

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056428	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2020
NAME OF PROVIDER OF SUPPLIER CALIFORNIA NURSING & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 2299 NORTH INDIAN CANYON DRIVE 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 0684 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to follow physician orders [REDACTED]. There was incomplete documentation, recording, and monitoring of Resident 1's daily intake and output and 2. There was no documentation of Resident 1's weight on admission or on a daily basis. These failures to follow physician orders [REDACTED]. Findings: The record for Resident 1 was reviewed. Resident 1 was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. The physician orders [REDACTED]. Resident 1 was to have daily weights and I (intake) and O's (output) monitored and documented. The care plan titled IV Antibiotic Care Plan, dated January 28, 2020, indicated I and O's would be recorded by nursing. The facility document titled Vital Signs and Weight Record dated February 1 through 2, 2020, was reviewed and indicated there were no daily weights recorded. The facility document titled Intake and Output Record, dated January 27 through February 1, 2020, was reviewed and indicated there were multiple areas left blank where no intake or output was recorded and there were no tallies of the numbers at the end of the 24 period. There was no monitoring of over, under or equal totals of fluids taken in and excreted. The nursing notes for the period of January 28 through February 1, 2020, were reviewed and indicated numerous entries of bilateral upper extremity [MEDICAL CONDITION] and scrotal swelling. The facility policy and procedure titled Intake and Output Recording, revised July 2018, was reviewed. The document indicated, .The facility will record intake and out as ordered by the physician . II. I and O will be monitored and recorded per physician's orders [REDACTED]. The DON stated Resident 1 was readmitted to the acute care hospital on February 1, 2020, for evaluation and treatment of [REDACTED]. The DON stated weights should be recorded on the ADL (activities of daily living) record and I and O's should be totaled at the end of each shift and after each 24 hour period. Resident 1 should have been weighed daily. The DON further stated, Maybe he (Resident 1) refused (to be weighed). There was no documentation of refusal or non-compliance in Resident 1's care plan or nursing notes.</p>		
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.