

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

PRINTED: 06/08/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555339	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/03/2022
NAME OF PROVIDER OR SUPPLIER MANORCARE HEALTH SERVICES-PALM DESERT			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 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 the investigation of two linked complaint. Complaint Numbers: CA00783019 linked with CA00782801. Representing the Department: Health Facilities Evaluator Nurse: 41348 The inspection was limited to the specific complaints investigated and does not represent the findings of a full inspection of the facility. Five deficiencies were identified for the complaint numbers: CA00783019 linked with CA00782801.	F 000	The statements made in this Plan of Correction are not an admission to or an agreement with the stated deficiencies. To remain in compliance with all Federal and State Regulations, the facility has taken or will take actions set forth in the following Plan of Correction. This Plan of Correction constitutes the facility's Allegation of Compliance such that all stated deficiencies have been or will be corrected by the specified date/s.		
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.	F 550	F550 It is the practice of this facility treat patients with dignity and respect. A) Patient 1 no longer resides in the facility. B) This practice has the potential to affect patients who are on suicide prevention interventions. Facility wide assessment was completed to identify any other residents utilizing plastic silverware that was not medically necessary.		6/20/22

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

TITLE

(X6) DATE

Michele Juelkorn Administrator 6.22.22

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.

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F 550	<p>Continued From page 1</p> <p>§483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure the residents were treated with dignity and respect, for one of five residents reviewed (Resident 1), when Resident 1 was given plastic utensils to eat with for an extended period of time.</p> <p>This failure increased the potential to negatively affect Resident 1's psycho-social well-being.</p> <p>Findings:</p> <p>On May 2, 2022, the department received a</p>	F 550	<p>C) In-service was presented to Staff by the Administrator/ DSD regarding use of plastic silverware on 5.25.22-5.26.22 and 6.14.2022</p> <p>D) Compliance will be monitored by tray line audits completed by the food service director 3 x week for 4 weeks then monthly x 2 months. Findings will be presented monthly to Quality Assurance Performance Improvement committee for the purpose of analyzing and identifying trends, and to monitor for compliance and make recommendations.</p>		6/20/22

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NAME OF PROVIDER OR SUPPLIER

MANORCARE HEALTH SERVICES-PALM DESERT

STREET ADDRESS, CITY, STATE, ZIP CODE

74-350 COUNTRY CLUB DRIVE

PALM DESERT, CA 92260

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F 550	<p>Continued From page 2</p> <p>complaint which indicated Resident 1 was not provided regular utensils to eat with until a few days before discharge and she had to eat with her hands.</p> <p>On May 6, 2022, at 10:10 a.m., a telephone interview was conducted with Resident 1. Resident 1 stated while at the facility she stated to staff "What do I have to do to get service around here? Slit my wrists?" Resident 1 stated the facility put her on suicide watch and only gave her a plastic spoon to eat with. Resident 1 stated she did not receive silverware until yesterday (May 5) and that she had to eat her meals with just a plastic spoon and her "dirty hands."</p> <p>On May 10, 2022, at 10:40 a.m., an unannounced visit was conducted at the facility for the investigation of the above complaint.</p> <p>On May 10, 2022, Resident 1's record was reviewed. Resident 1 was admitted to the facility on April 13, 2022, with diagnoses which included surgical aftercare right knee, and hypertension (high blood pressure).</p> <p>Resident 1's physician history and physical indicated Resident 1 had capacity to make decisions.</p> <p>The record further indicated that Resident 1 was discharged May 7, 2022.</p> <p>Review of Resident 1's "Behavioral Symptoms Assessment," dated April 20, 2022, at 11:04 a.m., indicated, "...Suicidal ideation: "slit her wrist and harm herself"...Staff instructed no silverware, plastic utensils x (times) 4 days..."</p> <p>Review of Resident 1's progress note dated April</p>	F 550		

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F 550	<p>Continued From page 3</p> <p>20, 2022, at 11:44 a.m., indicated, "...Patient re-assessed for BIMS (brief interview for mental status) with score of 13/15 indicating no cognitive impairment. SS (social service) visited patient due to suicidal ideations, "slit wrist and harm self," patient confirms no plans to hurt self, now has a sitter at bedside for safety x 4 days, staff instructed plastic utensils for safety x 4 days..."</p> <p>Review of Resident 1's progress note dated May 4, 2022, at 12:03 p.m., indicated, "...Patient also has regular utensils restored and states that has helped..."</p> <p>Further review of Resident 1's record failed to identify documentation that indicated the exact date Resident 1's silverware was restored for her use.</p> <p>On May 10, 2022, at 2:30 p.m., an interview was conducted with the Administrator (Adm). The Adm stated when a resident threatens to hurt themselves the physician is notified and the resident will be placed a on suicide watch with a 1:1 sitter. The Adm continued, the resident will be sent out for evaluation if the physician orders it. The Adm stated Resident 1 was alert and oriented. She stated Resident 1 threatened to slit her wrists but it was more for "attention" than a true suicidal attempt. The Adm stated she told staff to not give Resident 1 a knife for 4 days. The Adm stated Resident 1 was on suicide watch for 4 days and had a 1:1 sitter. She stated Resident 1 should have had her silverware returned after she was off suicide watch.</p> <p>On May 10, 2022, at 2:40 p.m., an interview was conducted with the Social Service Coordinator (SSC). The SSC stated she had received a call</p>	F 550			

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F 550	<p>Continued From page 4</p> <p>that Resident 1 threatened to slit her wrists. She stated she did not believe Resident 1 was truly suicidal, but "acting out" for attention. The SSC stated Resident 1 was ordered a 1:1 sitter, and staff was told to not give her any knives. During a concurrent record review, the SSC stated based on the behavioral note it was changed to plastic utensil for 4 days. She stated she was not sure how it got input as plastic utensils for 4 days. The SSC stated Resident 1 had a 1:1 sitter and it would be very difficult to cause actual harm with a plastic knife, and she should have been provided one. The SSC stated the physician extended Resident 1's 1:1 sitter until April 25, 2022 but there was no order or note to continue with the plastic utensils. She stated there was no documentation when Resident 1 received her silverware back. The SSC stated the first note which indicated Resident 1 had silverware was May 4, 2022, almost two weeks after she should have gotten her silverware back. The SSC stated not having silverware and only having plastic utensils was a dignity issue.</p> <p>On May 10, 2022, at 2:52 p.m., an interview and concurrent record review were conducted with the Director of Nursing (DON). The DON stated the progress note dated April 20, 2022, at 11:44 a.m., indicated Resident 1 threatened to slit her wrist and harm herself. The DON stated the note indicated a 1:1 sitter and plastic utensils for 4 days. She stated Resident 1 should have gotten regular silverware back on April 24, 2022. The DON stated there was no order for the plastic utensils but could have been a nursing judgement. The DON stated when it was determined Resident 1 was no longer on suicide watch, her silverware should have been returned. She stated the first documentation Resident 1</p>	F 550			

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F 550	Continued From page 5 had silverware was on May 4, 2022. The DON stated it was a dignity issue to not have silverware to eat with.	F 550			
F 658 SS=D	<p>The facility policy titled "Resident Bill of Rights," undated, indicated, "...Patients have the rights enumerated in this section and the facility shall ensure that these rights are not violated...To be treated with consideration, respect and full recognition of dignity and individuality..."</p> <p>Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i)</p> <p>§483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure, for one of five residents reviewed (Resident 1), professional standards of practice were followed when there was no documentation of monitoring or evaluation of Resident 1, when Resident 1 was on suicide watch from April 20-24, 2022.</p> <p>These failures had the potential to negatively impact Resident 1's care and overall physical and emotional well-being.</p> <p>Findings:</p> <p>On May 10, 2022, at 10:40 a.m., an unannounced visit was conducted at the facility for the investigation of two linked quality of care complaints.</p>	F 658	<p>F658</p> <p>It is the practice of this facility to document on changes of condition</p> <p>A) Patient 1 no longer resides in the facility.</p> <p>B) This practice has the potential to affect patients who are experiencing changes of condition. Audit was completed to identify</p>		6/20/22

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F 658

Continued From page 6

F 658

On May 10, 2022, Resident 1's record was reviewed. Resident 1 was admitted to the facility on April 13, 2022, with diagnoses which included surgical aftercare right knee, and hypertension (high blood pressure).

Resident 1's physician history and physical indicated Resident 1 had capacity to make decisions.

Record review indicated that Resident 1 was discharged May 7, 2022.

Review of Resident 1's "Behavioral Symptoms Assessment," dated April 20, 2022, at 11:04 a.m., indicated, "...Suicidal ideation: 'slit her wrist and harm herself...'"

Review of Resident 1's progress note dated April 20, 2022, at 11:44 a.m., indicated, "...Patient re-assessed for BIMS (brief interview for mental status) with score of 13/15 indicating no cognitive impairment. SS (social service) visited patient due to suicidal ideations, 'slit wrist and harm self,' patient confirms no plans to hurt self, now has a sitter at bedside for safety x 4 days..."

Further record review failed to identify documentation that indicated any monitoring or evaluation of Resident 1 was conducted while Resident 1 was on suicide watch from April 20-24, 2022.

On May 10, 2022, at 2:30 p.m., an interview was conducted with the Administrator (Adm). The Adm stated when a resident threatens to hurt themselves the physician is notified and the resident will be placed a on suicide watch with a

any potentially unidentified change of condition. MD and RP notified and orders/interventions were implemented if any identified.

C) In-service was presented to Staff by the DSD regarding alert charting on 5.24.2022

D) Compliance will be monitored by Unit managers by auditing 24 hour communication 3 x week for 4 weeks then monthly x 2 months. Findings will be presented monthly to Quality Assurance Performance Improvement committee for the purpose of analyzing and identifying trends, and to monitor for compliance and make recommendations.

6/20/22

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F 658

Continued From page 7

1:1 sitter. The Adm continued, the resident will be sent out for evaluation if the physician orders it. The Adm stated Resident 1 was alert and oriented. She stated Resident 1 threatened to slit her wrists but it was more for "attention" than a true suicidal attempt.

On May 10, 2022, at 2:52 p.m., an interview and concurrent record review was conducted with the Director of Nursing (DON). The DON stated the progress note dated April 20, 2022, at 11:44 a.m., indicated Resident 1 threatened to slit her wrist and harm herself. The DON stated the note indicated a 1:1 sitter and plastic utensils for 4 days. She stated Resident 1 should have monitored while on suicide watch and documentation should have been done.

A review of the Vocational Nursing Practice Act dated July 31, 2015, indicated, "Scope of Vocational Nursing Practice: The licensed vocational nurse performs services requiring technical and manual skills which include the following: (a) Uses and practices basic assessment (data collection), participates in planning, executes interventions in accordance with the care plan or treatment plan, and contributes to evaluation of individualized interventions related to the care plan or treatment plan. (b) Provides direct patient/client care by which the licensee: (1) Performs basic nursing services as defined in subdivision (a); (2) Administers medications; (3) Applies communication skills for the purpose of patient/client care and education; and (4) Contributes to the development and implementation of a teaching plan related to self-care for the patient/client..." It further indicated, "...Performance Standards: (a) A

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F 658	Continued From page 8 licensed vocational nurse shall safeguard patients'/clients' health and safety by actions that include but are not limited to the following:...(2) Documenting patient/client care in accordance with standards of the profession..."	F 658	F676	6/20/22	
F 676 SS=D	Activities Daily Living (ADLs)/Mntn Abilities CFR(s): 483.24(a)(1)(b)(1)-(5)(i)-(iii) §483.24(a) Based on the comprehensive assessment of a resident and consistent with the resident's needs and choices, the facility must provide the necessary care and services to ensure that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that such diminution was unavoidable. This includes the facility ensuring that: §483.24(a)(1) A resident is given the appropriate treatment and services to maintain or improve his or her ability to carry out the activities of daily living, including those specified in paragraph (b) of this section ... §483.24(b) Activities of daily living. The facility must provide care and services in accordance with paragraph (a) for the following activities of daily living: §483.24(b)(1) Hygiene -bathing, dressing, grooming, and oral care, §483.24(b)(2) Mobility-transfer and ambulation, including walking, §483.24(b)(3) Elimination-toileting, §483.24(b)(4) Dining-eating, including meals and	F 676	It is the practice of this facility to give and document showers. A) Patient 1 no longer resides in the facility. B) This practice has the potential to affect patients who need assistance with ADL care for showers. Audit conducted, anyone not given shower on scheduled days in the last week was offered a shower. C) In-service was presented to Staff by the DSD regarding showers and documentation on 5.24.2022-5.26.2022 D) Compliance will be monitored by Medical records by auditing CNA charting 3 x week for 4 weeks then monthly x 2 months. Findings will be presented monthly to Quality Assurance Performance Improvement committee for the purpose of analyzing and identifying trends, and to monitor for compliance and make recommendations.		

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F 676	<p>Continued From page 9 snacks,</p> <p>§483.24(b)(5) Communication, including (i) Speech, (ii) Language, (iii) Other functional communication systems. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to provide care and services for activities of daily living (ADLs) for four of five sampled residents (Resident 1, 2, 3, and 4), when the residents failed to receive showers and/or baths as scheduled.</p> <p>This failure had the potential to negatively affect the resident's physical and psychosocial well-being.</p> <p>On April 29, 2022, the department received a complaint that indicated Resident 2 "never got a shower" while at the facility. The department received another complaint on May 2, 2022, which indicated Resident 1 had not received a shower while at the facility.</p> <p>On May 10, 2022, at 10:40 a.m., an unannounced visit was conducted at the facility for the investigation of the linked complaints above.</p> <p>On May 10, 2022, Resident 1's record was reviewed. Resident 1 was admitted to the facility on April 13, 2022, with diagnoses which included surgical aftercare right knee, and hypertension (high blood pressure). Resident 1 was discharged May 7, 2022.</p> <p>Review of Resident 1's progress note dated May 4, 2022, at 12:03 p.m., indicated, "...Patient</p>			F 676			

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F 676	<p>Continued From page 10</p> <p>verbalized that she had a "wonderful shower" yesterday evening and was feeling much better..."</p> <p>Review of Resident 1's facility document, "...Task: Shower/Bath: Monday Evenings...Look Back 30 Days..." indicated Resident 1 had a bed bath on April 25, 2022, and refused on May 2, 2022 to have a bath or shower.</p> <p>Review of Resident 1's facility document, "...Task: Shower/Bath: Wednesday Evenings...Look Back 30 Days..." indicated, "Not applicable" on May 4, 2022.</p> <p>Review of Resident 1's facility document, "...Task: Shower/Bath: PRN (as needed)...Look Back 30 Days..." indicated, Resident 1 received a shower May 3, and May 5.</p> <p>Per facility documentation, Resident 1 received one bed bath and two showers while at the facility from April 13, 2022 to May 7, 2022.</p> <p>On May 10, 2022, Resident 2's record was reviewed. Resident 2 was admitted to the facility on April 19, 2022, with diagnoses which included urinary tract infection. Resident 2 was discharged April 28, 2022.</p> <p>Review of Resident 2's facility document, "...Task: Shower/Bath: Tuesday Evenings...Look Back 30 Days..." indicated Resident 2 refused on April 19, 2022, to have a bath or shower.</p> <p>Review of Resident 2's facility document, "...Task: Shower/Bath: Friday Evenings...Look Back 30 Days..." indicated Resident 2 had a shower on April 22, 2022.</p>	F 676			

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F 676	<p>Continued From page 11</p> <p>Per facility documentation, Resident 2 received one shower while at the facility from April 19, 2022, to April 28, 2022.</p> <p>On May 10, 2022, Resident 3's record was reviewed. Resident 3 was admitted to the facility on February 16, 2022, and readmitted on April 4, 2022, with diagnoses which included atrial fibrillation (afib-irregular heart rhythm), and spinal stenosis (narrowing of the spinal canal which can cause pressure on the spinal cord).</p> <p>On May 10, 2022, at 11:25 a.m., Resident 3 was observed lying in bed. During a concurrent interview, Resident 3 stated she received a shower "yesterday" (May 9, 2022).</p> <p>Review of Resident 3's facility document, "...Task: Shower/Bath: Monday Evenings...Look Back 30 Days..." indicated Resident 3 had a bed bath on May 2, 2022, and a shower on May 9, 2022.</p> <p>Review of Resident 3's facility document, "...Task: Shower/Bath: Thursday Evenings...Look Back 30 Days..." indicated Resident 3 refused on May 5, 2022 to have a bath or shower.</p> <p>Review of Resident 3's facility document, "...Task: Shower/Bath: PRN...Look Back 30 Days..." indicated Resident 3 refused on April 25, 2022, to have a bath or shower.</p> <p>Per facility documentation, Resident 3 received one shower and one bed bath, from April 11, 2022, to May 10, 2022.</p> <p>On May 10, 2022, Resident 4's record was reviewed. Resident 4 was admitted to the facility on April 10, 2022, with diagnoses which included</p>	F 676			

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F 676	<p>Continued From page 12</p> <p>atrial fibrillation, and pacemaker (a medical device that delivers electric impulses to the heart to regulate the rhythm).</p> <p>On May 10, 2022, Resident 4 was observed sitting in a wheelchair beside her bed. During a concurrent interview Resident 4 stated she got a shower two times a week, and her last shower was yesterday (May 9).</p> <p>Review of Resident 4's facility document, "...Task: Shower/Bath: Wednesday Evenings...Look Back 30 Days..." indicated Resident 4 had a shower on April 20, 2022.</p> <p>Review of Resident 4's facility document, "...Task: Shower/Bath: Saturday Evenings...Look Back 30 Days..." indicated Resident 4 had a shower on April 16, and 23, 2022.</p> <p>Per facility documentation, Resident 4 received three showers, from April 10, 2022, to May 10, 2022.</p> <p>On May 10, 2022, at 11 a.m., an interview was conducted with the Director of Nursing (DON). The DON stated residents received a shower or bed bath two times a week. She stated the Certified Nursing Assistant (CNA) should chart in the tasks; shower, bed bath, partial bed bath or refused. The DON stated when a resident refused a shower the CNA was to ask again and when the resident continued to refuse, notify the charge nurse.</p> <p>On May 10, 2022, an interview was conducted with CNA 1. CNA 1 stated residents received a shower or bed bath two times a week per schedule, or as needed or requested.</p>	F 676			

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NAME OF PROVIDER OR SUPPLIER

MANORCARE HEALTH SERVICES-PALM DESERT

STREET ADDRESS, CITY, STATE, ZIP CODE

74-350 COUNTRY CLUB DRIVE

PALM DESERT, CA 92260

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F 676	Continued From page 13 On May 10, 2022, at 2:52 p.m., a follow up interview and concurrent record review were conducted with the DON. The DON stated Resident 1 had two documented showers and one bed bath while at the facility. The DON stated Resident 2's only documented bath was April 22, 2022. The DON stated Resident 3 had one shower and one bed bath documented for the past 30 days. The DON stated Resident 4's documentation indicated Resident 4 received three showers the past 30 days. The DON stated the residents did not receive showers or bed baths as scheduled.	F 676		
F 697 SS=D	Pain Management CFR(s): 483.25(k) §483.25(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on interview, and record review, the facility failed to ensure pain medication was offered and/or provided for one of five residents reviewed (Resident 1). This failure had the potential for Resident 1 to have increased pain which could impair mobility and function.	F 697	F697 It is the practice of this facility to address indicators of pain. A) Patient 1 no longer resides in the facility.	6/20/22

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F 697	<p>Continued From page 14</p> <p>Findings:</p> <p>On May 6, 2022, at 10:10, a.m., a telephone interview was conducted with Resident 1. Resident 1 stated while at the facility her pain was not managed. She stated while she was on "suicide watch" staff did not give her anything but Tylenol for her pain.</p> <p>On May 10, 2022, at 10:40 a.m., an unannounced visit was conducted at the facility for the investigation of the above complaint.</p> <p>On May 10, 2022, Resident 1's record was reviewed. Resident 1 was admitted to the facility on April 13, 2022, with diagnoses which included surgical aftercare right knee, and hypertension (high blood pressure).</p> <p>Resident 1's physician history and physical indicated Resident 1 had capacity to make decisions.</p> <p>Record review indicated that Resident 1 was discharged May 7, 2022.</p> <p>Review of Resident 1's physician orders indicated;</p> <p>-April 13, 2022, "...Acetaminophen (Tylenol) Tablet Give 1000 mg (milligrams-dosage) by mouth every 08 hours as needed for pain..."</p> <p>-April 13, 2022, "...Oxycodone HCL (narcotic used to treat moderate to severe pain) Tablet 5 MG Give 1 tablet by mouth every 6 hours as needed for mild or moderate pain (1- 6 scale [pain scale 1 little to no pain; 10 severe pain])...Oxycodone HCL</p>	F 697	<p>B) This practice has the potential to affect patients who could be in pain. An audit was completed to ensure pain was being managed, if pain not managed based on pain protocol MD notified and requested addition pain relieving measures.</p> <p>C) In-service was presented to Staff by the DSD regarding pain management on 5.24.2022</p> <p>D) Compliance will be monitored by Unit managers by monitoring pain scores 3 x week for 4 weeks then monthly x 2 months. Findings will be presented monthly to Quality Assurance Performance Improvement committee for the purpose of analyzing and identifying trends, and to monitor for compliance and make recommendations.</p>		6/20/22

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F 697	<p>Continued From page 15</p> <p>Tablet 5 MG Give 2 tablets by mouth every 6 hours as needed for severe pain..." Discontinued April 14, 2002.</p> <p>-April 14, 2022, indicating "...Acetaminophen Tablet Give 1000 mg by mouth every 8 hours as needed for pain management NTE (not to exceed) 3gm (gram)/APAP (acetaminophen) 24 hours..."</p> <p>-April 14, 2022, "...Dilaudid (Narcotic used to treat moderate to severe pain) Tablet 2 MG (HYDROmorphine HCL) Give 1 tablet by mouth every 4 hours as needed for Pain..." discontinued April 22, 2022.</p> <p>-April 20, 2022, "...Sitter x4 (times four) days one time only until 4/24/22..."</p> <p>-April 22, 2022, "...Continue sitter until Monday 4/25/22..."</p> <p>-April 24, 2022 "...Norco (narcotic) Tablet 5-325 MG (HYDROcodone-Acetaminophen) Give 1 tablet by mouth every 6 hours for pain for 2 Days..." discontinued April 26, 2022.</p> <p>-April 25, 2022, "...Norco Tablet 5-325 MG (HYDROcodone-Acetaminophen) Give 1 Tablet every 6 hours as needed for pain..."</p> <p>Review of Resident 1's care plan dated April 14, 2022, indicated, "...Focus...Pain R (right) knee evidenced by verbalization of pain related to recent surgery...Goal...Reduce episodes of breakthrough pain...Interventions...Administer pain medication per physician orders..."</p> <p>Review of Resident 1's progress note dated April</p>	F 697			

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F 697	<p>Continued From page 16</p> <p>14, 2022, at 4 p.m., indicated, "...met with patient today...patient reports having severed (sic) pain to knee and current medication being non-effective..."</p> <p>Review of Resident 1's "Behavioral Symptoms Assessment," dated April 20, 2022, at 11:04 a.m., indicated, "...Suicidal ideation: "slit her wrist and harm herself"...Staff instructed no silverware, plastic utensils x (times) 4 days..."</p> <p>Review of Resident 1's progress note dated April 20, 2022, at 11:44 a.m., indicated, "...Patient re-assessed for BIMS (brief interview for mental status) with score of 13/15 indicating no cognitive impairment. SS (social service) visited patient due to suicidal ideations, "slit wrist and harm self," patient confirms no plans to hurt self, now has a sitter at bedside for safety x 4 days..."</p> <p>Review of Resident 1's progress note dated April 24, 2022, at 1:49 a.m., indicated, "...Received a phone call from patient's daughter in regards to pain regimen...patient stated the medication was ineffective..." and at 3:37 p.m., "...Called oncall per family request regarding pain med new order for Norco..."</p> <p>Review of Resident 1's electronic medication administration record (eMAR) during Resident 1's "suicide watch" from April 20-24, 2022, indicated, Dilaudid Tablet 2 mg was given twice; on April 20, 2022, for pain scale 3, and on April 22, 2022, for pain scale 7. Acetaminophen 1000 mg was given four times; on April 22, 2022, for pain scale of 4, April 23, for a pain scale of 4, and April 24, twice for pain scale 7 and 5.</p> <p>On May 10, 2022, at 2:52 p.m., an interview and</p>	F 697			

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NAME OF PROVIDER OR SUPPLIER

MANORCARE HEALTH SERVICES-PALM DESERT

STREET ADDRESS, CITY, STATE, ZIP CODE

**74-350 COUNTRY CLUB DRIVE
PALM DESERT, CA 92260**

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F 697	Continued From page 17 concurrent record review were conducted with the Director of Nursing (DON). The DON stated Resident 1 was on suicide watch from April 20-24, 2022, for threats that she was going to slit her wrists. She stated Resident 1's Dilaudid was discontinued April 22, 2022, and Norco was ordered on April 24, 2022. The DON stated Resident 1 had acetaminophen for pain between April 22 and April 25, 2022. She stated she was not sure why Resident 1 went from Dilaudid, a very powerful narcotic to acetaminophen. The DON stated there should not be a hold on pain medication when someone was on suicide watch, given the licensed nurses were the ones dispensing the medication. She stated changing from Dilaudid to acetaminophen was a drastic change in pain medication. The DON stated there was no reason to withhold Resident 1's pain medication while she was on suicide watch. The DON stated Resident 1 was ordered Norco on April 24, 2022, when Resident 1 came off her suicide watch. Review of the facility policy titled, "Pain Management Guidelines," dated November 2021, indicated, "...Purpose: To describe the process steps required for interventions to prevent and or manage both acute and chronic pain...Pain-an unpleasant sensory and emotional experience associated with actual or potential damage...Patients are asked to choose a number 0 (indicating no pain) to 10 (indicating worst pain imaginable)...pain scores of 4-7 twice in a seven-day period or those who have a single score of 8, 9 or 10 are: Reported to the medical practitioner for consideration of treatment adjustment..."	F 697		
F 842 SS=D	Resident Records - Identifiable Information	F 842		

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F 842	<p>Continued From page 18 CFR(s): 483.20(f)(5), 483.70(i)(1)-(5)</p> <p>§483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.</p> <p>§483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized</p> <p>§483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert</p>	F 842	<p>F842 It is the practice of this facility to give and document showers.</p> <p>A) Patient 1 no longer resides in the facility.</p> <p>B) This practice has the potential to affect patients who need assistance with ADL care for showers. Audit conducted, anyone not given shower on scheduled days in the last week was offered a shower.</p> <p>C) In-service was presented to Staff by the DSD regarding showers and documentation on 5.24.2022-5.26.2022</p> <p>D) Compliance will be monitored by Medical records by auditing CNA charting 3 x week for 4 weeks then monthly x 2 months. Findings will be presented monthly to Quality Assurance Performance Improvement committee for the purpose of analyzing and identifying trends, and to monitor for compliance and make recommendations.</p>		6/20/22

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F 842	<p>Continued From page 19</p> <p>a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview, and record review, the facility failed, for two of five residents reviewed (Resident 3 and 4), to maintain accurate medical records in accordance with accepted professional standards and practice when staff failed to accurately document showers and bed baths.</p> <p>This failure could increase the potential for confusion to occur in the provision of necessary care for the residents.</p>	F 842			

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F 842	<p>Continued From page 20</p> <p>Findings:</p> <p>On May 10, 2022, at 10:40 a.m., an unannounced visit was conducted at the facility for the investigation of two linked complaints.</p> <p>On May 10, 2022, Resident 3's record was reviewed. Resident 3 was admitted to the facility on February 16, 2022, and readmitted on April 4, 2022, with diagnoses which included atrial fibrillation (afib-irregular heart rhythm), and spinal stenosis (narrowing of the spinal canal which can cause pressure on the spinal cord).</p> <p>On May 10, 2022, at 11:25 a.m., Resident 3 was observed lying in bed. During a concurrent interview, Resident 3 stated she received a shower "yesterday" (May 9, 2022).</p> <p>Review of Resident 3's facility document, "...Task: Shower/Bath: Monday Evenings...Look Back 30 Days..." indicated Resident 3 had a bed bath on May 2, 2022, and a shower on May 9, 2022.</p> <p>Review of Resident 3's facility document, "...Task: Shower/Bath: Thursday Evenings...Look Back 30 Days..." indicated Resident 3 refused on May 5, 2022, to have a shower or bath.</p> <p>Review of Resident 3's facility document, "...Task: Shower/Bath: PRN...Look Back 30 Days..." indicated Resident 3 refused on April 25, 2022, to have a shower or bath.</p> <p>Per facility documentation, Resident 3 received one shower and one bed bath, from April 11, 2022, to May 10, 2022.</p>	F 842			

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NAME OF PROVIDER OR SUPPLIER MANORCARE HEALTH SERVICES-PALM DESERT			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 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 842	<p>Continued From page 21</p> <p>On May 10, 2022, Resident 4's record was reviewed. Resident 4 was admitted to the facility on April 10, 2022, with diagnoses which included atrial fibrillation, and pacemaker (a medical device that delivers electric impulses to the heart to regulate the rhythm).</p> <p>On May 10, 2022, Resident 4 was observed sitting in a wheelchair beside her bed. During a concurrent interview Resident 4 stated she got a shower two times a week, and her last shower was yesterday (May 9).</p> <p>Review of Resident 4's facility document, "...Task: Shower/Bath: Wednesday Evenings...Look Back 30 Days..." indicated Resident 4 had a shower on April 20, 2022. "Not Applicable" was marked April 27 and May 4, 2022.</p> <p>Review of Resident 4's facility document, "...Task: Shower/Bath: Saturday Evenings...Look Back 30 Days..." indicated Resident 4 had a shower on April 16, and 23, 2022. "Not Applicable" was marked May 7, 2022.</p> <p>Per facility documentation, Resident 4 received three showers, from April 10, 2022, to May 10, 2022.</p> <p>On May 10, 2022, at 11 a.m., an interview was conducted with the Director of Nursing (DON). The DON stated residents received a shower or bed bath two times a week. She stated the Certified Nursing Assistant (CNA) should chart in the tasks; shower, bed bath, partial bed bath or refused. The DON stated when a resident refused a shower the CNA was to ask again and when the resident continued to refuse, notify the charge nurse.</p>	F 842			

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555339	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/03/2022
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NAME OF PROVIDER OR SUPPLIER

MANORCARE HEALTH SERVICES-PALM DESERT

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 PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 842	<p>Continued From page 22</p> <p>On May 10, 2022, an interview was conducted with CNA 1. CNA 1 stated residents received a shower or bed bath two times a week per schedule, or as needed or requested.</p> <p>On May 10, 2022, at 2:52 p.m., a follow up interview and concurrent record review were conducted with the DON. The DON stated Resident 3 had one shower and one bed bath documented for the past 30 days. The DON stated Resident 4's documentation indicated Resident 4 received three showers the past 30 days. The DON stated the documentation for the residents did not reflect the showers or bed baths given.</p>	F 842		