 1) and subsequently experienced significant changes of condition. Findings:	F 309	Resident # 1 is no longer in the facility. Residents in - house were assessed by 1/16/15 to ensure that residents with change in condition especially with history of falls have medical evaluation and or diagnostic testing ordered as indicated based on clinical evaluation and review . No other residents affected.	2/6/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: ADMINISTRATOR — (X6) DATE: 1/16/15

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.

acceptable POC with allegations of Compliance JBobbitt, NFES 2/20/15

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555403	A. BUILDING _____ B. WING _____	C 01/08/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTEREY PALMS HEALTH CARE CENTER	44610 MONTEREY AVENUE PALM DESERT, CA 92260

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 309	Continued From page 1 On October 16, 2013, the record for Resident 1 was reviewed. Resident 1 was admitted to the facility from the hospital on August 8, 2013, with diagnoses including chronic obstructive pulmonary disease (COPD - lung disease), diabetes (abnormal blood sugar levels), and rehabilitative therapy due to recent fall at home resulting in rib fractures. The History and Physical form dated August 19, 2013, indicated Resident 1 had good rehabilitation potential and was cognitively (mentally) able to make own decisions. A physician progress note, dated August 27, 2013, indicated Resident 1 was, "Requesting to go home." The physician recommended further physical and occupational therapy before being discharged, and Resident 1 was not discharged from the facility. On September 1, 2013, Resident 1 fell, as indicated in the Risk Meeting Notes dated September 1, 2013. Resident 1 sustained a bump on the right forehead and skin tears to the right arm from the fall, as indicated in the the Change of Condition Notes, dated September 1, 2013, at 6:30 a.m. The record did not indicate the facility obtained a medical evaluation (emergency or urgent care) or diagnostic testing, such as X-rays, after the fall. Resident 1 complained of back pain two times on September 1, 2013 (the date of the fall), and complained of pain one time each on September 3, 4, and 5, 2013, as indicated in the September 2013 Pain Management Flow Sheet. This was an increase in pain when compared to the the	F 309	New residents are reviewed during the daily morning meeting for clinical review and evaluation to determine and follow up for necessary diagnostic testing and/ or if further medical evaluation needed with emphasis on residents with history of falls and fractures ,pressure ulcers and based on residents medical condition. The Primary Physician will be notified promptly with the result and outcome of the nursing assessment, evaluation and recommendation for further interventions. The residents care plan will be updated to reflect new interventions and approaches needed. Nursing will continue to follow the change of condition and shift to shift endorsement according to policy. The Director of Nursing /Designee will review the daily 24 hour nursing report during the daily morning meeting for any change in condition and to evaluate the necessity of further medical evaluation, follow up needed and appropriate diagnostic testing as needed based on resident medical condition. The Licensed Nurses and the RN Supervisor will conduct routine resident rounds to assess resident's medical condition for timely intervention and to determine if further evaluation is needed to meet resident's needs. The Primary Physician will be notified promptly by the Licensed Nurse for the result and outcome of the nursing assessment, evaluation and recommendation utilizing the SBAR process for further interventions. The residents care plan will be updated to reflect new interventions and approaches needed.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555403	A. BUILDING _____ B. WING _____	C 01/08/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTEREY PALMS HEALTH CARE CENTER	44610 MONTEREY AVENUE PALM DESERT, CA 92260

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 309	Continued From page 2 August 2013 Pain Management Flow Sheet which indicated that Resident 1 had complained of generalized pain six times and back pain just one time, over a longer period of time (August 19 through 31, 2013). The record did not indicate the facility obtained a medical evaluation or diagnostic testing regarding the increased pain. On September 2, 2013, Resident 1 was "lethargic [sluggish]," as indicated in the Physical Therapy Progress Status. The record did not indicate the facility obtained a medical evaluation or diagnostic testing with the change in mental status. On September 7, 2013, at 9 p.m., Resident 1 was again noted to be lethargic, as indicated in the Change of Condition Notes. In addition, Resident 1 had developed a fever with a temperature of 101 degrees Fahrenheit, and had cellulitis (infection of the soft tissue) of the right arm. The physician was notified by telephone and ordered an antibiotic medication for Resident 1, and medication to reduce the fever. The record did not indicate the facility obtained a medical evaluation or diagnostic testing for the ongoing change in mental status or infection. On September 9, 2013, the Rehabilitation Progress Notes indicated Resident 1's right forearm was infected from the skin tear, the right hand was "very sore," and scored 10 out of 10 on the pain scale (worst possible pain) when touched. Resident 1's entire right arm was stiff. Resident 1 could not use the right arm in therapy. The record did not indicate the facility obtained a medical evaluation or diagnostic testing for the extreme pain or worsening condition of the right arm.	F 309	In service education provided by the Director of Nursing to the Licensed Nurses by February 4, 2015 regarding Change in Condition with emphases on Fall management, on obtaining a medical evaluation or diagnostic testing ,such as x-rays, after a fall and or to send resident to acute hospital for further evaluation if indicated . Assessing a resident and obtaining further medical evaluation or diagnostic testing regarding change in resident condition with emphases on acute onset of pain, increased pain and extreme pain, infection and or worsening condition of resident status. Medical Records conducts an audit on residents with change in condition on a daily basis .Findings will be reviewed during the daily morning meeting for further follow up. The RN Supervisor/Manager will conduct daily random change in condition audit and to check if proper interventions, appropriate diagnostic testing is obtained and follow up. A Quality monitor was developed with criteria related to elements on the policy for Change in Condition .The monitor will be completed weekly x 4 weeks then monthly thereafter .Results of the quality monitor are submitted to the Director of Nursing and Administrator and will be reported to the monthly QA&A committee for further action and implementation. Administrator for follow up and are reported to the Monthly QA&A committee for review and recommendation.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555403	A. BUILDING _____ B. WING _____	C 01/08/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTEREY PALMS HEALTH CARE CENTER	44610 MONTEREY AVENUE PALM DESERT, CA 92260

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 309	Continued From page 3 On September 11, 2013, Resident 1 was seen by the physician. The physician progress note indicated Resident 1 "appears very confused ... [and] disoriented ..." No physician orders were written. On October 8, 2013, Resident 1 was sent to the hospital via emergency transport (911) for shortness of breath. On October 16, 2013, a review of the hospital records was conducted. A consultation for the sacral decubitus ulcer, dated October 9, 2013, indicated Resident 1 "was transferred from a skilled nursing facility with a decubitus ulcer. She apparently developed this over the last month during rehab.... She presented with a pressure sore with gangrenous changes [a potentially life threatening condition from necrosis] ...." On October 10, 2013, surgery was performed. Resident 1 had a fractured coccyx (broken tailbone), which was removed, as well as the necrotic (dead) tissue in the decubitus ulcer. On October 16, 2013, at 11:10 a.m., an interview was conducted with the hospital surgeon. The surgeon stated Resident 1 had a necrotic (dead tissue), Stage IV decubitus with a fractured coccyx. The surgeon stated that Resident 1 probably fell and landed on it (coccyx). The coccyx was completely separated, with a ligament holding it. The surgeon stated that Resident 1 had severe COPD, and the shortness of breath could have been brought about from the wound infections. On October 16, 2013, at 10:30 a.m., an interview was conducted with the hospital primary care	F 309		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555403	A. BUILDING _____ B. WING _____	C 01/08/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTEREY PALMS HEALTH CARE CENTER	44610 MONTEREY AVENUE PALM DESERT, CA 92260

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 309	Continued From page 4 physician (PCP). The PCP stated that the decubitus ulcer(s) was "huge ...growing bugs/infections ... with the bone lying loose in there." The PCP stated Resident 1 had previously been a patient at the hospital, for approximately six weeks, and was discharged to the Skilled Nursing Facility for "strengthening." The PCP stated, "They (facility) did not do well by her."	F 309		
F 314 SS=D	483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to prevent the development of a Stage IV (4) (full thickness tissue loss with exposed bone, tendon or muscle) decubitus ulcer (bed sore) to the sacral coccyx (lower back, tailbone area) for one sampled resident (Resident 1). Findings: On October 16, 2013, the record for Resident 1 was reviewed. Resident 1 was admitted to the facility from the hospital on August 8, 2013, with diagnoses including chronic obstructive	F 314	Resident # 1 is no longer in the facility. Residents in - house were assessed by the RN Supervisor and Treatment Nurse 1/16/15 to ensure that residents skin being checked and any skin breakdown, pressure ulcer were being identified and if present proper treatment and interventions in place based on plan of care. No other residents affected . New residents will have a complete skin assessment with the use of the Resident Data Collection to be conducted by the Licensed Nurse. Residents with skin breakdown, surgical sites and or pressure ulcers will be assessed by the Treatment Nurse for applicable treatment plan and regimen. New admit charts will be reviewed during the daily morning meeting to review resident's skin condition, potential risk factors identified in the development pressure ulcers and ensuring that plan of care in place to address problem need identified .No less than quarterly skin review and reassessment is completed and processed per policy.	2/6/15

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555403	A. BUILDING _____ B. WING _____	C 01/08/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTEREY PALMS HEALTH CARE CENTER	44610 MONTEREY AVENUE PALM DESERT, CA 92260

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 314	Continued From page 5 pulmonary disease (COPD - lung disease), diabetes (abnormal blood sugar levels), and rehabilitative therapy due to recent fall at home resulting in rib fractures. The Patient Data Collection, dated August 18, 2013, and Physician History and Physical, dated August 19, 2013, indicated that Resident 1 did not have any decubitus ulcers upon admission to the facility. The History and Physical further indicated Resident 1 had good rehabilitation potential and was cognitively (mentally) able to make own decisions. The Braden Scale (a risk assessment for skin breakdown) for August 18 and 25, and September 2 and 9, 2013, indicated that Resident 1 was not a high risk for pressure sores (decubitus ulcers). (According to the Braden Scale, immobility increases the risk for pressure sores.) The Nutritional Care Plan, dated August 23, 2013, did not indicate that Resident 1 was a high risk for pressure sores. The Wound Care Plan, dated August 18, 2013, indicated treatment for a lower leg wound (not a pressure sore) and did not indicate that Resident 1 had any pressure sores. The Skin Tear Care Plan, dated September 1, 2013, indicated treatment for the right arm skin tears and did not indicate that Resident 1 had any pressure sores. On September 1, 2013, Resident 1 fell, as indicated in the Risk Meeting Notes dated September 1, 2013. Resident 1 sustained a	F 314	The Direct care staff will continue to observe residents skin condition during care and provision of showers and to report unusual skin findings and observation to the Licensed Nurse by utilizing the Stop and Watch form for further follow up. The Treatment Nurse and RN Supervisor will continue to conduct weekly skin rounds for in house residents to assess skin condition, to identify high risk resident potential for developing skin breakdown or pressure ulcers, to evaluate residents response to current treatment if wound present and to determine the need for further referral, diagnostic testing, recommendation on treatment changes if needed and or obtaining new MD orders as needed. The Director of Nursing /Designee and Director of Staff Development will conduct random daily skin rounds and observation. The Interdisciplinary Team will conduct weekly Risk Meetings related to skin and pressure ulcers to review and evaluate resident's response to current treatment plan, care plan developed and evaluated and referral proceeded as needed. A Licensed nurse in service was given by the Director of Nursing by February 4, 2015 and review of Policy and Procedure on Wound Prevention and Management with emphases on ensuring that residents skin condition being assessed properly upon admission ,proper assessment or changes in treatment and/ or and if with new onset of re admitted with pressure ulcers have appropriate treatment and proper interventions in place based on plan of care . change in condition especially with history of falls have proper medical evaluation and or diagnostic testing ordered as indicated based on clinical evaluation and review . No other residents affected.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555403	A. BUILDING _____ B. WING _____	C 01/08/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTEREY PALMS HEALTH CARE CENTER	44610 MONTEREY AVENUE PALM DESERT, CA 92260

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 314	Continued From page 6 bump on the right forehead and skin tears to the right arm from the fall, as indicated in the the Change of Condition Notes, dated September 1, 2013, at 6:30 a.m. The record did not indicate the facility obtained a medical evaluation (emergency or urgent care) or diagnostic testing, such as X-rays, after the fall even though Resident 1 sustained fractured ribs in a previous fall. Resident 1 complained of back pain two times on September 1, 2013 (the date of the fall), and complained of pain one time each on September 3, 4, and 5, 2013, as indicated in the September 2013 Pain Management Flow Sheet. This was an increase in pain when compared to the the August 2013 Pain Management Flow Sheet which indicated that Resident 1 had complained of generalized pain six times and back pain just one time, over a longer period of time (August 19 through 31, 2013). The record did not indicate the facility obtained a medical evaluation or diagnostic testing for the back pain. The Nurses's Notes, dated September 4, 2013, indicated Resident 1 complained of intermittent back pain and pain medication was ordered to be given every eight hours for "intractable" back pain. The Nurse's Notes did not indicate where the pain on the back was located (e.g., tailbone) or indicate an assessment had been done. The Pain Care Plan was updated on September 4, 2013, to indicate Resident 1 was experiencing "chronic back pain." The care plan did not indicate an assessment of the back pain or identify the location of the back pain. The Risk Meeting Notes, dated September 2,	F 314	New residents are reviewed during the daily morning meeting for clinical review and evaluation to determine and follow up for necessary diagnostic testing and or if further medical evaluation needed with emphasis on residents with history of falls and fractures ,pressure ulcers and based on residents medical condition. The Primary Physician will be notified promptly for the result and outcome of the nursing assessment, evaluation and recommendation for further interventions. The residents care plan will be updated to reflect new interventions and approaches needed. Nursing will continue to follow the change of condition and shift to shift endorsement according to policy. The Director of Nursing /Designee will review the daily 24 hour nursing report during the daily morning meeting for any change in condition and to evaluate the necessity of further medical evaluation, follow up needed and appropriate diagnostic testing as needed based on resident medical condition. The Licensed Nurses and the RN Supervisor will conduct routine resident rounds to assess resident's medical condition for timely intervention and to determine if further evaluation is needed to meet resident's needs. The Primary Physician will be notified promptly by the Licensed Nurse for the result and outcome of the nursing assessment, evaluation and recommendation utilizing the SBAR process for further interventions. The residents care plan will be updated to reflect new interventions and approaches needed.	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555403	A. BUILDING _____ B. WING _____	C 01/08/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTEREY PALMS HEALTH CARE CENTER	44610 MONTEREY AVENUE PALM DESERT, CA 92260

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 314	Continued From page 7 2013, indicated alarms were placed so that Resident 1 would not get out of bed without assistance. The Falls Care Plan initiated August 18, 2013, and updated September 1 and October 7, 2013, a bed and wheelchair alarm was initiated to alert the staff when Resident 1 was getting up unassisted. A physician progress note, dated September 11, 2013, indicated Resident 1 "appears very confused ... [and] disoriented ..." and was being treated for a coccygeal (tailbone) decubitus (pressure ulcer/bedsore). No physician orders were written. The record did not indicate physician treatment orders for a coccyx decubitus ulcer, stage "UTD" (unable to determine) until September 23, 2013. The Wound Risk Worksheet Summary, dated September 23, 2013, indicated the decubitus ulcer had yellow drainage, redness around the ulcer, and that the wound base was "100% yellow adherent slough [dead tissue]." According to the National Pressure Ulcer Advisory Panel ("NPUAP Pressure Ulcer Stages/Categories," 2007), the category of unstageable [UTD] ... pressure ulcers are ... "Full thickness tissue loss in which actual depth of the ulcer is completely obscured by slough (yellow, tan, gray, green or brown) and/or eschar (tan, brown or black) in the wound bed. Until enough slough and/or eschar are removed to expose the base of the wound, the true depth cannot be determined; but it will be either a Category/Stage III (3) or IV (4) ...." On July 15, 2014, at 10:20 a.m., an interview and record review was conducted with the Minimum	F 314	On sources of pain, timely MD notification on obtaining MD orders for further diagnostic tests as needed, and care planning process related to alteration in skin condition and change in condition. Findings of the daily skin rounds and weekly risk meetings will be reported to the Administrator and Director of Nursing for follow up and are reported to the QA&A committee monthly for review and recommendation. The monitor will be completed weekly x 4 weeks then monthly thereafter .Results of the quality monitor are submitted to the Director of Nursing and Administrator and will be reported to the monthly QA&A committee for further action and implementation.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555403	A. BUILDING _____ B. WING _____	C 01/08/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTEREY PALMS HEALTH CARE CENTER	44610 MONTEREY AVENUE PALM DESERT, CA 92260

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 314	Continued From page 8 Data Set Coordinator (MDS Coordinator). The MDS Coordinator verified that Resident 1 did not have any pressure ulcers present on admission. The MDS Coordinator verified the first assessment and treatment for a pressure ulcer was when the ulcer was UTD. On October 8, 2013, Resident 1 was sent to the hospital via emergency transport (911) for shortness of breath. On October 16, 2013, a review of the hospital records was conducted. A consultation for the sacral decubitus ulcer, dated October 9, 2013, indicated Resident 1 "was transferred from a skilled nursing facility with a decubitus ulcer. She apparently developed this over the last month during rehab.... She presented with a pressure sore with gangrenous changes [a potentially life threatening condition from necrosis] ...." On October 10, 2013, surgery was performed. Resident 1 had a fractured coccyx (broken tailbone), which was removed, as well as the necrotic (dead) tissue in the decubitus ulcer. On October 12, 2013, Resident 1 had an infectious disease consultation. The wound culture indicated the decubitus ulcer had two resistant infections (Enterococcus faecalis and Klebsiella pneumoniae). Resident 1 was also positive for another resistant organism, cultured from the nose (MRSA--methicillin-resistant staphylococcus aureus). On October 16, 2013, at 11:10 a.m., an interview was conducted with the hospital surgeon. The surgeon stated Resident 1 had a necrotic (dead tissue), Stage IV decubitus with a fractured coccyx. The decubitus extended down to the	F 314		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555403	A. BUILDING _____ B. WING _____	C 01/08/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTEREY PALMS HEALTH CARE CENTER	44610 MONTEREY AVENUE PALM DESERT, CA 92260

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 314	Continued From page 9 bone and was an acute (sudden and severe) process. The surgeon stated that Resident 1 probably fell and landed on it. The coccyx was completely separated, with a ligament holding it. The surgeon stated that Resident 1 had severe COPD, and the shortness of breath could have been brought about from the wound infections. On October 16, 2013, at 10:30 a.m., an interview was conducted with the hospital primary care physician (PCP). The PCP stated that the decubitus ulcer(s) was "huge ...growing bugs/infections ... with the bone lying loose in there." The PCP stated Resident 1 had previously been a patient at the hospital, for approximately six weeks, and was discharged to the Skilled Nursing Facility for "strengthening." The PCP stated, "They (facility) did not do well by her."	F 314		