

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555084	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/19/2020
NAME OF PROVIDER OF SUPPLIER DESERT SPRINGS HEALTHCARE & WELLNESS CENTRE		STREET ADDRESS, CITY, STATE, ZIP 82-262 VALENCIA AVENUE INDIO, CA 92201	
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 0607 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to implement their policy and procedure for abuse reporting when the facility did not notify law enforcement of an allegation of abuse made by Resident A. This failure had the potential to result in an incomplete investigation of an allegation of abuse made by Resident A. Findings: On February 20, 2020, an unannounced visit was made to the facility to investigate a complaint and a facility reported abuse allegation made by Resident A. Resident A's record was reviewed. Resident A was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. A facility form titled, Social Services assessment dated [DATE], was reviewed. The documentation indicated while Resident A was at an outside medical appointment she reported an allegation of physical abuse that occurred at the facility. There was no documentation indicating, local law enforcement had been notified of the allegation. A review of the facility's investigation was conducted. There was no documentation indicating local law enforcement had been notified of the abuse allegation made by Resident A. On March 17, 2020, at 1:28 p.m., a telephone interview was conducted with the Director of Nursing (DON). The DON confirmed local law enforcement had not been notified of the abuse allegation made by Resident A. On March 17, 2020, at 1:30 p.m., a telephone interview was conducted with the Social Service Director (SSD). The SSD confirmed local law enforcement had not been notified of the abuse allegation made by Resident A. The facility's policy and procedure dated March 2018, titled, Abuse - Reporting & Investigations, was reviewed. The policy indicated, .The Administrator or designated representative will notify within two (2) hours notify, by telephone, CDPH (California Department of Public Health,) the Ombudsman and Law Enforcement .		
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.