

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>056229</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/11/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>PALM SPRINGS HEALTHCARE &amp; REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>277 S SUNRISE WAY 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 0726  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on interview and record review, the facility failed to ensure a qualified Registered Nurse (RN 1) had the required experience in acute care or equivalent training to care for a subacute patient (Resident 1). This failure had the potential for a resident in respiratory distress to experience a poor outcome including death. Findings: On February 6, 2020, at 10:30 a.m., an unannounced visit was made to the facility for the investigation of one complaint concerning quality of care. On February 6, 2020, the facility medical record for Resident 1 was reviewed. Resident 1 was admitted on [DATE], with [DIAGNOSES REDACTED]. Resident 1 had a [MEDICAL CONDITION] (a tube placed in the trachea to assist with breathing) and required continuous [MED]gen. A facility progress note dated February 2, 2020, at 10:48 p.m., indicated, Heard patient gurgling .Stopped to suction, but could not get suction catheter inserted through [MEDICAL CONDITION] .Patient declined, went into respiratory distress .crash cart at the bedside with vital machine hooked to patient, BP (blood pressure) 62/73 (normal reading 120/70), HR (heart rate) 54, O2 35% ([MED]gen saturation- a measurement of how much [MED]gen is in the blood, normal value would be 90% or greater). 911 called . On February 3, 2020, at 8:30 a m., an interview was conducted with Registered Nurse (RN 1). RN 1 stated her training for the subacute area consisted of an eight hour course given by a Respiratory Therapist. RN 1 stated it was lecture course and did not provide any hands on training. RN 1 stated she had not been trained on replacing a [MEDICAL CONDITION] if it became plugged or dislodged. RN 1 stated she could not pass the suction tube down the [MEDICAL CONDITION] as far as she had earlier in her shift. RN 1 stated she attempted to ventilate the resident with an ambu bag (Artificial Manual Breathing Bag a device used to force air into the lungs or assist air into the lungs), but could not get the air to go thru the [MEDICAL CONDITION]. On February 2, 2020, at 10:30 a.m., an interview was conducted with the Director of Nursing (DON). The DON stated the subacute staff received training from the company that provides the respiratory therapists. The DON stated (name of company) provided an eight hour in-service and orientation training for the licensed staff on the unit. On February 21, 2020, RN 1's Human Resources (HR) file was reviewed. The file indicated RN 1 had a hire date of September 5, 2019. A copy of her RN license verification indicated she received her license as an RN on August 12, 2019. The resume for RN 1 indicated she graduated from her RN program in 2011. There is no documentation of RN 1 having had a RN position in acute care or any RN position prior to being hired for her current subacute position. In the facility HR file for RN 1, A Continuing Education (CE) Certificate titled, Ventilator Management Course for License (sic) Nursesindicated RN 1 completed the course September 3, 2018 (1 year prior to her hire date). The Certificate indicated, Provider approved by the [ST] Board of Registered Nursing Provider #([MEDICATION NAME]) for 8 Continuing education contact hours . On the certificate, in the space for license number, only RN was filled in with no license number. Title 22, CCR .5 (g), Subacute Care Unit, indicated, Each RN and LVN shall upon hire provide to the employer evidence of the following: (1) A minimum of six months experience within the past two years working in a general acute care facility (i.e. hospital or other facility caring for acutely ill patients); or (2) An acquired equivalent competency appropriate to the type of subacute patient the facility provides care for.</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.