

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056229	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/12/2020
NAME OF PROVIDER OF SUPPLIER PALM SPRINGS HEALTHCARE & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 277 S SUNRISE WAY PALM SPRINGS, CA 92262	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0655 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide the responsible person (RP) for one resident (Resident 1) of three residents surveyed, a written copy of the baseline care plan summary. This failure had the potential for the RP to be unaware of the intended treatment plan. Findings: On March 6, 2020, at 10 a.m., an unannounced visit was made to the facility to investigate a complaint regarding quality of care. On March 4, 2020, at 4:01 p.m., a phone interview was conducted with the RP. The RP stated he did not receive a copy of an initial baseline care plan. On March 6, 2020, the facility medical record for Resident 1 was reviewed. Resident 1 was a [AGE] year old, female, admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. The facility form, Baseline Care Plan Summary, dated February 2, 2020, indicated it was recorded on February 2, 2020. There was no documentation to indicate the Baseline Care Plan Summary was discussed or offered in written format to the RP. The facility Nursing Progress Notes from February 1, 2020 thru February 27, 2020, were reviewed. No documentation was found to indicate a copy of the Baseline Care Plan Summary was provided to the RP. On March 6, 2020, at 12:30 p.m., an interview with the Director of Nurses (DON). The DON stated the Baseline Care Plan Summary should be discussed and a copy offered to the RP within 48 hours of admission. The DON stated for Resident 1 the Baseline Care Plan Summary was done, but a copy was never offered to the RP.		

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

TITLE

(X6) DATE

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.