

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

PRINTED: 10/04/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555403	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/01/2018
NAME OF PROVIDER OR SUPPLIER MONTEREY PALMS HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 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 California Department of Public Health during an abbreviated standard survey for the investigation of one complaint. Complaint number CA00603433. Representing the California Department of Public Health: Surveyor Federal ID number 33235, HFEN. The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. One deficiency was issued for complaint number CA00603433.	F 000			
F 695 SS=D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on observation and interview the facility failed to ensure there was a back up oxygen concentrator (device used to deliver oxygen) for the facility and failed to label one oxygen concentrator as "Do Not Use" when it had a	F 695			

REC'D BY CA DEPT
OF PUBLIC HEALTH
2018 OCT 17 PM 2:48
LICENSING/CERT
RIVERSIDE DO

#14718@
10/23/18 P. Henson HFEN
Admin Director
Poc
10-15-18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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.

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F 695	<p>Continued From page 1</p> <p>frayed cord and a maintenance date of January 17, 2017. This failure had the potential for no oxygen concentrator to be available when needed for a resident or for an oxygen concentrator that was not safe to be used for a resident.</p> <p>Findings:</p> <p>On September 17, 2018, an unannounced visit was made to the facility to investigate a complaint regarding quality of care.</p> <p>On September 17, 2018, a phone interview was conducted with the complainant. The complainant stated when she was visiting her family member on September 9, 2018, she found the oxygen concentrator kept alarming. When she insisted that the concentrator be replaced, she noticed the cord was frayed at the point where it was attached to the concentrator. She stated the inner electrical wires could be seen.</p> <p>On September 17, 2018, at 2:30 pm, the Director of Nurses (DON), was asked to open the storage room where the back up oxygen concentrators were kept. Inside the the room there were two concentrators. One was found with a last maintenance date of January 17, 2017. This oxygen concentrator was also found with a frayed cord at the point where the cord attaches to the oxygen concentrator. The inner electrical wires could be seen.</p> <p>In a concurrent interview with the DON, the DON stated the oxygen concentrator should have been taken out of service and labeled "Do Not Use", and sent back to the medical supply agency.</p>	F 695	<p>This plan of correction constitutes the facility's credible allegation of compliance for the deficiencies noted. Monterey Palms Health Care & Rehabilitation Center makes its best effort to operate in full compliance with both Federal and State law. Nothing included in this plan of correction is an admission otherwise. Monterey Palms Health Care & Rehabilitation Center has submitted this plan of correction in order to comply with its regulatory obligation and does not waive any objections to the merits of any allegations contained herein.</p> <p>Upon notification of past due maintenance dates, lack of back up concentrators, and frayed electrical cords, the Central Supply Clerk immediately did a sweep of all rooms to confirm compliance. Preventative maintenance dates were verified and a visual inspection of concentrators was performed.</p> <p>Back up concentrators were ordered. Lock Out/Red Tag policy was reviewed with Central Supply Clerk and facility staff.</p>		

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LIFEPOINT/HEALTHCARE

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F 695	Continued From page 2 On September 17, 2018, at 2:40 pm, an interview was conducted with the Central Stores Staff person (CSS). The CSS stated maintenance on oxygen concentrators should be done every six months. The CSS stated that the concentrators in the area for back up oxygen concentrators belonged to a hospice including the oxygen concentrator with the frayed cord. The CSS stated the facility currently had no back up oxygen concentrators of their own and the two concentrators for the hospice found in the storage room were the only concentrators available if needed urgently.	F 695	The Central Supply Clerk will perform weekly checks of all oxygen concentrators for required preventative maintenance and visual checks for damage x 8 weeks, then monthly thereafter. Results will be logged and kept in a binder in a safe location in the Central Supply Office. Back up concentrators will be kept on hand at all times. Administrator or DON will be immediately notified of any deviations from the above. Findings and trends identified regarding Oxygen Concentrators will be presented by the Administrator to the QA&A Committee monthly for review with follow-up as indicated on an on-going basis by the facility.	11/01/2018	

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 555403	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 10/23/2018
NAME OF FACILITY MONTEREY PALMS HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 44610 MONTEREY AVENUE PALM DESERT, CA 92260	

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0695	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 483.25(i)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	10/23/2018	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS) <i>SD</i>	DATE 10/25/18	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 10/1/2018

☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO