PRINTED: 01/30/2025 FORM APPROVED OMB NO. 0938-0391

	ITATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING 02		(X3) DATE SURVEY COMPLETED		
		555339	B. WING		01/14/2025
	ROVIDER OR SUPPLIER SPRINGS POST ACUTE			STREET ADDRESS, CITY, STATE, ZIP CODE 74-350 COUNTRY CLUB DRIVE PALM DESERT, CA 92260	·
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE COMPLETION
E 000	Initial Comments		E 00	00	
E 039 SS=F	Emergency Prepared The findings are in ac Federal Regulations of for Long Term Care (I The facility is not in s 42 CFR 483.73 for Lo Facilities. Census: 165 EP Testing Requirem CFR(s): 483.73(d)(2) §416.54(d)(2), §418.73(d)(2), §484.9485.542(d)(2), §485.9491	t of Public Health, during an iness recertification survey. Ecordance with 42 Code of (CFR) 483.73, Requirement LTC) Facilities. Substantial compliance with ong Term Care (LTC) ents 113(d)(2), §441.184(d)(2), 15(d)(2), §483.73(d)(2), .102(d)(2), §485.68(d)(2), .625(d)(2), §494.62(d)(2).	E 03	39	1/17/25
	at §485.542, OPO, "C	§485.920, RHCs/FQHCs at			
	. ,	ity] must conduct exercises / plan annually. The [facility] owing:			
	community-based ever (A) When a communaccessible, conduct a exercise every 2 year (B) If the [facility]	ity-based exercise is not a facility-based functional			
LABORATORY	DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATUR		TITLE	(X6) DATE

Electronically Signed 01/24/2025

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.

PRINTED: 01/30/2025 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02			(X3) DATE SURVEY COMPLETED	
		555339	B. WING			01/	14/2025
	ROVIDER OR SUPPLIER SPRINGS POST ACUTE			74	TREET ADDRESS, CITY, STATE, ZIP CODE 4-350 COUNTRY CLUB DRIVE ALM DESERT, CA 92260		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
E 039	exempt from engagin community-based or functional exercise for actual event. (ii) Conduct an addition years, opposite the years, opposite the years, opposite the years, opposite the section is conduct not limited to the follor (A) A second full-scal community-based or functional exercise; or (B) A mock disaster of (C) A tabletop exercise a facilitator and include a narrated, clinically-rescenario, and a set of directed messages, or designed to challenge (iii) Analyze the [facili maintain documentati exercises, and emergi [facility's] emergency *[For Hospices at 418 (2) Testing for hospic patient's home. The exercises to test the eannually. The hospic (i) Participate in a full community based ever (A) When a community accessible, conduct a functional exercise expense.	gency plan, the [facility] is g in its next required individual, facility-based flowing the onset of the conal exercise at least every 2 fear the full-scale or inder paragraph (d)(2)(i) of ted, that may include, but is wing: If exercise that is individual, facility-based or rill; or it is endividual, facility-based or it is endividual, facility-based on of all drills, tabletop ency events, and revise the plan, as needed. If it is needed. If it is next required in the incospice must conduct energency plan at least energency	E	039			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 02			(X3) DATE SURVEY COMPLETED		
		555339	B. WING			01/	14/2025
	ROVIDER OR SUPPLIER SPRINGS POST ACUTE			7	TREET ADDRESS, CITY, STATE, ZIP CODE 4-350 COUNTRY CLUB DRIVE ALM DESERT, CA 92260		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
E 039	onset of the emergen (ii) Conduct an additi opposite the year the exercise under paragi is conducted, that ma to the following: (A) A second full-sca community-based or a exercise; or (B) A mock disaster of (C) A tabletop exercise a facilitator and include a narrated, clinically-r scenario, and a set of directed messages, of designed to challenge (3) Testing for hospica care directly. The hose exercises to test the exyear. The hospice ma (i) Participate in an a is community-based; (A) When a community accessible, conduct a facility-based function (B) If the hospice exp man-made emergency the emergency plan, the emergency plan, the emergency plan, the based or facility-base following the onset of (ii) Conduct an additi	equired full scale ercise or individual fal exercise following the cy event. onal exercise every 2 years, full-scale or functional raph (d)(2)(i) of this section y include, but is not limited le exercise that is a facility based functional drill; or se or workshop that is led by les a group discussion using elevant emergency for problem statements, r prepared questions an emergency plan. les that provide inpatient spice must conduct emergency plan twice per fust do the following: nnual full-scale exercise that for ty-based exercise is not fun annual individual full exercise; or feriences a natural or y that requires activation of the hospice is exempt from fine equired full-scale community d functional exercise the emergency event. onal annual exercise that of limited to the following:	E	039			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	(X2) MULTIP A. BUILDING	LE CONSTRUCTION 6 02		(X3) DATE SURVEY COMPLETED		
		555339	B. WING			01/14/2025		
	ROVIDER OR SUPPLIER SPRINGS POST ACUTE			STREET ADDRESS, CITY, STATE, ZIP CODE 74-350 COUNTRY CLUB DRIVE PALM DESERT, CA 92260				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE ADDITIONAL DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE		
E 039	exercise; or (B) A mock disaster (C) A tabletop exercifacilitator that include narrated, clinically-reland a set of problem messages, or prepare challenge an emerge (iii) Analyze the hosp maintain documentat exercises, and emerge hospice's emergency *[For PRFTs at §441. §482.15(d), CAHs at (2) Testing. The [PRT conduct exercises to twice per year. The [do the following: (i) Participate in an a is community-based; (A) When a community accessible, conduct a facility-based function (B) If the [PRTF, Hoston actual natural or man requires activation of [facility] is exempt fro required full-scale confacility-based function onset of the emergen (ii) Conduct an [and that may include following: (A) A second full-scale (C)	drill; or se or workshop led by a s a group discussion using a evant emergency scenario, statements, directed ed questions designed to ncy plan. sice's response to and ion of all drills, tabletop gency events and revise the plan, as needed. 184(d), Hospitals at §485.625(d):] 17, Hospital, CAH] must test the emergency plan PRTF, Hospital, CAH] must nnual full-scale exercise that or ty-based exercise is not an annual individual, hal exercise; or pital, CAH] experiences an emade emergency that the emergency plan, the m engaging in its next munity based or individual, hal exercise following the cy event. additional] annual exercise or but is not limited to the	E 03	9				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING 02			(X3) DATE SURVEY COMPLETED	
		555339	B. WING_		 	01/	14/2025
	ROVIDER OR SUPPLIER SPRINGS POST ACUTE			74-	REET ADDRESS, CITY, STATE, ZIP CODE 350 COUNTRY CLUB DRIVE LM DESERT, CA 92260		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI: TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
E 039	(C) A tabletop ex led by a facilitator and discussion, using a nate emergency scenario, statements, directed a questions designed to plan. (iii) Analyze the [maintain documentatic exercises, and emerge [facility's] emergency *[For PACE at §460.8 (2) Testing. The PACI exercises to test the eannually. The PACE of following: (i) Participate in an and is community-based; (A) When a community accessible, conduct a facility-based function (B) If the PACE experiman-made emergency plan, engaging in its next rebased or individual, facexercise following the event. (ii) Conduct an anyears opposite the years opposite the years conducted that may the following: (A) A second full-sca	disaster drill; or ercise or workshop that is d includes a group arrated, clinically-relevant and a set of problem messages, or prepared or challenge an emergency facility's] response to and on of all drills, tabletop ency events and revise the plan, as needed. (4(d):] E organization must conduct emergency plan at least organization must do the must full-scale exercise that or ty-based exercise is not an annual individual, and exercise; or riences an actual natural or by that requires activation of the PACE is exempt from equired full-scale community acility-based functional exercise every 2 are the full-scale or functional raph (d)(2)(i) of this section y include, but is not limited to	E	039			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIP AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING		IPLE CONSTR NG 02	UCTION	(X3) DATE SURVEY COMPLETED			
		555339	B. WING			01/	14/2025
	ROVIDER OR SUPPLIER SPRINGS POST ACUTE			74-350 CO	DDRESS, CITY, STATE, ZIP CODE DUNTRY CLUB DRIVE ESERT, CA 92260		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
E 039	a facilitator and includusing a narrated, clini scenario, and a set of directed messages, of designed to challenge (iii) Analyze the PAC maintain documentati exercises, and emerge PACE's emergency possible. The [LTC facility] is test the emergency procedure ICF/IID] must do the final fit of the fit of the facility-based function (B) If the [LTC facility] actual natural or man requires activation of LTC facility is exempting actual natural or man required a full-scale of individual, facility-based following the onset of (ii) Conduct an addition may include, but is not (A) A second full-scale community-based or a functional exercise; of (B) A mock disaster of the facility actual natural exercise; of (B) A mock disaster of the facility facility for the facility	drill; or se or workshop that is led by les a group discussion, cally-relevant emergency problem statements, r prepared questions an emergency plan. E's response to and on of all drills, tabletop lency events and revise the lan, as needed. S 483.73(d):] must conduct exercises to an at least twice per year, and staff drills using the les. The [LTC facility, following: Innual full-scale exercise that or ty-based exercise is not in annual individual, final exercise. If acility experiences an made emergency plan, the from engaging its next ommunity-based or led functional exercise the emergency event. onal annual exercise that ot limited to the following: le exercise that is an individual, facility based or	E	039			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 02			(X3) DATE SURVEY COMPLETED		
		555339	B. WING			01/	14/2025
	ROVIDER OR SUPPLIER SPRINGS POST ACUTE			7	STREET ADDRESS, CITY, STATE, ZIP CODE 4-350 COUNTRY CLUB DRIVE PALM DESERT, CA 92260		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
E 039	narrated, clinically-rel and a set of problem messages, or prepare challenge an emerge (iii) Analyze the [LTC and maintain docume exercises, and emerg [LTC facility] facility's *[For ICF/IIDs at §483 (2) Testing. The ICF/IID to test the emergency The ICF/IID must do to (i) Participate in an aris community-based; (A) When a community accessible, conduct a facility-based function (B) If the ICF/IID experimental emergency plan, the emergency plan, the emergency plan, the emergency event. (ii) Conduct an additional exercise for emergency event. (iii) Conduct an additional exercise for functional exercise; or (B) A mock disaster do (C) A tabletop exercise a facilitator and included and included the content of the content	a group discussion, using a evant emergency scenario, statements, directed ed questions designed to ncy plan. I facility] facility's response to entation of all drills, tabletop gency events, and revise the emergency plan, as needed. 3.475(d)]: ID must conduct exercises or plan at least twice per year. The following: Innual full-scale exercise that or ty-based exercise is not an annual individual, and exercise; or. In eriences an actual natural or exp that requires activation of the ICF/IID is exempt from equired full-scale individual, facility-based llowing the onset of the conal annual exercise that of limited to the following: In exercise that is an individual, facility-based or limits or the exercise that is an individual, facility-based or limits or the exercise that is an individual, facility-based or limits or the exercise that is an individual, facility-based or limits or the exercise that is an individual, facility-based or limits or the exercise that is led by the exercise that exercise that is led by the exercise that is led by the exercise that exercise that is led by the exercise that is led by the exercise that is led by the exercise that exercise that is led by the exercise that is led by the exercise that exercise that exercise that is led by the exercise that exercise that is led by the exercise that exercise that exercise that is led by the exercise that exercise that is led by the exercise that ex	E	039			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 02			(X3) DATE SURVEY COMPLETED		
		555339	B. WING			01/	14/2025
	ROVIDER OR SUPPLIER SPRINGS POST ACUTE			7	TREET ADDRESS, CITY, STATE, ZIP CODE 4-350 COUNTRY CLUB DRIVE PALM DESERT, CA 92260		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
E 039	exercises, and emerg ICF/IID's emergency *[For HHAs at §484.1 (d)(2) Testing. The HI to test the emergency least annually. The H (i) Participate in a full-community-based; or (A) When a commaccessible, conduct a facility-based function or. (B) If the HHA expended in the emergency platengaging in its next recommunity-based or functional exercise for emergency event. (ii) Conduct an addition opposite the year the exercise under paraging is conducted, that limited to the following (A) A second full-community-based or functional exercise; of (B) A mock disass (C) A tabletop exelled by a facilitator and discussion, using a natemergency scenario, statements, directed in the following statements, directed in the following and emergency scenario, statements, directed in the following and the following	D's response to and on of all drills, tabletop ency events, and revise the plan, as needed. O2] HA must conduct exercises plan at HA must do the following: -scale exercise that is exercise is not an annual individual, and exercise every 2 years; experiences an actual natural ency that requires activation in, the HHA is exempt from equired full-scale individual, facility based exercise every 2 years, full-scale or functional raph (d)(2)(i) of this section to may include, but is not great exercise that is an individual, facility-based recise or workshop that is dincludes a group earrated, clinically-relevant	E	0039			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPI A. BUILDING	LE CONSTRUCTION 02	(X3) DATE SURVEY COMPLETED		
		555339	B. WING		01	/14/2025
	ROVIDER OR SUPPLIER SPRINGS POST ACUTE			STREET ADDRESS, CITY, STATE, ZIP CODE 74-350 COUNTRY CLUB DRIVE PALM DESERT, CA 92260		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
E 039	documentation of all emergency events, a emergency plan, as r *[For OPOs at §486.3 (d)(2) Testing. The O to test the emergency following: (i) Conduct a paper-be workshop at least an led by a facilitator and discussion, using a nemergency scenario, statements, directed questions designed to plan. If the OPO experimentations designed to plan. If the OPO experimentation of all emergency plan, engaging in its next refollowing the onset of (ii) Analyze the OPO documentation of all emergency events, a OPO's] emergency p *[RNCHIs at §403.74 (d)(2) Testing. The Riexercises to test the must do the following (i) Conduct a paper-be least annually. A table discussion led by a facilinically-relevant emof problem statements.	s response to and maintain drills, tabletop exercises, and nd revise the HHA's needed. 360] PO must conduct exercises or plan. The OPO must do the ased, tabletop exercise or mually. A tabletop exercise is dincludes a group arrated, clinically relevant and a set of problem messages, or prepared or challenge an emergency eriences an actual natural or experiences and experiences an actual natural or experiences and exper	E 03	9		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDIN	PLE CONSTRUCTION G 02		(X3) DATE SURVEY COMPLETED			
		555339	B. WING _			01/14/2025		
	ROVIDER OR SUPPLIER SPRINGS POST ACUTE			STREET ADDRESS, CITY, STATE, ZIP CODE 74-350 COUNTRY CLUB DRIVE PALM DESERT, CA 92260				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVI CROSS-REFERENCEI	IN OF CORRECTION E ACTION SHOULD BE D TO THE APPROPRIA CIENCY)	DATE		
E 039	maintain documentation and emergency even emergency plan, as not a This REQUIREMENT by: Based on document facility failed to mainta (EP). This was evider documentation for an required activation of the facility not being premergency. This affer four of four smoke confinition of the facility not being premergency. This affer four of four smoke confinition. During a document remain maintenance Director was reviewed. At 5:20 p.m., the after for an in-service concan actual internal fire the MD stated it would	ion of all tabletop exercises, its, and revise the RNHCl's needed. The is not met as evidenced review and interview, the ain the Emergency Plan need by missing actual emergency that the EP. This could result in prepared during an exted 165 of 165 residents in	EO	Complaint: E039 A) How corrective accomplished for those have been affected by practice: 1. We complete on 4/12/2024 – Attache 2. Perform disaster of to ensure proper safety and residents B) How the facility will residents having the partice or action will be 1. Performed fur A/C units and rooms in 4/12/2024 2. Continued inspect C) What measure or what system change make to ensure that the does not recur: Monthly inspection supervisor and mainted done and report finding D) How the facility its performance to make solutions are sustained be implemented, and the evaluated for its effecting integrated into the Q	e residents found the deficient d after action reped drills twice per yety measure with state of the practice and where taken: In the inspection of the building on the building on the deficient practice and where taken: In the properties will be put in places will be put in places will the facility the deficient practice of the building the deficient practice of the plans to monito the sure that the corrective activeness. The PC in the plan must the corrective activeness. The PC in the plan must the corrective activeness. The PC in the plan must the corrective activeness. The PC in the plan must the corrective activeness. The PC in the plan must the corrective activeness. The PC in the plan must the corrective activeness.	to ort ar taff hat f ce ee or r		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02			(X3) DATE SURVEY COMPLETED	
		555339	B. WING _			01/	14/2025
	ROVIDER OR SUPPLIER PRINGS POST ACUTE			74	TREET ADDRESS, CITY, STATE, ZIP CODE 1-350 COUNTRY CLUB DRIVE ALM DESERT, CA 92260		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
E 039	Continued From page	• 10	E	039	Maintenance Supervisor will report the findings of the Monthly inspection to the QA Committee to monitor trends This plan of corrections constitutes the facility's written credible allegation of compliance. Preparation and/or execut of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged conclusion set forth in the Statement of Deficiencies. This plan of correction is prepared and executed solely because it is required the Health and Safety Code section *** and CFR *** provisions. Develop EP Plan, Review and Update Annually The immediate corrective action(s) is V completed after action report on 4/12/2024 – Attached and perform disaster drills twice per year to ensure proper safety measure with staff and residents A full inspection was performed by the Maintenance Supervisor to ensure compliance, and monthly inspections be the Maintenance Supervisor or designed will be done to ensure continued compliance. The POC is also integrated.	ion he lor by l ** Ve	
K 000	INITIAL COMMENTS		K	000	into the QA system.		
	K3 BUILDING: 01 K6 PLAN APPROVAL K7 SURVEY UNDER						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 (X3) DA CC			
		555339	B. WING _			01/14/2025
	ROVIDER OR SUPPLIER SPRINGS POST ACUTE			STREET ADDRESS, CITY, STATE, ZIP CODE 74-350 COUNTRY CLUB DRIVE PALM DESERT, CA 92260		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	EFIX (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETION DATE
K 000	STRUCTURE TYPE: CONSTRUCTION TY SPRINKLERED. Resident Certified Be Resident Census: 168 The following reflects Department of Public Life Safety Code rece findings are in accord Federal Regulations (National Fire Protectic Life Safety Code, 201 Health Care Facilities The facility is not in su 42 CFR §483.90 for L Building Construction CFR(s): NFPA 101 Building Construction 2012 EXISTING Building construction	ONE STORY, (PE V (111), FULLY ds: 178 the findings of the California Health, during an annual entification survey. The ance with 42 Code of (CFR) §483.90(a)(b)(c)(j), on Association (NFPA) 101 - 2 Edition, and NFPA 99 - Code, 2012 Edition. ubstantial compliance with long Term Care Facilities. Type and Height Type and Height type and stories meets s otherwise permitted by 6.7	K 0			1/16/25
	sprinklered					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MUL IDENTIFICATION NUMBER: A. BUILD		E CONSTRUCTION 02	(X3) DATE SURVEY COMPLETED	
		555339	B. WING		01/14/2025	
	ROVIDER OR SUPPLIER SPRINGS POST ACUTE		;	STREET ADDRESS, CITY, STATE, ZIP CODE 74-350 COUNTRY CLUB DRIVE PALM DESERT, CA 92260	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION	
K 161	Continued From page	e 12	K 161			
	3 II (000) non-sprinklered 4 III (211) sprinklered 5 IV (2HH) 6 V (111)	Not allowed Maximum 2 stories				
	system in accordance 19.3.5) Give a brief description construction, the numbasements, floors on location of smoke or approval. Complete splan of the building at This REQUIREMENT by: Based on observation failed to maintain the	oroved, supervised automatic e with section 9.7. (See on, in REMARKS, of the other of stories, including which patients are located, fire barriers and dates of sketch or attach small floor is appropriate. The is not met as evidenced on and interview the facility building construction. This		Complaint: K161		
	was evidenced by se interior walls. This co smoke throughout the affected 119 of 165 re smoke compartments NFPA 101- Life Safet 8.5.6 Penetrations. 8.5.6.2 Penetrations to conduits, pipes, tubes items to accommodate	veral penetrations in the uld result in the transfer of e compartment. This esidents in two of four s. y Code, 2012 Edition for cables, cable trays, s, vents, wires, and similar te electrical, mechanical, unications systems that		A) How corrective action(s) will be accomplished for those residents four have been affected by the deficient practice: 3. Patched hole near rooms 40th 410 on 1/16/2025 4. Repatched ceiling hole with fire so on 1/16/2025 5. Repaired hole and patched dryward 1/16/2025 6. Hole in room 404 was patched arrepaired 1/16/2025	d to 9 and top	

1 7		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION G 02	' '	(X3) DATE SURVEY COMPLETED	
		555339	B. WING	 	01	/14/2025	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
_				74-350 COUNTRY CLUB DRIVE			
DESERT S	SPRINGS POST ACUTE			PALM DESERT, CA 92260			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
K 161	Continued From page	e 13	K 16	51			
	assembly constructed through the ceiling more of a smoke barrier as by a system or mater transfer of smoke. Findings: During a tour of the far Maintenance Director construction was obsequal to the construction was obsequently sprinkler system of the construction was in November 2. At 10:30 a.m., a per was approximately or and one-quarter inches the construction wiring in the construction was in the construction wiring in the construction was approximately or and one-quarter inches the construction was obsequently to the construction was obsequently t	d as a smoke barrier, or embrane of the roof/ceiling sembly, shall be protected ial capable of restricting the acility and interview with the ron 1/14/25, the building erved. The tration in the ceiling was ches in length and hadjacent to a fire in plate. This was located door adjacent to rooms 409 iew, the MD stated their last istem inspection with the		B) How the facility will identify the residents having the potential to affected by the deficient practice corrective action will be taken: 3. Full inspection in all root offices was performed by mainter supervisor on 1/17/2025 to ensur compliance. C) What measure will be pure or what system changes will the make to ensure that the deficient does not recur: Monthly inspection by mainter supervisor and maintenance staff done and report findings to Admit D) How the facility plans to its performance to make sure that solutions are sustained. The plant be implemented, and the correctival evaluated for its effectiveness. To is integrated into the QA system. Maintenance Supervisor will the findings of the Monthly inspection to monitor treatments.	t in place facility practice enance f will be nistrator monitor t n must ve action The POC		
	wall of the Nourishme Nurses Station 1 was three-quarters of an i length. Upon interview	enetration in the northeast ent Room located within a approximately nch in width by one inch in w, the MD stated it was the pening that created the		This plan of corrections constitute facility's written credible allegatio compliance. Preparation and/or of this Plan of Correction does not constitute admission or agreeme provider of the truth of the facts a conclusion set forth in the Statem Deficiencies.	n of execution ot nt by the alleged or		
	approximately one-ha	enetration in the east wall alf of an inch in diameter was across from the bathroom.		This plan of correction is prepare executed solely because it is req Health and Safety Code section?	uired by		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	IPLE CONSTRUCTION NG 02		(X3) DATE SURVEY COMPLETED	
		555339	B. WING _			01/14/2025	
	ROVIDER OR SUPPLIER SPRINGS POST ACUTE			STREET ADDRESS, CITY, STATE, ZI 74-350 COUNTRY CLUB DRIVE PALM DESERT, CA 92260	P CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETION DATE	
K 161 K 351 SS=E	off there. Sprinkler System - Ins	IS stated a door stopper fell	K 1	CFR *** provisions. Develop EP Plan, Review Annually. The immediate corrective Patched hole near rooms 1/16/2025, Repatched of fire stop on 1/16/2025, Repatched drywall on 1/16/2025. A full inspection performed by the Mainte to ensure compliance, an inspections by the Mainte Supervisor or designee we ensure continued complialso integrated into the Communication.	e action(s) is s 409 and 410 on eiling hole with Repaired hole and (2025, and Hole in and repaired ion was enance Supervisor and monthly enance will be done to iance. The POC is	1/16/25	
33-L	Spinkler System - Ins 2012 EXISTING Nursing homes, and homes, and homes approved automatic saccordance with NFP Installation of Sprinkle In Type I and II construction in or local regulations produced in Inspiral sprinkler protection in or local regulations produced in the closet does not sprinkler coverage corequired by NFPA 13, Sprinkler Systems.	prospitals where required by protected throughout by an prinkler system in A 13, Standard for the er Systems. Function, alternative protection ed to be substituted for specific areas where state ohibit sprinklers. It is are not required in clothes sping rooms where the area exceed 6 square feet and exceed 6 square feet and except footprint as Standard for Installation of 13.5.3, 19.3.5.4, 19.3.5.5,					

PRINTED: 01/30/2025 FORM APPROVED OMB NO. 0938-0391

			(X3) DATE COMP	SURVEY LETED			
		555339	B. WING _			01/	14/2025
NAME OF PI	ROVIDER OR SUPPLIER			S1	TREET ADDRESS, CITY, STATE, ZIP CODE		
DESERT	SPRINGS POST ACUTE			74	1-350 COUNTRY CLUB DRIVE		
DESERT	FRINGS FOST ACUTE			PALM DESERT, CA 92260			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
K 351	Continued From page	e 15	K 3	351			
		is not met as evidenced					
	by:						
	Based on observatio	n and record review, the			Complaint:		
	facility failed to mainta	ain installation of the fire			K351		
		s was evidenced by several					
	escutcheon plates no				A) How corrective action(s) will be		
		s. This could result in the			accomplished for those residents found	d to	
		ugh the attic space and			have been affected by the deficient		
		artment. This affected 77 of			practice:		
	163 residents in two compartments.	or four smoke			7. We corrected the escutcheon		
	compartments.				plate and put it in its proper position ne room 302 on 1/16/2025	aı	
	NFPA 101: Life Safety	v Code, 2012 Edition			8. We corrected the escutcheon plate	ے	
	19.3.5 Extinguishmen				and put it in its proper position near roo		
		ntaining nursing homes shall			813 on 1/16/2025		
	be protected through						
	supervised automatic				B) How the facility will identify the		
	accordance with Sect	tion 9.7, unless otherwise			residents having the potential to be		
	permitted by 19.3.5.5				affected by the deficient practice and w	/hat	
	9.7.1 Automatic Sprin				corrective action will be taken:		
	9.7.1.1 * Each autom				4. Full inspection in all rooms ar		
		ection of this Code shall be			offices was performed by maintenance		
	in accordance with or	•			supervisor on 1/17/2025 to ensure		
	(1) NFPA 13, Standar Sprinkler Systems	d for the Installation of			compliance.		
	Sprinkler Systems				C) What measure will be put in pl	300	
	NEPΔ 13: Standard fo	or the Installation of Sprinkler			or what system changes will the facility		
	Systems, 2010 Editio				make to ensure that the deficient pract		
	6.2.7 Escutcheons ar				does not recur:		
		cheons, or other devices			Monthly inspection by maintenance	е	
	used to cover the ann	nular space around a			supervisor and maintenance staff will b		
		allic or shall be listed for use			done and report findings to Administrat		
	around a sprinkler.				D) How the facility plans to monitor	or	
	6.2.7.2 * Escutcheons	•			its performance to make sure that		
		led sprinklers shall be part of			solutions are sustained. The plan mus		
	a listed sprinkler asse	embly.			be implemented, and the corrective ac		
					evaluated for its effectiveness. The PC	C	
	Findings:				is integrated into the QA system.		
	1				Maintenance Supervisor will repor	t I	

Facility ID: CA240000634

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		I ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02		(X3) DATE SURVEY COMPLETED				
		555339	B. WING _			01/	14/2025		
	ROVIDER OR SUPPLIER SPRINGS POST ACUTE		•	74	TREET ADDRESS, CITY, STATE, ZIP CODE 1-350 COUNTRY CLUB DRIVE ALM DESERT, CA 92260				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		(EACH DEFICIENCY MUST BE PRECEDED BY FULL PRE		ID PREFII TAG	EFIX (EACH CORRECTIVE ACTION SHOULD			(X5) COMPLETION DATE
K 351	During a survey tour a	and interview with the (MD) on 1/14/25, the fire	К	351	the findings of the Monthly inspection to the QA Committee to monitor trends)			
	crescent-shaped oper approximately one-qual located in the Soiled I Room 302 Upon interescutcheon plate need. 2. At 2:09 p.m., an essecessed fire sprinkle crescent-shaped oper approximately one-hawas located in Room	r was not flush leaving a ning into the ceiling arter inch in width. This was Utility Room adjacent to view, the MD stated the ded to be moved into place. Cutcheon plate for a r was not flush leaving a			This plan of corrections constitutes the facility's written credible allegation of compliance. Preparation and/or execut of this Plan of Correction does not constitute admission or agreement by t provider of the truth of the facts alleged conclusion set forth in the Statement of Deficiencies. This plan of correction is prepared and executed solely because it is required to Health and Safety Code section *** and CFR *** provisions. Develop EP Plan, Review and Update Annually The immediate corrective action(s) is V corrected the escutcheon plate and put in its proper position near room 302 on 1/16/2025 and We corrected the escutcheon plate and put it in its proper position near room 813 on 1/16/2025. If the Maintenance Supervisor to ensure compliance, and monthly inspections be the Maintenance Supervisor or designed will be done to ensure continued compliance. The POC is also integrated into the QA system.	he lor or by l** Ve it			
K 353 SS=C	CFR(s): NFPA 101 Sprinkler System - Ma Automatic sprinkler a	aintenance and Testing aintenance and Testing nd standpipe systems are I maintained in accordance	K	353			1/22/25		
	with NFPA 25, Standa								

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL ⁻ A. BUILDI		CONSTRUCTION 2	(X3) DATE SURVEY COMPLETED	
		555339	B. WING			01/	14/2025
NAME OF PI	ROVIDER OR SUPPLIER		•		TREET ADDRESS, CITY, STATE, ZIP CODE		
DESERT S	SPRINGS POST ACUTE				4-350 COUNTRY CLUB DRIVE		
				P	ALM DESERT, CA 92260		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
K 353	Protection Systems. I maintenance, inspect maintained in a secur available. a) Date sprinkler system supported in REMARKS any non-required or system. 9.7.5, 9.7.7, 9.7.8, and This REQUIREMENT by: Based on observation facility failed to maint This was evidenced by without an information delay for emergency equipment in an emem aintenance. This after in four of four smoke NFPA 101, Life Safet 19.3.5 Extinguishmen 19.3.5.1 Buildings could be protected through supervised automatic accordance with Secretary 19.3.5.5.5	sing of Water-based Fire Records of system design, tion and testing are re location and readily stem last checked stem last checked stem test oply source S information on coverage for partial automatic sprinkler and NFPA 25 is not met as evidenced on review and interview, the pain the fire sprinkler system. By a post indicator valve on sign. This could result in a services or staff to locate the regency or routine fected 165 of 165 residents compartments. by Code, 2012 Edition. ont Requirements. ontaining nursing homes shall out by an approved, a sprinkler system in tion 9.7, unless otherwise ders and Other Extinguishing	К	3353	Complaint: K353 A) How corrective action(s) will be accomplished for those residents found have been affected by the deficient practice: 1. Post indicator valve sign was ordered, received, and installed on 1/22/2025 B) How the facility will identify the residents having the potential to be affected by the deficient practice and w corrective action will be taken: 1. Monthly inspection of PIV sign ensure compliance. C) What measure will be put in plor what system changes will the facility	that n to	
		nd Testing. er and standpipe systems e shall be inspected, tested,			make to ensure that the deficient pract does not recur: Monthly inspection by maintenance		

PRINTED: 01/30/2025 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION COMPLETED A. BUILDING 02 555339 B. WING 01/14/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 74-350 COUNTRY CLUB DRIVE **DESERT SPRINGS POST ACUTE** PALM DESERT, CA 92260 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Continued From page 18 K 353 and maintained in accordance with NFPA 25, supervisor and maintenance staff will be Standard for the Inspection, Testing, and done and report findings to Administrator Maintenance of Water-Based Fire Protection D) How the facility plans to monitor its performance to make sure that Systems. solutions are sustained. The plan must NFPA 25 Standard for the Inspection, Testing. be implemented, and the corrective action and Maintenance of Water-Based Fire Protection evaluated for its effectiveness. The POC Systems, 2011 Edition is integrated into the QA system. 4.1.8 Information Sign. Maintenance Supervisor will report 4.1.8.1 A permanently marked metal or rigid the findings of the Monthly inspection to plastic information sign shall be placed at the the QA Committee to monitor trends system control riser supplying an antifreeze loop, dry system, preaction system, or auxiliary system control valve. This plan of corrections constitutes the 4.1.8.2 Each sign shall be secured with a facility's written credible allegation of corrosion-resistant wire, chain, or other approved compliance. Preparation and/or execution means and shall indicate at least the following of this Plan of Correction does not information: constitute admission or agreement by the (1) Location of the area served by the system provider of the truth of the facts alleged or 13.3 Control Valves in Water-Based Fire conclusion set forth in the Statement of Protection Systems. Deficiencies. 13.3.2 Inspection. This plan of correction is prepared and/or 13.3.2.1.1 Valves secured with locks or executed solely because it is required by Health and Safety Code section *** and ** supervised in accordance with applicable NFPA standards shall be permitted to be inspected CFR *** provisions. Develop EP Plan, Review and Update 13.3.2.2* The valve inspection shall verify that the Annually valves are in the following condition: The immediate corrective action(s) Post (1) In the normal open or closed position indicator valve sign was ordered, received, and installed on 1/22/2025. A full (2) *Sealed, locked, or supervised (3) Accessible inspection was performed by the (4) Provided with correct wrenches Maintenance Supervisor to ensure (5) Free from external leaks compliance, and monthly inspections by (6) Provided with applicable identification the Maintenance Supervisor or designee will be done to ensure continued Findings: compliance. The POC is also integrated into the QA system. During a tour of the facility and interview with the Maintenance Director (MD) on 1/14/25, the fire

	DF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDI	TIPLE CONSTRUCTION NG 02		(X3) DATE SURVEY COMPLETED
		555339	B. WING _		_	01/14/2025
	ROVIDER OR SUPPLIER SPRINGS POST ACUTE			STREET ADDRESS, CITY, ST 74-350 COUNTRY CLUB DI PALM DESERT, CA 922	RIVE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH CORRECT CROSS-REFEREN	S PLAN OF CORRECTION CTIVE ACTION SHOULD B NCED TO THE APPROPRIA DEFICIENCY)	5.475
K 353	sprinkler system was At 10:16 p.m., the po southwest of the facil identification sign. Up it was ordered last we	observed. st indicator valve located ity did not have an oon interview, the MD stated		353		
K 363 SS=D	CFR(s): NFPA 101 Corridor - Doors Doors protecting corr required enclosures of hazardous areas resi and are made of 1 3/wood or other materia at least 20 minutes. It smoke compartments the passage of smoke to rooms containing f materials have positive latches are prohibited requirements do not do not contain flamm Clearance between be covering is not exceed complying with 7.2.1. with a device capable when a force of 5 lbf impediment to the clo devices that release of pulled are permitted. of unlimited height ar meeting 19.3.6.3.6 ar shall be labeled and if materials in compliant smoke compartment	idor openings in other than of vertical openings, exits, or st the passage of smoke 4 inch solid-bonded core al capable of resisting fire for Doors in fully sprinklered are only required to resist e. Corridor doors and doors lammable or combustible we latching hardware. Roller to by CMS regulation. These apply to auxiliary spaces that able or combustible material. For the door solid provided to face of keeping the door closed is applied. There is no posing of the doors. Hold open when the door is pushed or Nonrated protective plates to permitted. Dutch doors to permitted. Dutch doors to permitted. Door frames made of steel or other ce with 8.3, unless the is sprinklered. Fixed fire allowed per 8.3. In ments there are no	K:	363		1/24/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIP A. BUILDING	LE CONSTRUCTION 02	(X3) DATE SURVEY COMPLETED	
		555339	B. WING		01/14/2025
	ROVIDER OR SUPPLIER SPRINGS POST ACUTE			STREET ADDRESS, CITY, STATE, ZIP CODE 74-350 COUNTRY CLUB DRIVE	
				PALM DESERT, CA 92260	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION
K 363	Continued From page	e 20 fire resistance of glass or	K 36	3	
	19.3.6.3, 42 CFR Par and 485 Show in REMARKS of				
	etc. This REQUIREMENT by: Based on observatio failed to maintain the evidenced by a corrid	is not met as evidenced in and interview, the facility corridor doors. This was dor door that was propped object. This could result in a		Complaint: K363 A) How corrective action(s) will be	e
	delay to contain smol	ke from transferring from the within the compartment. This sidents in one of four smoke		accomplished for those residents foun have been affected by the deficient practice: 1. Wedge door stopper was removed on 1/14/2025	
		hall not be held open by ose that release when the		B) How the facility will identify the residents having the potential to be affected by the deficient practice and corrective action will be taken: 1. Inservice of staff on appropristandard of corridor doors and blockage on 1/24/2025	ate
		acility and interview with the r (MD) on 1/14/25, the observed.		C) What measure will be put in p or what system changes will the facilit make to ensure that the deficient prac does not recur:	y
	1	Nurses Station 2 was wedged door stopper. Upon ted he was unsure who put		Monthly inspection by maintenance supervisor and maintenance staff will done and report findings to Administra D) How the facility plans to monit its performance to make sure that solutions are sustained. The plan must be implemented, and the corrective acceptable.	be tor cor st

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION ND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING 02			(X3) DATE SURVEY COMPLETED	
		555339	B. WING _		01/14/2025
	ROVIDER OR SUPPLIER SPRINGS POST ACUTE			STREET ADDRESS, CITY, STATE, ZIP CODE 74-350 COUNTRY CLUB DRIVE PALM DESERT, CA 92260	•
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETION
K 363	Continued From page	2 21	К3	is integrated into the QA system. Maintenance Supervisor will re the findings of the Monthly inspection the QA Committee to monitor trends This plan of corrections constitutes	on to
				facility's written credible allegation of compliance. Preparation and/or execution of this Plan of Correction does not constitute admission or agreement provider of the truth of the facts alle conclusion set forth in the Statemer Deficiencies. This plan of correction is prepared a executed solely because it is requir Health and Safety Code section ****	of cution by the ged or at of and/or ed by
				CFR *** provisions. Develop EP Plan, Review and Upda Annually. The immediate corrective action(s) Wedge door stopper was removed 1/14/2025 and Inservice on 1/24/20 full inspection was performed by the Maintenance Supervisor to ensure compliance, and monthly inspectior the Maintenance Supervisor or desi will be done to ensure continued compliance. The POC is also integr into the QA system.	is on 25. A e
K 511 SS=E	CFR(s): NFPA 101 Utilities - Gas and Ele Equipment using gas complies with NFPA 5	ectric or related gas piping 64, National Fuel Gas Code, equipment complies with	К 5	11	1/17/25
	,	Ŭ			

555339	l		(X3) DATE SURVEY COMPLETED	
	B. WING		01/14/2025	
	s	STREET ADDRESS, CITY, STATE, ZIP CODE	, , , , , , , , , , , , , , , , , , , ,	
	7	4-350 COUNTRY CLUB DRIVE		
	F	PALM DESERT, CA 92260		
MUST BE PRECEDED BY FULL	ID PREFIX TAG	· ·	5.75	
nue in service provided no	K 511			
and interview. the facility electrical utilities. This was all electrical appliances with over cords while plugged ge protector, and an ta listed cover plate. This I damage to the electrical grinto an electrical fire. This sidents in two of four Code, 2012 Edition comply with the provisions as. quipment shall be in a 70, National Electrical tallations are approved which shall be permitted to be. ctrical Code, 2011 Edition eplates (Cover Plates). shall be installed so as to opening and seat against mounted inside a box ted receptacle shall		accomplished for those residents found have been affected by the deficient practice: 9. We secured the power strip to wall to remove the tension on 1/14/202 10. A new electrical outlet cover plate room 602 was placed on 1/14/2025 B) How the facility will identify the residents having the potential to be affected by the deficient practice and vocorrective action will be taken: 5. Full inspection in all rooms ar offices was performed by maintenance supervisor on 1/17/2025 to ensure compliance. C) What measure will be put in plor what system changes will the facility make to ensure that the deficient practices not recur: Monthly inspection by maintenance supervisor and maintenance staff will to done and report findings to Administration. D) How the facility plans to monitic	d to the 25 in what ace cice e	
	is not met as evidenced and interview. the facility electrical utilities. This was all electrical appliances with eyer cords while plugged ge protector, and an ta listed cover plate. This I damage to the electrical ginto an electrical fire. This sidents in two of four	rement of deficiencies Must be preceded by Full Sci IDENTIFYING INFORMATION) 22 It is not met as evidenced and interview. the facility electrical utilities. This was all electrical appliances with wer cords while plugged ge protector, and an at a listed cover plate. This I damage to the electrical g into an electrical fire. This sidents in two of four Code, 2012 Edition comply with the provisions as. quipment shall be in A 70, National Electrical tallations are approved which shall be permitted to e. ctrical Code, 2011 Edition eplates (Cover Plates). shall be installed so as to expening and seat against mounted inside a box ted receptacle shall	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION) 22 ID PREFIX TAG ID PREFIX TAG PREFIX TAG PREFIX TAG PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) 23 IS NOT met as evidenced and interview, the facility electrical utilities. This was all electrical appliances with ver cords while plugged ge protector, and an a lest a listed cover plate. This all damage to the electrical ginto an electrical fire. This sidents in two of four Code, 2012 Edition Code, 2012 Edition Comply with the provisions and the provisions and the provisions are approved which shall be permitted to electrical control to be affected by the deficient practice and we corrective action will be taken: 5. Full inspection in all rooms are offices was performed by maintenance supervisor on 1/11/2025 to ensure compliance. C) What measure will be put in pl or what system changes will the facility make to ensure that the deficient pract does not recur: Monthly inspection by maintenance staff will be done and report findings to Administrat D) How the facility plans to monity the pace of the course of the precion of the procession of t	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02		(X3) DATE SURVEY COMPLETED	
		555339	B. WING		01/14/2025	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
				74-350 COUNTRY CLUB DRIVE		
DESERIS	SPRINGS POST ACUTE			PALM DESERT, CA 92260		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION	
K 511	devices and to fittings transmitted to joints of Exception: Listed port that are intended to a at their terminals shall with single-conductor Informational Note: Spull on a cord from beterminals are knotting and fittings designed Findings: During a tour of the family mand that the family mand that the family and the family mand that the fami	and Terminals. bles shall be connected to a so that tension is not r terminals. table single-pole devices occommodate such tension I be permitted to be used flexible cable. ome methods of preventing sing transmitted to joints or the cord, winding with tape, for the purpose. acility and interview with the e (MD) on 1/14/25, the e observed.	K 51	solutions are sustained. The plan must be implemented, and the corrective act evaluated for its effectiveness. The P is integrated into the QA system. Maintenance Supervisor will report the findings of the Monthly inspection the QA Committee to monitor trends This plan of corrections constitutes the facility's written credible allegation of compliance. Preparation and/or executed from the truth of the facts allege conclusion set forth in the Statement of Deficiencies. This plan of correction is prepared and executed solely because it is required Health and Safety Code section *** and CFR *** provisions. Develop EP Plan, Review and Updates	etion OC rt tto etion the dor of d/or by nd **	
K 918 SS=C	an unsecured Defiant approximately five incomes was located in the Universe Station One. It stated the Unit Managappliances in. 2. At 1:19 p.m., an elector of resident R.G. in rooplate. Upon interview at some unknown time Electrical Systems - ECFR(s): NFPA 101	ches above the ground. This it Manager's Office at Jpon interview, the MD ger's staff plugged those ectrical outlet behind the bed om 602 did not have a cover the MS stated it broke off	K 918	Annually The immediate corrective action(s) is install a new electrical outlet cover pla and secured the power strip to the waremove the tension on. A full inspection was performed by the Maintenance Supervisor to ensure compliance, and monthly inspections by the Maintenan Supervisor or designee will be done to ensure continued compliance. The PC also integrated into the QA system.	te II to on ce	

PRINTED: 01/30/2025 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

	MENT OF DEFICIENCIES AN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING 02			(X3) DATE SURVEY COMPLETED			
		555339	B. WING			01/	14/2025
	ROVIDER OR SUPPLIER PRINGS POST ACUTE			74	TREET ADDRESS, CITY, STATE, ZIP CODE 4-350 COUNTRY CLUB DRIVE ALM DESERT, CA 92260		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
K 918	and associated equip service within 10 second criterion is not met du process shall be provicapability for the life is Maintenance and test transfer switches are with NFPA 110. Generator sets are insured in the life is under load 30 minuted day intervals, and exemonths for 4 continuous under load conditions simulated cold start at transfer of all EES load competent personnel stored energy power accordance with NFP circuit breakers are in program for periodica components is establication and for periodical components in the possibility of dama source is a design continuated in the possibil	er alternate power source ment is capable of supplying onds. If the 10-second ring the monthly test, a ided to annually confirm this cafety and critical branches. Ting of the generator and performed in accordance spected weekly, exercised as 12 times a year in 20-40 crised once every 36 cases hours. Scheduled test include a complete and automatic or manual ads, and are conducted by and Maintenance and testing of sources (Type 3 EES) are in A 111. Main and feeder spected annually, and a lly exercising the ished according to ments. Written records of ting are maintained and a power circuits. Minimizing age of the emergency power is not met as evidenced review and interview, the ain the emergency diesel	K	918	Complaint: K918 A) How corrective action(s) will be		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02		(X3) DATE SURVEY COMPLETED		
		555339	B. WING		01/14/2025		
NAME OF PROVIDER OR SUPPLIER DESERT SPRINGS POST ACUTE				STREET ADDRESS, CITY, STATE, ZIP CODE 74-350 COUNTRY CLUB DRIVE PALM DESERT, CA 92260			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	I	ID PROVIDER'S PLAN OF CORRECTIC PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROP			(X5) COMPLETION DATE	
K 918	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 25 diesel generator and its components. This could result in the malfunction of the diesel generator during an emergency. This affected 165 of 165 residents in four of four smoke compartments. NFPA 101: Life Safety Code, 2012 Edition 19.5.1 Utilities. 19.5.1.1 Utilities shall comply with the provisions of Section 9.1. 9.1.3 Emergency Generators and Standby Power Systems. Where required for compliance with this Code, emergency generators and standby power systems shall comply with 9.1.3.1 and 9.1.3.2. 9.1.3.1 Emergency generators and standby power systems shall be installed, tested, and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. NFPA 110: Standard for Emergency and Standby Power Systems, 2010 Edition 8.3 Maintenance and Operational Testing. 8.3.7* Storage batteries, including electrolyte levels or battery voltage, used in connection with systems shall be inspected weekly and maintained in full compliance with manufacturer's specifications. 8.4 Operational Inspection and Testing. 8.4.1 * EPSSs, including all appurtenant components, shall be inspected weekly and exercised under load at least monthly. Findings: During a document review and interview with the Maintenance Director (MD) on 1/14/25, the documents for the diesel generator were reviewed.		K	ID PROVIDER'S PLAN OF CORRECTIC PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROF		n what n ace rice or ttion C ttion the d or	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02		(X3) DATE SURVEY COMPLETED		
		555339	B. WING		01/14/2025		
NAME OF PROVIDER OR SUPPLIER DESERT SPRINGS POST ACUTE			STREET ADDRESS, CITY, STATE, ZIP CODE 74-350 COUNTRY CLUB DRIVE 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 PROVIDER'S PLAN OF CORRECTIC PREFIX (EACH CORRECTIVE ACTION SHOULE TAG CROSS-REFERENCED TO THE APPROP DEFICIENCY)			(X5) COMPLETION DATE	
K 918 K 923 SS=E	At 3:55 p.m., the Weekly/Monthly Generator logs documents were missing 1 of 52 weeks of documented visual inspections. Upon Interview, the MD stated his staff documented the inspection but did not transfer the data onto the permanent logs afterwards. The At 3:55 p.m., the Weekly/Monthly Generator logs documented logs afterwards. CI Decident of the Decident logs afterwards. The At 3:55 p.m., the Weekly/Monthly Generator logs documented logs.		This plan of correction is prepared and executed solely because it is required the Health and Safety Code section *** and CFR *** provisions. Develop EP Plan, Review and Update Annually. The immediate corrective action(s) is Inservice maintenance staff on proper documentation of generator maintenan 1/24/2025. The POC is also integrated into the QA system.	1/14/25			
	Greater than or equal Storage locations are ventilated in accordar 5.1.3.3.3. >300 but <3,000 cubic Storage locations are within an enclosed int limited- combustible or gates outdoors) that or gases are not stored a separated from combustible construction combustible construction. Less than or equal to In a single smoke concylinders available for care areas with an agor equal to 300 cubic stored in an enclosure handled with precautionary sign in	designed, constructed, and ace with 5.1.3.3.2 and c feet outdoors in an enclosure or construction, with door (or can be secured. Oxidizing with flammables, and are ustibles by 20 feet (5 feet if ed in a cabinet of truction having a minimum rating. 300 cubic feet inpartment, individual immediate use in patient gregate volume of less than feet are not required to be					

PRINTED: 01/30/2025 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULI IDENTIFICATION NUMBER: A. BUILD		LE CONSTRUCTION 02	(X3) DATE SURVEY COMPLETED 01/14/2025		
555339			B. WING				
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE	•	\neg	
DESERT SPRINGS POST ACUTE				74-350 COUNTRY CLUB DRIVE			
DESERI	PRINGS POST ACUTE			PALM DESERT, CA 92260			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLÉTIC	NC	
K 923	STORED WITHIN NO Storage is planned so of which they are recommended by cylinders are so cylinders. When facili integral pressure gaus considered empty is a are marked to avoid of in the open are protect 11.3.1, 11.3.2, 11.3.3. This REQUIREMENT by: Based on observation failed to maintain the storage. This was evicunsecured oxygen cyrooms. This could rest the cylinders releasing the affected rooms. The residents in one of for NFPA 99: Health Care Edition 11.6.2.3 Cylinders should damage by means of procedures: (1) Oxygen cylinders (1) Oxygen cylinders	es the wording as a OXIDIZING GAS(ES) O SMOKING." O cylinders are used in order eived from the supplier. D cylinders with gegregated from full ity employs cylinders with ge, a threshold pressure Destablished. Empty cylinders Donfusion. Cylinders stored Detected from weather. Detected from the following specific Detected from Detec	K 92	Complaint: K923 A) How corrective action(s) will to accomplished for those residents four have been affected by the deficient practice: 1. Room 116 oxygen tank remained placed into proper outside storage 1/14/2025 2. Room 203 oxygen tanks remove placed into proper outside storage 1/14/2025 B) How the facility will identify the	oved e		
	damage the cylinder, (2) Oxygen cylinders elevators or gangway heavy moving objects them. (3) Cylinders shall be by unauthorized indiv	ler valves shall not be		residents having the potential to be affected by the deficient practice and corrective action will be taken: Full inspection in all rooms was performed by maintenance superviso 1/17/2025 to ensure compliance. C) What measure will be put in por what system changes will the facility make to ensure that the deficient practices and the process of the control of the	r on olace y		

Facility ID: CA240000634

PRINTED: 01/30/2025 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION COMPLETED A. BUILDING 02 555339 B. WING 01/14/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 74-350 COUNTRY CLUB DRIVE **DESERT SPRINGS POST ACUTE** PALM DESERT, CA 92260 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) K 923 Continued From page 28 K 923 (5) Safety relief devices in valves or cylinders Monthly inspection by maintenance shall not be tampered with. supervisor and maintenance staff will be (8) Sparks and flame shall be kept away from done and report findings to Administrator. cylinders. (9) Even if they are considered to be empty, D) How the facility plans to monitor cylinders shall not be used as rollers, supports, or its performance to make sure that for any purpose other than that for which the solutions are sustained. The plan must supplier intended them. be implemented, and the corrective action (11) Freestanding cylinders shall be properly evaluated for its effectiveness. The POC chained or supported in a proper cylinder stand or is integrated into the QA system. Maintenance Supervisor will report (12) Cylinders shall not be supported by radiators, the findings of the Monthly inspection to steam pipes, or heat ducts the QA Committee to monitor trends Findings: This plan of corrections constitutes the During a tour of the facility and interview with the facility's written credible allegation of Maintenance Director (MD) on 1/14/25, the compliance. Preparation and/or execution storage of gas cylinders was observed. of this Plan of Correction does not constitute admission or agreement by the 1. At 10:52 a.m., one E-type oxygen cylinder was provider of the truth of the facts alleged or unsecured in the northwest corner of Room 116. conclusion set forth in the Statement of Upon interview, the MS stated it was put there Deficiencies. This plan of correction is prepared and/or after their therapy was completed. executed solely because it is required by Health and Safety Code section *** and ** 2. At 11:35 a.m., one of two E-type oxygen CFR *** provisions. cylinders was unsecured in the closet of Room 203. Upon interview, the MS stated they have Develop EP Plan, Review and Update some of these old cylinders around that were not Annually. picked up by their vendor. The immediate corrective action(s) is Room 116 oxygen tank removed and placed into proper outside storage 1/14/2025 Room 203 oxygen tanks removed and placed into proper outside storage 1/14/2025. A full inspection was performed by the Maintenance Supervisor to ensure compliance, and monthly inspections by the Maintenance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 02			(X3) DATE SURVEY COMPLETED		
	555339 B. WING				01/14/2025				
NAME OF PROVIDER OR SUPPLIER DESERT SPRINGS POST ACUTE				STREET ADDRESS, CITY, STATE, ZIP CODE 74-350 COUNTRY CLUB DRIVE PALM DESERT, CA 92260					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			(EACH (VIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD B REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE		
K 923	Continued From page		K 9	23 Supervisor or ensure contir					