

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055307	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/03/2024
NAME OF PROVIDER OR SUPPLIER  Desert Canyon Post Acute, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  1642 West Avenue J Lancaster, CA 93534	

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)
<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>37861</p> <p>Based on observation, interview, and record review, the facility failed to provide a safe, functional, and comfortable environment for seven of nine sampled residents (Residents 1, 2, 3, 4, 5, 6, and 7), by failing to monitor daily temperatures on 7/1/2024, 7/2/2024, and 7/3/2024.</p> <p>This deficient practice had the potential to result in unsafe temperatures related to summer weather, compromising the health &amp; safety of the residents, staff, and visitors.</p> <p>Findings:</p> <p>During an observation on 7/3/2024 at 3:30 p.m. in the hallway, two large fans were observed actively blowing air in an angle facing the ceiling.</p> <p>During an observation on 7/3/2024 at 3:32 p.m. in Resident 1 ' s room, a portable air-conditioning ([AC] a machine that forces cool air into a building) unit was actively operating.</p> <p>During an observation on 7/3/2024 at 3:45 p.m. in Resident 2 and 3 ' s room, a portable AC unit was actively operating.</p> <p>During an observation on 7/3/2024 at 3:48 p.m. in Resident 4 and 5 ' s room, a portable AC unit was actively operating.</p> <p>During an observation on 7/3/2024 at 3:58 p.m. in 6 and 7 ' s room, a portable AC unit was actively operating.</p> <p>On 7/3/2024 at 4:02 p.m., during interview with the Maintenance Director (MD), MD stated the facility has 17 air-conditioning units. MD indicated checking three rooms daily to make sure the temperatures are between 71 degrees Fahrenheit (degrees F- unit of measure) to 81 degrees F. MD stated that temperature checks were done to make sure the facility ' s temperatures were within a comfortable range. During concurrent record review, MD could not provide documented evidence that temperature checks were done on 7/1/2024, 7/2/2024, and 7/3/2024.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055307	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/03/2024
NAME OF PROVIDER OR SUPPLIER  Desert Canyon Post Acute, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  1642 West Avenue J Lancaster, CA 93534	
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)		
<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 7/3/2024 at 5:25 p.m., during an interview with the Director of Nursing (DON), DON stated not knowing about a downed AC unit. The DON stated that the expected temperature for the day (7/1/2024) is 108 degrees Fahrenheit. That the facility ' s city location is placed under extreme heat advisory (excessive heat warning) which could affect how comfortable a resident is and their safety. DON stated that the safety concerns could lead to dehydration, which DON defined as loss of body fluids, dry mouth, and confusion.</p> <p>A review of a facility provided policy and procedure titled Safe Environment, dated 3/2023, stated, The resident has a right to a safe, clean, comfortable, and homelike environment, including but not limited to receiving treatment and support for daily living safely. The policy also indicated Comfortable and Safe Temperature Levels: means that the ambient (surrounding) temperature should be in a relatively narrow range that minimizes residents ' susceptibility (influenced by) to loss of body heat and risk of hypothermia (having lower body temperature than normal), or hyperthermia (having higher body temperature than normal), or and is comfortable for the residents.</p>		