

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>056428</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/26/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>CALIFORNIA NURSING &amp; REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2299 NORTH INDIAN CANYON DRIVE PALM SPRINGS, CA 92262</b>	
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 0684  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Provide appropriate treatment and care according to orders, resident's preferences and goals.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure accurate intake was documented for one resident (Resident 1) of three residents surveyed. This failure had the potential for hydration to be inadequate for Resident 1. Findings: An unannounced visit was made to the facility on [DATE], at 10:15 am, to investigate one complaint regarding quality of care. On July 22, 2020, the facility medical record for Resident 1 was reviewed. Resident 1 was admitted on [DATE], with [DIAGNOSES REDACTED]. During a review of the facility Intake and Output (I&O) record for Resident 1, dated May 28, 2020, through July 1, 2020, the I&O had multiple incomplete entries for the day and evening shifts. In addition there were multiple dates with no entries for I&O (June 18, 19, 25, 26, 27, 28, 29, 30, 2020). During an interview on August 19, 2020, at 12:30 PM, with Licensed Vocational Nurse 1 (LVN 1), LVN 1 stated I&O are completed for every resident who receives tube feedings for a minimum of thirty days. During an interview on August 19, 2020, at 12:30 PM, with the Director of Nurses (DON), the DON stated I&O is done for thirty days when a resident is admitted with a [DEVICE] for nourishment. During a review of the facility policy and procedure (P&P) titled, Intake and Output Guidelines, (undated), the P&P indicated, Intake and/output may also be recorded when the following conditions exist as a nursing measure: .Enteral feedings (nourishment received through a tube, a [DEVICE] is an example) All residents will have intake recorded for 30 days and then evaluated for discontinuation of the intake monitoring.		
F 0770  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Provide timely, quality laboratory services/tests to meet the needs of residents.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure, for one of three sampled residents (Resident 1), a CBC ((complete blood count, a blood test that includes white blood cell count and red blood cell count) and BMP (basic metabolic panel, a blood test that includes testing for levels of sodium, potassium, and kidney function) were completed, as ordered by the physician. This failure had the potential to result in delayed identification of medical problems or delayed necessary medical treatment for [REDACTED]. On July 22, 2020, the facility medical record for Resident 1 was reviewed. Resident 1 was admitted on [DATE], with [DIAGNOSES REDACTED]. During a review of Physician order [REDACTED]. No CBC or BMP results were found for July 5, 2020. During a phone interview on August 19, 2020, at 10 am, with the Director of Nurses (DON), the DON stated there should have been lab work drawn on July 5, 2020. The DON sent a FAX (facsimile) on August 19, 2020, at 2 pm, the FAX indicated, There are no labs drawn in July 2020.		

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.