

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  11/18/2025
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to ensure that the comprehensive care plan (a plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs) was reviewed and revised for three of three sampled residents (Residents 1, 2, and 3) by failing to ensure Residents 1, 2, and 3's care plans were revised after a bed bug (a small, wingless, parasitic insects that hide in places like mattresses and furniture, feed on human blood, and their bites can cause itchy welts on the skin) was found in Resident 1's bed mattress in Room A (Resident 1, 2, and 3's shared room) on 10/9/2025. This deficient practice had the potential to delay provision of person-centered care for Residents 1, 2, and 3. Findings:a. During a review of Resident 1's admission Record, the admission Record indicated the facility originally admitted Resident 1 on 10/19/2022 and readmitted on [DATE], with diagnoses including diabetes mellitus type two (DM II-a disorder characterized by difficulty in blood sugar control and poor wound healing), cerebral infarction (damage to the area of the brain caused by lock of blood flow), and cardiomegaly (the enlargement of the heart). During a review of Resident 1's History and Physical (H&amp;P), dated 9/7/2025, the H&amp;P indicated Resident 1 had the capacity to make decisions. During a review of Resident 1's Minimum Data Set (MDS-a resident assessment tool), dated 7/25/2025, the MDS indicated Resident 1 had intact cognitive functioning (mental processes that enable people to think, understand, make decisions, and complete tasks). The MDS indicated Resident 1 was dependent (helper does all of the effort) on the facility staff for toileting hygiene, personal hygiene, showers, upper and lower body dressing. b. During a review of Resident 2's admission Record, the admission Record indicated the facility admitted Resident 2 on 7/25/2025, with diagnoses including DM II, osteomyelitis (bone infection caused by bacteria or other germs), and muscle weakness. During a review of Resident 2's H&amp;P, dated 7/28/2025, the H&amp;P indicated Resident 2 had the capacity to make decisions. During a review of Resident 2's MDS, dated [DATE], the MDS indicated Resident 2 had intact cognitive functioning. The MDS indicated Resident 2 required supervision (helper provides verbal cues) from the facility staff with toileting hygiene, personal hygiene, and upper body dressing. The MDS indicated Resident 2 required moderate assistance (helper does less than half of the effort) from the facility staff with showers and lower body dressing. c. During a review of Resident 3's admission Record, the admission Record indicated the facility admitted Resident 3 on 2/15/2025, with diagnoses including cerebrovascular accident (CVA-stroke, loss of blood flow to a part of the brain), hemiplegia of right dominant side (total paralysis of the arm, leg, and trunk on the same side of the body), end stage renal disease (End Stage Renal Disease-irreversible kidney), and dependence on renal dialysis (a treatment to cleanse the blood of wastes and extra fluids artificially through a machine when the kidney(s) have failed). During a review of Resident 3's H&amp;P, dated 1/21/2025, the H&amp;P indicated Resident 3 had the capacity to make decisions. During a review of Resident 3's MDS, dated [DATE], the</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  055307	Facility ID:  If continuation sheet Page 1 of 5

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>MDS indicated Resident 2 had intact cognitive functioning. The MDS indicated Resident 3 required moderate assistance from the facility staff with showers, personal hygiene, and upper body dressing. The MDS indicated Resident 3 required maximal assistance (helper does more than half of the effort) from the facility staff with toileting hygiene and lower body dressing. During a review of the facility's Service Notification, dated 10/9/2025, Service Notification indicated that the inspection of Room A by the Pest Management Company (a service that identifies, controls, and prevents pest infestations in the facility) resulted in positive identification for bedbugs on one mattress and with recommendation of heat treatment (a pest control method that uses specialized equipment to raise the temperature in an infested area to levels lethal to bed bugs and their eggs, typically between 113 degrees Fahrenheit [F-unit of measurement] to 135 F). During a review of the facility's Service Notification, dated 10/10/2025, the Service Notification indicated the Pest Management Company completed heat treatment in Room A. During an interview on 11/17/2025 at 3:16 p.m. with Certified Nurse Assistant (CNA) 1, CNA 1 stated on 10/9/2025, at approximately 4 a.m., while assisting Resident 1 with perineal care, she (CNA 1) saw small red insects on the white linen covering Resident 1's mattress. CNA 1 stated there were several small red insects near the head of Resident 1 on the mattress. CNA 1 stated she (CNA 1) stayed with Resident 1 while CNA 2 informed Licensed Vocational Nurse (LVN) 1 of the incident. During an interview on 11/17/2025 at 4:01 p.m. with LVN 1, LVN 1 stated on 10/9/2025, between 4a.m. and 5 a.m., CNA 2 notified him (LVN 1) that CNA 1 and CNA 2 saw small insects on Resident 1's bed. LVN 1 stated he (LVN 1) immediately went to Room A and saw small insects on Resident 1's bed, on the white linen covering Resident 1's mattress. LVN 1 stated he immediately notified Registered Nurse (RN 1) and completed Resident 1's skin assessment. LVN 1 stated Resident 1 did not show signs of bed bug bites such as red pumps or rash on the skin. During an interview on 11/18/2025 at 11:36 a.m. with the Assistant Director of Nursing (ADON), the ADON stated the facility failed to revise and update Residents 1, 2, and 3's care plan after bed bugs were found in Room A on 10/9/2025. The ADON stated the Care Plans should have been updated with interventions for facility staff to monitor residents for skin problems or other complications related to potential bed bug bites. The ADON stated this failure had the potential for Residents 1, 2, and 3 to develop unidentified skin problems that would not have been monitored and reported to the physician, negatively affecting the residents' well-being. During a review of the facility-provided policy and procedure (P&amp;P) titled, Develop-Implement Comprehensive Care Plan, last revised on 10/23/2025, the P&amp;P indicated, The facility develops a person-centered comprehensive care plan that are culturally competent and trauma-informed, developed and implemented to meet each resident's preferences and goals, and address the resident's medical, physical, mental and psychosocial needs. The facility establishes, documents, and implements the care and services provided to each resident to assist in attending or maintaining his or her highest practicable quality of life.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to implement its policy and procedure related to infection control program for three of three sampled Residents (Resident 1, 2, and 3), by failing to: 1. Implement surveillance and monitoring measures to prevent the recurrence and spread of bed bugs (a small, wingless, parasitic insects that hide in places like mattresses and furniture, feed on human blood, and their bites can cause itchiness and allergic reactions) in the facility when on 10/9/2025 bed bugs were found in Room A (Resident 1, 2, and 3's shared room). 2. Contact Department of Public Health to report an unusual occurrence (Occurrences such as epidemic outbreaks, poisonings, fires, major accidents, death from unnatural causes or other catastrophes and unusual occurrences which threaten the welfare, safety, or health of patients, personnel or visitors) when on 10/9/2025 bed bugs were found in Room A. These deficient practices had the potential to cause the spread of bed bugs in the facility and negatively affect residents' well-being (refers to a resident's overall mental, emotional, and social health, encompassing aspects like happiness, life satisfaction, self-esteem, social functioning, and a sense of purpose). Findings: 1. During a review of Resident 1's admission Record, the admission Record indicated the facility originally admitted Resident 1 on 10/19/2022 and readmitted on [DATE], with diagnoses including diabetes mellitus type two (DM II-a disorder characterized by difficulty in blood sugar control and poor wound healing), cerebral infarction (damage to the area of the brain caused by lock of blood flow), and cardiomegaly (the enlargement of the heart). During a review of Resident 1's History and Physical (H&amp;P), dated 9/7/2025, the H&amp;P indicated Resident 1 had the capacity to make decisions. During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 7/25/2025, the MDS indicated Resident 1 had intact cognitive functioning (mental processes that enable people to think, understand, make decisions, and complete tasks). The MDS indicated Resident 1 was dependent (helper does all of the effort) on the facility staff for toileting hygiene, personal hygiene, showers, upper and lower body dressing. 2. During a review of Resident 2's admission Record, the admission Record indicated the facility admitted Resident 2 on 7/25/2025, with diagnoses including DM II, osteomyelitis (bone infection caused by bacteria or other germs), and muscle weakness. During a review of Resident 2's H&amp;P, dated 7/28/2025, the H&amp;P indicated Resident 2 had the capacity to make decisions. During a review of Resident 2's MDS, dated [DATE], the MDS indicated Resident 2 had intact cognitive functioning. The MDS indicated Resident 2 required supervision (helper provides verbal cues) from the facility staff with toileting hygiene, personal hygiene, and upper body dressing. The MDS indicated Resident 2 required moderate assistance (helper does less than half of the effort) from the facility staff with showers and lower body dressing. The MDS indicated Resident 2 required supervision from the facility staff to walk at least 10 feet (ft-unit of measurement). 3. During a review of Resident 3's admission Record, the admission Record indicated the facility admitted Resident 3 on 2/15/2025, with diagnoses including cerebrovascular accident (CVA - stroke, loss of blood flow to a part of the brain), hemiplegia of right dominant side (total paralysis of the arm, leg, and trunk on the same side of the body), end stage renal disease (End Stage Renal Disease-irreversible kidney), and dependence on renal dialysis (a treatment to cleanse the blood of wastes and extra fluids artificially through a machine when the kidney(s) have failed). During a review of Resident 3's H&amp;P, dated 1/21/2025, the H&amp;P indicated Resident 3 had the capacity to make decisions. During a review of Resident 3's MDS, dated [DATE], the MDS indicated Resident 3 had intact cognitive functioning. The MDS indicated Resident 3 required moderate assistance from the facility staff with showers, personal hygiene, and upper body dressing. The MDS indicated Resident 3 required maximal assistance (helper does</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 - Some</p>	<p>more than half of the effort) from the facility staff with toileting hygiene and lower body dressing. The MDS indicated Resident 3 was independent to wheel his (Resident 3) wheelchair 150 ft in the facility. During a review of the facility's Service Notification, dated 10/9/2025, Service Notification indicated that the inspection of Room A by the Pest Management Company (a service that identifies, controls, and prevents pest infestations in the facility) resulted in positive identification for bed bugs on one mattress and with recommendation of heat treatment (a pest control method that uses specialized equipment to raise the temperature in an infested area to levels lethal to bed bugs and their eggs, typically between 113 degrees Fahrenheit [F-unit of measurement ] to 135 F). During a review of the facility's Service Notification, dated 10/10/2025, the Service Notification indicated the Pest Management Company completed heat treatment in Room A on 10/10/2025. During an interview on 11/17/2025 at 3:16 p.m. with Certified Nurse Assistant (CNA) 1, CNA 1 stated on 10/9/2025, at approximately 4 a.m., while assisting Resident 1 with perineal care, she (CNA 1) observed small, red insects on the white linen covering Resident 1's mattress. CNA 1 stated there were several small insects near the head of the resident. CNA 1 stated she (CNA 1) stayed with Resident 1 while CNA 2 informed Licensed Vocational Nurse (LVN) 1 of the incident. During an interview on 11/17/2025 at 4:01 p.m. with LVN 1, LVN 1 stated on 10/9/2025, between 4 a.m. and 5 a.m., CNA 2 notified him (LVN 1) that CNA 1 and CNA 2 saw small insects on Resident 1's bed. LVN 1 stated he (LVN 1) immediately went to Room A and saw small insects on Resident 1's bed, on the white linen covering Resident 1's mattress. LVN 1 stated he (LVN 1) immediately notified Registered Nurse (RN 1) and completed Resident 1's skin assessment. LVN 1 stated Resident 1 did not show signs of bed bug bites such as red pumps or rash on the skin. During an interview on 11/18/2025 at 9:20 a.m. with the Infection Preventionist (IP), the IP stated bed bugs are not infectious. The IP stated bed bugs can be transferred from one place to another by attaching to clothing and linens. The IP stated bed bugs can bite residents and can potentially cause allergic reactions, rash, itchiness and welts (a red, swollen mark on the skin) on the skin. The IP stated on 10/9/2025 (IP cannot recall exact time), one of the facility supervisors (IP cannot remember which employee) informed her (IP) that CNA 1 had seen a bed bug in Room A. The IP stated she (IP) immediately went to Room A to assess the residents but did not observe any signs of bed bug bites on the residents in Room A. The IP stated the Pest Control Management Company came for inspection on 10/9/2025, at approximately 11 a.m., and identified bed bugs in Resident 1's mattress. The IP stated several facility staff, including housekeeping employees, assisted with preparation of Room A for the heat treatment. The IP stated she (IP) does not have a list of employees who assisted with preparing Room A for heat treatment by placing washable resident belongings and linens in plastic bags to be transferred to the laundry room. The IP stated facility did not initiate contact tracing (the action or process of identifying individuals who have been in the proximity of a person diagnosed with an infectious disease, in order to isolate, test, or treat them) between residents in Room A and staff members assigned to Room A with other residents in the facility. The IP stated there was a potential for facility staff who had contact with Residents in Room A to transfer bed bugs to other areas of the facility. IP stated facility residents were not assessed for bed bug bites or skin rashes besides Residents in Room A. The IP stated she (IP) instructed facility staff to report if residents were observed with skin rash or irritation. The IP stated the facility failed to develop a surveillance and monitoring system for bed bugs after the incident on 10/9/2025. The IP stated the lack of surveillance system had the potential for bed bugs to spread in the facility affecting other residents and facility staff. During a concurrent interview and record review on 11/18/2025 at 10:28 a.m. with the Maintenance Supervisor (MS), facility's Service Notifications from Pest Control</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 - Some</p>	<p>Management Company for the year 2025 were reviewed. The MS stated the facility is inspected by Pest Control Management Company every month. The MS stated after every inspection, the Pest Control Management Company will leave a Service Notification report with issues observed in the facility, treatment provided, and possible recommendations of how to maintain the facility pest free. The MS stated he (MS) cannot recall an incident when facility had found a bed bug in the facility and the incident on 10/9/2025 was not a usual occurrence. During a concurrent interview and facility policy review on 11/18/2025 at 2:25 p.m. with the Administrator, facility-provided policy and procedure (P&amp;P) titled, Reportable Diseases, last revised on 10/23/2025 was reviewed. The P&amp;P indicated, Purpose: To ensure the timely reporting of diseases as required to the appropriate officials. Policy: . B. The determination of whether an incident meets the definition of an outbreak or unusual infectious occurrence may be relative to the usual frequency of the condition in the same facility region, or local health jurisdiction (LHJ). Definitions: Unusual Occurrences-Occurrences such as epidemic outbreaks, poisonings, fires, major accidents, death from unnatural causes or other catastrophes and unusual occurrences which threaten the welfare, safety or health of patients, personnel or visitors. The Administrator stated the presence of bed bugs in the facility is not a usual occurrence and she (Administrator) cannot recall another incident with bed bugs in the facility. The Administrator stated identification of bed bugs in the facility had the potential to negatively affect the safety and health of residents in the facility. During an interview on 11/18/2025 at 3:35 p.m. with the Assistant Director of Nursing (ADON), the ADON stated the failure to thoroughly inspect the facility and residents for the presence of bed bugs had the potential to cause the spread of bed bugs in the facility affecting the safety of all facility residents. During a review of the facility-provided policy and procedure (P&amp;P) titled, Infection Prevention and Control Program, last revised on 10/23/2025, the P&amp;P indicated, Purpose: To ensure the Facility establishes and maintains an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection in accordance with Federal and State Requirements. Policy: The Facility must establish an Infection Prevention and Control Program under which it-A. Identifies, investigates, controls, and prevents infections in the Facility;.III. C. Objectives: . ii. Maintain a safe, sanitary, and comfortable environment for personnel, residents, visitors, and the general public. During a review of the facility-provided policy and procedure (P&amp;P) titled, Bed Bugs, last revised on 10/23/2025, the P&amp;P indicated, Purpose: To ensure that the Facility takes the precautions needed to prevent, control and manage a bed bug infestation. During a review of the facility-provided policy and procedure (P&amp;P) titled, Communicable Diseases-Outbreak last revised on 10/23/2025, the P&amp;P indicated, Policy: I. Outbreaks of communicable diseases within the Facility are promptly identified and appropriately treated and reported. A. The determination of whether an incident meets the definition of an outbreak or unusual infectious disease occurrence may be relative to the usual frequency of the condition in the same facility, region, or local health jurisdiction (LHJ). Definitions.Unusual Occurrences - Occurrences such as epidemic outbreaks, poisonings, fires, major accidents, death from unnatural causes or other catastrophes and unusual occurrences which threaten the welfare, safety or health of patients, personnel or visitors.</p>		