

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  01/15/2025
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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide activities to meet all resident's needs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42311</p> <p>Based on interview and record review, the facility failed to provide an ongoing activity program that is resident-centered for one of three sampled residents (Resident 1).</p> <p>This deficient practice had the potential to affect Resident 1's sense of self-worth and psychosocial well-being.</p> <p>Findings:</p> <p>During a record review of Resident 1 ' s Admission Record, the Admission Record indicated the facility admitted Resident 1 on 3/15/2024, with diagnoses that included sepsis (a life-threatening blood infection), diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing) and end stage renal disease (ESRD-irreversible kidney failure).</p> <p>During a record review of Resident 1's History and Physical (H&amp;P) dated 11/23/2024, the H&amp;P indicated Resident 1 had the capacity to understand and make decisions.</p> <p>During a record review of Resident 1's Minimum Data Set (MDS - a resident assessment tool) dated 12/13/2024, the MDS indicated Resident 1's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions was intact. The MDS indicated Resident 1 was dependent to staff for toileting, and personal hygiene.</p> <p>During a record review of Resident 1's Order Summary Report dated 11/18/2024, the Order Summary Report indicated Resident 1 may participate in activity if not in conflict with treatment plan.</p> <p>During a record review of Resident 1's Activity Participation Review assessment dated [DATE], the Activity Participation Review Assessment indicated Resident 1 preferred one-on-one activity visits (activities that a staff member or family member can do with a resident to improve their quality of life) and enjoyed movies, outdoor time, eating snacks and playing with phone.</p> <p>During a record review of Resident 1's Care Plan about at risk for fall dated 11/19/2024, the Care Plan indicated an intervention to encourage the resident to participate in activities that promote exercise, physical activity for strengthening and improved mobility.</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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/15/2025, at 8:59 a.m., with Resident 1, Resident 1 stated he (Resident 1) was not offered to attend activities. Resident 1 stated nobody had asked him what he liked to do everyday.</p> <p>During an interview on 1/15/2025, at 9:24 a.m., with the Activity Director (ACD), the ACD stated Resident 1 likes to stay in his (Resident 1) room and does not like to sit on a chair too long.</p> <p>During a concurrent interview and record review on 1/15/2025, at 10:19 a.m., with the Director of Nursing (DON), Resident 1's Activity Participation dated 11/2024 and 12/2024 was reviewed. The DON stated there were no documented activity attendance for Resident 1 on 11/2024 and 12/2024.</p> <p>During a concurrent interview and record review on 1/15/2025, at 10:35 a.m., with the DON, facility's policy and procedure (PnP) titled, Activities , dated 3/2023, was reviewed. The PnP indicated, The facility provides an ongoing activities program to support residents in their choices of activities to support their physical, mental, and psychosocial well-being, encouraging both independence and interaction in the community. Residents are assessed upon admission and periodically to identify their interests, hobbies, and cultural preferences. 2. The interdisciplinary team implements an ongoing resident centered activities program that incorporates the resident's interests, hobbies, and cultural preferences. The DON stated activity staff should have added an activity task to trigger the documentation.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>42311</p> <p>Based on observation, interview, and record review, the facility failed to implement its infection control measures for one of three sampled residents (Resident 1) who was on enhanced barrier precaution (EBP-wearing a protective gown and gloves whenever you are doing close-contact care with a patient who might be carrying these germs) by failing to ensure Treatment Nurse 1 (TN 1) wore protective gown while providing wound care.</p> <p>These deficient practice had the potential for cross contamination (unintentional transfer of bacteria or germs or other contaminant from one surface to another) of infection among residents and staff.</p> <p>Findings:</p> <p>During a record review of Resident 1 ' s Admission Record, the Admission Record indicated the facility admitted Resident 1 on 3/15/2024, with diagnoses that included sepsis (a life-threatening blood infection), diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing) and end stage renal disease (ESRD-irreversible kidney failure).</p> <p>During a record review of Resident 1's History and Physical (H&amp;P) dated 11/23/2024, the H&amp;P indicated Resident 1 had the capacity to understand and make decisions.</p> <p>During a record review of Resident 1's Minimum Data Set (MDS - a resident assessment tool) dated 12/13/2024, the MDS indicated Resident 1's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions was intact. The MDS indicated Resident 1 was dependent to staff for toileting, and personal hygiene.</p> <p>During a record review of Resident 1's Order Summary Report dated 11/19/2024, the Order Summary Report indicated an order for EBP due to dialysis port (catheter placed in a vein, that allows blood to be accessed for dialysis. Dialysis is a treatment for people whose kidneys are no longer filtering waste and excess fluid from the blood) and wound every shift.</p> <p>During a record review of Resident 1's Care Plan about EBP dated 11/19/2024, the Care Plan indicated an intervention for health teaching to resident, family members and staff about importance of EBP including proper hand hygiene and wearing of personal protective equipment (PPE-clothing and equipment that is worn or used to provide protection against hazardous substances and or environments) during high -contact resident activities.</p> <p>During a concurrent observation and interview on 1/15/2025, at 8:46 a.m., with the Admissions Director (AD) outside of Resident 1's room. Observed EBP signage posted by Resident 1's door. Observed TN 1 came out behind Resident 1's curtain wearing gloves and mask but with no protective gown while holding soiled dressing. The AD stated EBP signage on the door indicated to wear protective gown when providing wound care. The AD stated the importance of wearing protective gown was to prevent transmission of infection to residents.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/15/2025, at 8:59 a.m., with Resident 1, Resident 1 stated TN 1 came and changed the dressing on his foot. Resident 1 stated TN 1 did not wear a protective gown with wound care.</p> <p>During an interview on 1/15/2025, at 9:18 a.m., with TN 1, TN 1 stated Resident 1 had a diabetic foot ulcer (an open sore on the foot of someone with diabetes) on the heels and left lateral foot. TN 1 stated Resident 1 was on EBP. TN 1 stated he (TN 1) did wound care but did not wore a protective gown. TN 1 stated the use of protective gown was to prevent infection.</p> <p>During an interview on 1/15/2025, at 9:41 a.m., with the Director of Staff Development (DSD), the DSD stated TN 1 should have worn a protective gown while doing wound care to Resident 1 who was on EBP to prevent transmission of infection.</p> <p>During an interview on 1/15/2025, at 10:19 a.m., with the Director of Nursing (DON), the DON stated staff who provides wound care to residents on EBP should use protective gown, and gloves.</p> <p>During a record review of facility's policy and procedure (PnP) titled, Enhanced Barrier Precautions, dated 4/2024, the PnP indicated, I. EBP are used in conjunction with standard precautions and expand the use of personal protective equipment (PPE-clothing and equipment that is worn or used to provide protection against hazardous substances and or environments) to donning of gown and gloves during high-contact resident care activities that provide opportunities for transfer of multidrug-resistant organism (MDRO-a germ that is resistant to many antibiotics) to staff hands and clothing.</p> <p>II. EBP are indicated for residents with any of the following .B. Wounds and or indwelling medical devices (relating to a device that is left inside the body) even if the resident is not known to be infected or colonized with a MDRO.</p> <p>III. Wounds generally include chronic wounds, not shorter-lasting wounds, such as skin breaks or skin tears covered with an adhesive bandage or similar dressing. Examples of chronic wounds include, but are not limited to, pressure ulcers (areas of skin damage caused by prolonged pressure on a specific area of the body), diabetic foot ulcers, unhealed surgical wounds, and venous stasis ulcers (an open sore that forms on the leg due to poor blood flow in the veins).</p>		