

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>056328</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/25/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>PREMIER CARE CENTER FOR PALM SPRINGS</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2990 EAST RAMON ROAD PALM SPRINGS, CA 92264</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 0580  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review the facility failed to notify the physician of a refusal of insulin (medication used to treat high blood sugar), for one resident (Resident 1) of three residents surveyed. This failure had the potential for ineffective treatment of [REDACTED]. Findings: On July 9, 2020, an unannounced visit was made to the facility to investigate one complaint. On July 9, 2020, the facility medical record for Resident 1 was reviewed. Resident 1 was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. During a review of the Order Summary Report (OSR) for Resident 1, dated July 9, 2020, the OSR indicated, Insulin [MEDICATION NAME] Solution 100 unit/ML (milliliters) Inject as per sliding scale (dosage based on blood sugar reading) if (blood sugar) .150-199= (give) 2 units . During a review of the Medication Administration Record [REDACTED]. There was no documentation that the physician was notified of Resident 1's refusal of the insulin. During an interview on July 9, 2020, at 4:30 pm, with Licensed Vocational Nurse (LVN 1), LVN 1 stated she did not notify the physician of Resident 1's refusal of the insulin for July 6, 2020, or July 8, 2020. During a review of the facility's policy and procedure (P&P) titled Medications and Treatments, Refusal of, dated August 2007, the P&P indicated, .2. Documentation pertaining to resident's refusal of treatment shall include, as a minimum: .G. The date and time the physician was notified as well as the physician's response .		
F 0842  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to ensure the facility medical record contained complete documentation when Insulin [MEDICATION NAME] (medication to treat high blood sugar) was refused by one resident (Resident 1) out of three residents surveyed. This failure had the potential for the extent of Resident 1's continued refusal of medication to go unaddressed. Findings: On July 9, 2020, an unannounced visit was made to the facility to investigate one complaint. On July 9, 2020, the facility medical record for Resident 1 was reviewed. Resident 1 was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. During a review of the Order Summary Report (OSR) for Resident 1, dated July 9, 2020, the OSR indicated, Insulin [MEDICATION NAME] Solution 100 unit/ML (milliliters) Inject as per sliding scale (dosage based on blood sugar reading) if (blood sugar) .150-199= (give) 2 units . During a review of the Medication Administration Record [REDACTED]. There was no documentation of the refusal of the insulin in the facility's nursing progress notes for July 6, 2020. Documentation for the refusal of insulin on May 8, 2020, did not include notification of the physician of the refusal of Resident 1's refusal of the insulin. During an interview on July 9, 2020, at 4:30 pm, with Licensed Vocational Nurse (LVN 1), LVN 1 stated she did not notify the physician of Resident 1's refusal of the insulin for July 6, 2020, or July 8, 2020. LVN 1 stated Resident 1 had a history of [REDACTED]. Documentation pertaining to resident's refusal of treatment shall include, as a minimum: .A. The date and time the treatment was attempted; B. The treatment attempted; C. The resident's response and reason(s) for refusal; E. Documentation that the resident was informed of the purpose of the treatment and the consequences of not receiving the care; G. The date and time the physician was notified as well as the physician's response .		
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.