STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055307	A. Building B. Wing	05/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Desert Canyon Post Acute, LLC	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)
F 0573 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Let each resident or the resident's legal representative access or purchase copies of all the resident's records. Based on interview and record review, the facility failed to provide the requested medical records to the responsible party of one of three sampled residents (Resident 1). The facility received the request to release Resident 1's medical records on 4/23/2026. The facility provided the requested medical records on 5/11/2026, 16 days after the date the requested medical records were supposed to be released. This deficient practice violated Resident 1's rights to secure medical records.Findings: During a review of Resident 1's undated admission Record, the admission Record indicated on the facility admitted the resident on 11/29/2016 with diagnoses including epilepsy (a brain condition that causes a person to have repeated, unprovoked seizures [a sudden, uncontrolled burst of abnormal electrical activity in the brain]), type 2 diabetes mellitus (a disease that occurs when the blood sugar level is too high), and chronic obstructive pulmonary disease (COPD - a progressive, long-term lung condition that damages the airways and air sacs, making it hard to breathe). During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 9/4/2024, the MDS indicated Resident 1's cognitive skills (conscious mental activities including thinking, reasoning, understanding, learning, and remembering) for daily decision making was severely impaired. During a review of Resident 1's Authorization for the Release of Medical Information, dated 2/25/2026, the Authorization for the Release of Medical Information indicated that Resident 1's Responsible Party (RP) 1 authorized the facility to release all health information, business office files, billing records, and writings pertaining to Resident 1's medical history and treatment received to RP 2. During a review of the facility-provided email transmission, dated 4/23/2026, the email transmission indicated the facility received RP 2's request for Resident 1's medical records via electronic fax (eFax). During a review of the facility-provided email transmission, dated 5/11/2026, the email transmission indicated RP 2's medical records requests were sent as an attachment to the email. During a concurrent interview and record review on 5/18/2026 at 10:57 a.m. with the Medical Records Director (MRD), RP 2's email transmissions and the facility's policy and procedure (PnP) titled Right to Access Personal Medical Records, dated 10/23/2025 were reviewed. The MRD stated she received the eFax indicating RP 2's request for Resident 1's medical records on 4/23/2026. The MRD stated she emailed RP 2 on 5/6/2026, 11 days after the requested medical records were supposed to be released, indicating the requested medical records would be available at the end of that week. The MRD stated RP 2's medical records request was sent as an attachment to the email on 5/11/2026. The MRD stated the facility's PnP indicated discharged residents or their authorized representatives may request and receive a copy of the medical record within 15 days. During a concurrent interview and record review on 5/18/2026 at 4:29 p.m. with the Administrator (ADM), the State Operation Manual (SOM), dated 4/25/2025, was reviewed. The ADM acknowledged and stated the SOM indicated the facility must allow the resident to obtain a copy of the records or any portions thereof upon request and two working days advance notice to the facility. The ADM stated the requested medical records should be available to the requestor within two days. The ADM stated the facility failed to provide Resident 1's representative with the right to access the requested medical records.

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