

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  08/23/2024
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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43497</b></p> <p>Based on interview and record review, the facility failed to ensure 1 of 2 sampled residents ' right to be free from misappropriation of property was maintained by the facility. Resident 1 ' s cell phone was taken by another resident.</p> <p>This deficient practice resulted in Resident 1 to not have his personal phone and make calls to his family.</p> <p>Findings:</p> <p>During a record review of Resident 1 ' s Admission Record, it indicated the resident was admitted on [DATE] with medical history including cerebral infarction, anemia, hyperlipidemia, schizophrenia, dysphagia, muscle weakness, anxiety disorder, hypertension, gastritis, sciatica, dysphagia, and benign prostatic hyperplasia.</p> <p>During a review of Resident 1 ' s Minimum Data Set (a standardized care screening tool) dated June 4, 2024, the MDS indicated the resident was moderate cognitively impaired. Resident 1 was dependent on staff with toilet hygiene, dressing, and personal hygiene.</p> <p>During a review of Resident 1 ' s Change of Condition dated 8/17/2024, it indicated Resident 1 was alert and oriented. Resident 1 reported that his phone went missing. The facility initiated an investigation and during the investigation with video camera review, another resident was observed taking Resident 1 ' s phone. Abuse facility protocol was initiated.</p> <p>During an interview with Resident 1 on 8/23/2024 at 9:00 a.m., Resident 1 stated, he reported to the facility that he could not locate his cell phone. Resident 1 stated, the facility notified him that another resident was observed taking his phone. Resident 1 stated, the facility has not provided him with a new phone, and that his family member has ordered a new phone. Resident 1 stated, he has not been able to call his family.</p> <p>During an interview with the Director of Nurses (DON) on 8/23/2024 at 10:00 a.m., the DON stated, she looked at the video surveillance and another resident was observed taking Resident 1 ' s phone. The DON stated, the facility has not replaced Resident 1 ' s phone. The DON stated, Resident 1 ' s family member has ordered a new phone and that once it arrives, they will reimburse Resident 1.</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
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<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility ' s policy and procedure titled, Abuse Prohibition and Prevention Program dated April 2024, indicated the facility has policies and procedure for screening and training employees, protection of residents and for the prevention, identification, investigation, and reporting of abuse, neglect, exploitation, mistreatment including injuries of unknown source and misappropriation or resident property.</p> <p>A review of the facility ' s policy and procedure titled, Respect and Dignity Right to Have Personal Property dated April 2017, indicated all residents ' possessions regardless of they apparent value to other, must be treated with respect.</p>		