

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  11/22/2024
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>44244</p> <p>Based on observation, interview, and record review, the facility failed to provide reasonable accommodation of resident needs and preferences by failing to ensure the call light (an alerting device for nurses or other nursing personnel to assist a patient when in need) was within reach for one of two sampled residents (Resident 237) reviewed under the Environment facility task.</p> <p>This deficient practice had the potential to result in the delay of care and services and possible injury to residents when they are unable to summon health care workers.</p> <p>Findings:</p> <p>During a review of Resident 237's Admission Record, dated 11/21/2024, the Admission Record indicated the facility admitted Resident 237 on 11/15/2024 with diagnoses that included cerebral infarction (CVA - a stroke, loss of blood flow to a part of the brain), vascular dementia (a progressive state of decline in mental abilities), and pneumonia (an infection/inflammation in the lungs).</p> <p>During a review of Resident 237's Admit/Readmit Assessment form, dated 11/15/2024, the Admit/Readmit Assessment form indicated Resident 237 was alert to their name only.</p> <p>During a review of Resident 237's Care Plan titled, The resident is at risk for falls related to gait/balance problems, deconditioning, incontinence, poor safety awareness, status post fall, and muscle weakness, initiated 11/15/2024, the Care Plan indicated to promote a safe environment, to keep the call light within reach at all times and encourage the resident to call for assistance.</p> <p>During an observation and interview on 11/19/2024 at 10:26 a.m., with Resident 237, observed Resident 237 lying in bed awake. Observed the resident with a large yellow bruise on the forehead and the resident stated she did not know what happened to her head. Resident 237 stated she does not know if she has a call light. Observe the call light cord wrapped around the left upper side rail (SR, adjustable rigid plastic bars attached to the bed) and dangling off the SR towards the floor.</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  11/22/2024
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent observation and interview on 11/19/2024 at 10:33 a.m., with Certified Nursing Assistant 3 (CNA 3), CNA 3 entered Resident 237's room and stated he was caring for the resident who had recently had a fall at home. CNA 3 stated the call light should always be within reach of the resident so they can contact staff to get assistance. CNA 3 stated Resident 237's call light was not within reach of the resident because it was hanging down off the left side of the bed. CNA 3 stated there was a clasp on the call light cord that should have been used to connect the cord to the resident's sheet or blanket, but the clasp was not being used.</p> <p>During an interview and record review on 11/21/2024 at 1:45 p.m., with the Director of Nursing (DON), the DON reviewed the facility policy and procedure (P&amp;P) regarding call lights. The DON stated the call light should be within reach of all residents to notify staff if they need something. The DON stated when the call light is not within reach then residents are not able to call for assistance resulting in a delay of care.</p> <p>During a review of the facility P&amp;P titled, Resident Call System, last reviewed 10/30/2024, the P&amp;P indicated the facility is adequately equipped to allow residents to call for staff assistance through a communication system which relays the call directly to a staff member or to a centralized staff work area from the residents' bedside. When the resident is confined to their bed, be sure to provide resident with call light access. Resident call systems shall be accessible to residents while in their bed.</p>

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  11/22/2024
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 0641</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43418</b></p> <p>Based on interview and record review, the facility failed to ensure each resident receives an accurate assessment, reflective of the resident's status at the time of the assessment:</p> <ol style="list-style-type: none"> <li>1. For one of three sampled residents (Resident 82) investigated during closed record review, when Resident 82's Minimum Data Set (MDS, a resident assessment tool), did not indicate the resident was receiving hospice services (compassionate care for people who are near the end of life).</li> <li>2. For one of two sampled residents (Resident 43) investigated under the tube feeding care area when Resident 43's MDS did not indicate the resident received tube feeding.</li> <li>3. For one of one sampled resident (Resident 4) investigated under the unnecessary medication care area when Resident 4's MDS did not indicate the resident had a fall incident since the prior assessment.</li> </ol> <p>These deficient practices had the potential for a delay in the delivery of necessary care and services the residents need.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. During a review of Resident 82's Admission Record, the Admission Record indicated the facility originally admitted Resident 82 on 6/9/2021 and readmitted the resident on 12/19/2022 with diagnoses including acute and chronic respiratory failure (condition in which your blood doesn't have enough oxygen or has too much carbon dioxide).</li> </ol> <p>During a review of Resident 82's MDS, dated [DATE], the MDS indicated Resident 8 had difficulty understanding and making decisions, required set-up to maximal assistance with activities of daily living, such as eating, dressing, hygiene, showering or bathing, and surface-to-surface transfers, and was not receiving hospice services.</p> <p>During a review of Resident 82's MDS, dated [DATE], the MDS indicated Resident 8 had difficulty understanding and making decisions, required setup to maximal assistance with activities of daily living, such as eating, dressing, hygiene, showering or bathing, and surface-to-surface transfers, and was not receiving hospice services.</p> <p>During a review of Resident 82's Order Summary Report, dated 1/4/2023, the Order Summary Report indicated to admit Resident 82 to hospice.</p> <p>(continued on next page)</p>

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  11/22/2024
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 0641</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent interview and record review with the Minimum Data Set Coordinator (MDSC), on 11/22/2024 at 1:16 p.m., Resident 82's MDS dated [DATE] and 7/9/2024 were reviewed and the MDSC confirmed and stated the MDS did not indicate Resident 82 was receiving hospice services. The MDSC stated Resident 82 was admitted to hospice on 1/4/2023 and was not discharged from hospice services between 4/8/2024 and 7/9/2024. The MDSC stated if Resident 82 was discharged from hospice services, Resident 82 would have a significant change assessment performed. The MDSC further stated it is important for the resident's MDS to indicate the resident is receiving hospice for accuracy, communication, and to help plan the care of the resident.</p> <p>During a concurrent interview and record review with the Director of Nursing (DON), on 11/22/2024 at 1:55 p. m., Resident 82's MDS dated [DATE] and 7/9/2024 were reviewed and the DON confirmed the MDS assessments did not indicate Resident 82 was receiving hospice services and stated prior to Resident 82's death, the resident was receiving hospice services since 1/4/2023. The DON stated Resident 82's MDS should have indicated the resident was receiving hospice services. The DON stated the MDS assessment is used to determine how to care for residents and assist with planning the resident's care. The DON further stated if the assessment is not accurate, there can be a potential delay in care.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Accuracy of Assessments, last reviewed 10/30/2024, the P&amp;P indicated the facility ensures each resident receives an accurate assessment, reflective of the resident's status at the time of the assessment, by staff qualified to assess relevant care areas and are knowledgeable about the resident's status, needs strengths, and areas of decline.</p> <p>43988</p> <p>2. During a review of Resident 43's Admission Record, the Admission Record indicated the facility originally admitted Resident 43 on 11/29/2023 and readmitted the resident on 3/14/2024, with diagnoses including type 2 diabetes mellitus (DM 2 - a disorder characterized by difficulty in blood sugar control and poor wound healing), gastrostomy status (GT - a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems), and generalized muscle weakness.</p> <p>During a review of Resident 43's MDS, dated [DATE] and 11/5/2024, the MDS assessments indicated Resident 43 was sometimes understood and understands others and was dependent on staff for activities of daily living such as eating, hygiene, toileting, dressing, bathing, and surface-to-surface transfers. The MDS indicated Resident 43 was on therapeutic mechanically altered diet.</p> <p>During a review of Resident 43's History and Physical (H&amp;P) dated 2/18/2024, the H&amp;P indicated Resident 43 had fluctuating capacity to understand and make decisions.</p> <p>During a review of Resident 43's Order Summary Report, the report indicated the following physician's orders:</p> <p>- Consistent Carbohydrate No Added Salt diet. Puree texture, thin liquids consistency. Fortify (foods that have extra vitamins and minerals added to them). May have cake and crackers.</p> <p>(continued on next page)</p>		

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  11/22/2024
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 0641</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>- 7/30/2024: Every shift Diabetisource AC (a unique carbohydrate blend that includes pureed fruits and vegetables to help with the nutritional management of patients with diabetes or stress-induced high blood sugar): set pump at 50 milliliters per hour (ml/hr - a unit of measurement) for 20 hours to provide 1000 ml per 1200 kilocalories (Kcal - a unit of measurement). Start infusion at 2:00 p.m. and continue for 20 hours or until total volume is complete.</p> <p>During a concurrent observation and interview on 11/19/2024, at 9:50 a.m., inside Resident 43's room with Registered Nurse 1 (RN 1), observed Resident 43 sleeping in bed with enteral feeding (EF - a way of providing nutrition directly into the stomach through feeding tube [a tube inserted into the stomach or small intestine to deliver a liquid nutritional formula]) infusing.</p> <p>During a concurrent interview and record review on 11/22/2024 at 9:27 a.m., reviewed Resident 43's MDS assessments dated 8/9/2024 and 11/5/2024 and physician's order with the MDSC, the MDSC verified Resident 43's MDS assessments did not indicate the resident had feeding tube while a resident in the facility. The MDSC stated the MDS assessments were not accurate. The MDSC stated each interdisciplinary team (IDT - a group of healthcare professionals from complementary fields who work in tandem to treat a patient) member completes their own part of the MDS assessments and the MDSC signs the assessments as completed and accurate. The MDSC stated Resident 43's feeding tube status should have been assessed accurately as the MDS tool serves as a clinical picture of the resident and reflects the care the resident needs.</p> <p>During a concurrent interview and record review on 11/22/2024 at 1:54 p.m., reviewed Resident 43's MDS assessments dated 8/9/2024 and 11/5/2024 and physician's orders with the Director of Nursing (DON), the DON verified the MDS assessments indicated Resident 43 was on mechanically altered diet. The DON verified Resident 43 had a physician's order for EF but was not indicated on the MDS assessment. The DON stated each IDT member is responsible to complete their part of the assessment and the MDSC signs the assessment as completed and for accuracy. The DON stated the purpose of the MDS is to determine the type of care a resident need and informs the IDT of how to provide care for the resident. The DON stated the MDSC should have ensured the MDS assessments were accurate when completed as it had the potential for a delay in providing the care the resident needs.</p> <p>During a review of the facility's P&amp;P titled, Resident Assessment, last reviewed 10/10/2024, the P&amp;P indicated:</p> <ul style="list-style-type: none"> <li>- The facility conducts initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.</li> <li>- The assessment minimally includes the dental and nutritional status and documentation of participation in assessment. The assessment process must include direct observation and communication with the resident, as well as communication with licensed and non-licensed direct care staff members on all shifts.</li> </ul> <p>During a review of the facility's P&amp;P titled, Accuracy of Assessments, last reviewed 10/10/2024, the P&amp;P indicated:</p> <ul style="list-style-type: none"> <li>- The facility ensures each resident receives an accurate assessment, reflective of the resident's status at the time of the assessment, by staff qualified to assess relevant care areas and care knowledgeable about the resident's status, needs, strengths, and area of decline.</li> </ul> <p>(continued on next page)</p>		

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  11/22/2024
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 0641</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>- Accuracy of assessment: the appropriate, qualified health professionals correctly document the resident's medical, functional, and psychosocial problems and identify resident strengths to maintain or improve medical status, functional abilities, and psychosocial status using the Resident Assessment Instrument (RAI).</p> <p>- Facilities are responsible for ensuring that all participants in the assessment process have the requisite knowledge to complete an accurate assessment.</p> <p>- The assessment must present an accurate picture of the resident's status during the observation period of the MDS.</p> <p>3. During a review of Resident 4's Admission Record, the Admission Record indicated the facility originally admitted Resident 4 on 5/1/2021 and readmitted the resident on 4/16/2024, with diagnoses chronic pain syndrome, difficulty in walking, and generalized muscle weakness.</p> <p>During a review of Resident 4's H&amp;P dated 4/19/2024, the H&amp;P indicated Resident 4 did not have the capacity to make decisions.</p> <p>During a review of Resident 4's MDS dated [DATE], the MDS indicated Resident 4 required assistance from staff for activities of daily living such as eating, hygiene, toileting, dressing, bathing, and surface-to-surface transfers. The MDS did not indicate Resident 4 had fall incident since prior assessment.</p> <p>During a review of Resident 4's Situation, Background, Assessment, Recommendation form (SBAR - a tool or form that helps healthcare professionals communicate critical information about a patient's condition) dated 6/12/2024, the SBAR indicated Resident 4 had a fall incident.</p> <p>During a concurrent interview and record review on 11/22/2024 at 9:41 a.m., reviewed Resident 4's SBAR and MDS with the MDSC, the MDSC stated the SBAR dated 6/12/2024 indicated Resident 4 had a fall incident. The MDSC stated if there was a fall incident since the prior assessment, the MDSC usually indicate the fall incident in the next MDS assessment. The MDSC stated Resident 4's fall incident should have been indicated in the MDS assessment dated [DATE].</p> <p>During a concurrent interview and record review on 11/22/2024 at 1:54 p.m., reviewed Resident 4's SBAR dated 6/12/2024 and MDS assessment dated [DATE] with the DON. The DON stated the MDSC reviews resident's medical records, interviews staff, and the residents for completion of the MDS assessment. The DON verified the SBAR indicated Resident 4 had a fall incident and the MDS assessment did not indicate the fall incident. The DON stated the MDSC should have indicated in the MDS assessment dated [DATE] that Resident 4 had a fall incident for accuracy. The DON stated the purpose of the MDS is to determine the type of care a resident need and informs the IDT of how to provide care for the resident. The DON stated the MDSC should have ensured the MDS assessments were accurate when completed as it had the potential for a delay in providing the care the resident needs.</p> <p>During a review of the facility's P&amp;P titled, Resident Assessment, last reviewed 10/10/2024, the P&amp;P indicated:</p> <p>- The facility conducts initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.</p> <p>(continued on next page)</p>		

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  11/22/2024
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 0641</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>- The assessment minimally includes the dental and nutritional status and documentation of participation in assessment. The assessment process must include direct observation and communication with the resident, as well as communication with licensed and non-licensed direct care staff members on all shifts.</p> <p>During a review of the facility's P&amp;P titled, Accuracy of Assessments, last reviewed 10/10/2024, the P&amp;P indicated:</p> <p>- The facility ensures each resident receives an accurate assessment, reflective of the resident's status at the time of the assessment, by staff qualified to assess relevant care areas and care knowledgeable about the resident's status, needs, strengths, and area of decline.</p> <p>- Accuracy of assessment: the appropriate, qualified health professionals correctly document the resident's medical, functional, and psychosocial problems and identify resident strengths to maintain or improve medical status, functional abilities, and psychosocial status using the Resident Assessment Instrument (RAI).</p> <p>- Facilities are responsible for ensuring that all participants in the assessment process have the requisite knowledge to complete an accurate assessment.</p> <p>- The assessment must present an accurate picture of the resident's status during the observation period of the MDS.</p>

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  11/22/2024
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44376</b></p> <p>Based on interview and record review, the facility's licensed nursing staff failed to provide care in accordance with professional standards for three of three sampled residents (Residents 21, 43, and 28) investigated under insulin (a hormone that lowers the level of glucose [a type of sugar] in the blood) by failing to rotate (a method to ensure repeated injections are not administered in the same area) subcutaneous (beneath the skin) insulin administration sites.</p> <p>The deficient practices had the potential for adverse effect (unwanted, unintended result) of same site subcutaneous administration of insulin such as bruising, lipodystrophy (abnormal distribution of fat), and cutaneous amyloidosis (is a condition in which clumps of abnormal proteins called amyloids build up in the skin).</p> <p>Cross Reference F760</p> <p>Findings:</p> <p>1. During a review of Resident 21's Admission Record, the Admission Record, indicated the facility admitted the resident on 1/11/2021, and readmitted the resident on 11/10/2023, with diagnoses including type 2 diabetes (DM 2 - a disorder characterized by difficulty in blood sugar control and poor wound healing), paraplegia (loss of movement and/or sensation, to some degree, of the legs), and contracture (a stiffening/shortening at any joint, that reduces the joint's range of motion) of muscle.</p> <p>During a review of Resident 21's History and Physical (H&amp;P), dated 7/22/2024, the H&amp;P indicated the resident had normal cognition (the mental process of acquiring knowledge and understanding through thought, experience, and the senses) and was paraplegic.</p> <p>During a review of Resident 21's Minimum Data Set (MDS - a resident assessment tool), dated 3/18/2024, the MDS indicated the resident had the ability to make self understood and understand others.</p> <p>During a review of Resident 21's Order Summary Report, dated 6/21/2024, the Order Summary Report indicated an order for Humalog Solution 100 units (the amount required to lower the blood sugar)/milliliter (ml, a unit of volume) (Insulin Lispro). Inject as per sliding scale (the increasing administration of the pre-meal insulin dose based on the blood sugar level before the meal): if 70 - 149 = 0 unit; 150 - 199 = 1 - units; 200 - 249 = 3- units; 250 - 299 = 5 - units; 300 - 349 = 7- units. Give 9 units if blood sugar equal to (=) or greater than (&gt;) 350, hold (do not administer) insulin for blood glucose (BG, also called blood sugar) less than (&lt;) 70 milligram (mg, a unit of weight)/deciliter (dl, a unit of measurement for fluid volume) notify MD, subcutaneously before meals and at bedtime for DM2. If resident can eat or drink give fruit juice or glucose 15 grams (g, a unit of weight). If resident can't eat or drink, give intramuscular (IM, within or into the muscle) glucagon (a natural hormone the body makes that works within other hormones and bodily functions to control glucose [sugar] levels in the blood) 1 mg, if ineffective give Dextrose 50 percent (% - a unit of measurement) water (D50W - used to treat low blood sugar levels) 25 ml as intravenous (IV, within, or into the vein) push. Check BG every (q) 15 min until BG 80 mg/dl. Rotate site.</p> <p>(continued on next page)</p>		

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  11/22/2024
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 21's Care Plan titled On insulin therapy related to DM, dated 7/2/2024, the Care Plan indicated an intervention of insulin administration as ordered.</p> <p>During a review of Resident 21's Location of Administration Report for insulin from 8/2024 to 11/2024, the Location of Administration Report indicated that Humalog solution 100 unit/ml was given on:</p> <p>8/13/2024 at 4:36 p.m. on the Abdomen- Right Lower Quadrant (RLQ)</p> <p>8/18/2024 at 9:10 p.m. on the Abdomen- RLQ</p> <p>8/24/2024 at 4:07 p.m. on the Arm- right</p> <p>8/25/2024 at 8:09 p.m. on the Arm-right</p> <p>10/11/2024 at 9:02 p.m. on the Abdomen - RLQ</p> <p>10/13/2024 at 8:28 p.m. on the Abdomen - RLQ</p> <p>10/19/2024 at 5 p.m. on the Abdomen - RLQ</p> <p>10/27/2024 at 9:02 p.m. on the Abdomen - Left Upper Quadrant (LUQ)</p> <p>10/28/2024 at 9:12 p.m. on the Abdomen - LUQ</p> <p>11/3/2024 at 4:27 p.m. on the Abdomen - LUQ</p> <p>11/5/2024 at 5:59 p.m. on the Abdomen - LUQ</p> <p>11/9/2024 at 8:57 p.m. on the Arm - right</p> <p>11/11/2024 at 5:34 a.m. on the Arm - right</p> <p>During a concurrent interview and record review on 11/21/2024 at 10:14 a.m., with the Assistant Director of Nursing (ADON), reviewed Resident 21's Order Summary Report and Location of Administration of insulin from 8/2024 to 11/2024. The ADON stated there were multiple instances that the staff failed to rotate the administration sites to the resident. The ADON stated the sites should be rotated to prevent tissue injury such as lipodystrophy and to increase effectiveness of the medication.</p> <p>During a review of the facility's recent policy and procedure (P&amp;P) titled, Insulin Administration, last reviewed on 10/30/2024, the P&amp;P indicated insulin may be injected into the subcutaneous tissue of the upper arm, and the anterior or lateral areas of the thighs and abdomen. Avoid the area approximately 2 inches around the navel. Injection sites should be rotated to reduce the risk of damaging the skin tissue.</p> <p>(continued on next page)</p>		

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  11/22/2024
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility-provided Insulin Lispro Injection 100 units/ml patient information, undated, the patient information indicated to change (rotate) where you inject your insulin with each dose. This can reduce your chance of getting pits, lumps, or thickened skin where you inject your insulin. Do not inject your insulin into the exact same spot or where the skin has pits or lumps. Avoid injecting into thickened, tender, bruised, scaly, hard, scarred, or damaged skin.</p> <p>43988</p> <p>2. During a review of Resident 43's Admission Record, the Admission Record indicated the facility originally admitted Resident 43 on 11/29/2023 and readmitted the resident on 3/14/2024, with diagnoses including DM 2, gastrostomy status (GT - a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems), and generalized muscle weakness.</p> <p>During a review of Resident 43's MDS dated [DATE] and 11/5/2024, the MDS assessments indicated Resident 43 was sometimes understood and understands others and was dependent on staff for activities of daily living such as eating, hygiene, toileting, dressing, bathing, and surface-to-surface transfers. The MDS indicated Resident 43 received insulin.</p> <p>During a review of Resident 43's H&amp;P dated 2/18/2024, the H&amp;P indicated Resident 43 had fluctuating capacity to understand and make decisions.</p> <p>During a review of Resident 43's Order Summary Report, the Order Summary Report indicated the following physician's order dated 6/20/2024:</p> <p>- Novolog injection solution (Insulin Aspart - a fast-acting, manmade version of human insulin that helps control blood sugar levels) inject SQ before meals and at bedtime for diabetes. Inject as per sliding scale: if 70 - 149 = 0 unit; 150 - 199 = 2 units; 200 - 249 = 4 units; 250 - 299 = 6 units; 300 - 349 = 8 units. If more than (&gt;) 350 give 10 units and call physician. Hold insulin for blood sugar less than (&lt;) 70. Notify physician. If resident can eat or drink give fruit juice or glucose 15 grams. If resident can't eat or drink give IM glucagon 1 mg, if ineffective give D50W 25 milliliter as IV push. Check blood glucose (BG) every 15 minutes until BG 80. Rotate site.</p> <p>During a concurrent interview and record review on 11/22/2024 at 10:15 a.m., reviewed Resident 43's Medication Administration Record (MAR - a daily documentation records used by a licensed nurse to document medications and treatments given to a resident) from 9/2024, 10/2024, and 11/2024 with the ADON, the ADON verified the MAR indicated the insulin Aspart were administered as follows:</p> <p>- 09/25/24 11:30 09/25/24 12:57 subcutaneously Arm - left</p> <p>- 09/29/24 11:30 09/29/24 11:41 subcutaneously Arm - left</p> <p>- 10/03/24 11:30 10/03/24 12:02 subcutaneously Abdomen - RLQ</p> <p>- 10/03/24 16:30 10/03/24 15:55 subcutaneously Abdomen - RLQ</p> <p>- 10/12/24 11:30 10/12/24 14:44 subcutaneously Arm - right</p> <p>(continued on next page)</p>		

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  11/22/2024
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> <li>- 10/12/24 16:30 10/12/24 17:29 subcutaneously Arm - right</li> <li>- 10/26/24 21:00 10/26/24 21:37 subcutaneously Arm - right</li> <li>- 10/27/24 11:30 10/27/24 12:23 subcutaneously Arm - right</li> <li>- 11/01/24 06:30 11/01/24 06:27 subcutaneously Arm - left</li> <li>- 11/02/24 11:30 11/02/24 11:54 subcutaneously Arm - left</li> <li>- 11/02/24 21:00 11/02/24 21:09 subcutaneously Arm - right</li> <li>- 11/04/24 11:30 11/04/24 12:22 subcutaneously Arm - right</li> <li>- 11/16/24 16:30 11/16/24 16:43 subcutaneously Abdomen - LUQ</li> <li>- 11/17/24 16:30 11/17/24 16:10 subcutaneously Abdomen - LUQ</li> </ul> <p>The ADON stated insulin administration should be rotated per standards of practice and according to physician's orders. The ADON verified Resident 43's MAR indicated the insulin administration sites were not rotated. The ADON stated the insulin administration sites should have been rotated as ordered by the physician to prevent tissue injury which may affect absorption of the medication. The ADON stated not rotating the insulin administration site can cause lipodystrophy.</p> <p>During a review of the facility-provided manufacturer's guideline on Novolog Aspart dated 2/2023, the manufacturer's guideline indicated to rotate the injection sites within the same region from one injection to the next to reduce the risk of lipodystrophy and localized cutaneous amyloidosis.</p> <p>During a review of the facility's P&amp;P titled, Insulin Administration, last reviewed 10/30/2024, the P&amp;P indicated:</p> <ul style="list-style-type: none"> <li>- Insulin may be injected into the subcutaneous tissue of the upper arm, and the other anterior or lateral areas of the thighs and abdomen. Avoid the area approximately 2 inches around the navel.</li> <li>- Injection sites should be rotated to reduce the risk of damaging the skin tissue.</li> </ul> <p>3. During a review of Resident 28's Admission Record, the Admission Record indicated the facility originally admitted Resident 28 on 3/6/2019 and readmitted the resident on 10/26/2022, with diagnoses including DM 2, hemiplegia (inability to move one side of the body), and hemiparesis (weakness of one side of the body) following cerebral infarction (a condition where a part of the brain has been damaged due to decreased blood flow) affecting right dominant side, and generalized muscle weakness.</p> <p>During a review of Resident 28's MDS dated [DATE], the MDS indicated Resident 28 was always understood and understands others and required assistance from staff for activities of daily living such as eating, hygiene, toileting, dressing, bathing, and surface-to-surface transfers. The MDS indicated Resident 28 received insulin.</p> <p>(continued on next page)</p>		

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  11/22/2024
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 28's H&amp;P dated 2/4/2024, the H&amp;P indicated Resident 28 had fluctuating capacity to understand and make decisions.</p> <p>During a review of Resident 28's Order Summary Report, the Order Summary Report indicated the following physician's order dated 5/10/2023:</p> <ul style="list-style-type: none"> <li>- Novolog solution (Insulin Aspart) 100 unit per milliliter (unit/ml - a unit of measurement) inject as per sliding scale: if 70 - 139 = 0 unit; 140 - 169 = 1 unit; 170 - 199 = 2 units; 200 - 229 = 3 units; 230 - 259 = 4 units; 260 - 289 = 5 units; 290 - 309 = 6 units; 310 - 369 = 8 units; 370 - 399 = 10 units subcutaneously before meals and at bedtime for diabetes. Hold for blood sugar more than (&gt;) 400 and if less than (&lt;) 70 and awake, give orange juice or snack. Give IM glucagon 1 mg if unresponsive. Notify MD. Rotate Sites.</li> </ul> <p>During a concurrent interview and record review on 11/22/2024 at 10:15 a.m., reviewed Resident 28's MAR from 9/2024, 10/2024, and 11/2024 with the ADON, the ADON verified the MAR indicated the insulin Aspart were administered as follows:</p> <ul style="list-style-type: none"> <li>- 09/07/24 11:30 09/07/24 12:33 subcutaneously Arm - right</li> <li>- 09/08/24 11:30 09/08/24 12:48 subcutaneously Arm - right</li> <li>- 10/01/24 11:30 10/01/24 12:08 subcutaneously Arm - right</li> <li>- 10/01/24 21:00 10/01/24 20:49 subcutaneously Arm - right</li> <li>- 10/11/24 16:30 10/11/24 17:02 subcutaneously Arm - Upper arm (front) (right)</li> <li>- 10/11/24 21:00 10/11/24 20:12 subcutaneously Arm - Upper arm (front) (right)</li> <li>- 10/12/24 21:00 10/12/24 20:08 subcutaneously Arm - Upper arm (front) (right)</li> <li>- 10/13/24 16:30 10/13/24 18:18 subcutaneously Arm - Upper arm (front) (right)</li> <li>- 10/14/24 16:30 10/14/24 16:43 subcutaneously Arm - right</li> <li>- 10/15/24 16:30 10/15/24 16:31 subcutaneously Arm - right</li> <li>- 10/20/24 16:30 10/20/24 16:53 subcutaneously Arm - right</li> <li>- 10/21/24 16:30 10/21/24 16:35 subcutaneously Arm - right</li> <li>- 11/02/24 16:30 11/02/24 17:45 subcutaneously Arm - right</li> <li>- 11/03/24 11:30 11/03/24 12:45 subcutaneously Arm - right</li> </ul> <p>(continued on next page)</p>		

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  11/22/2024
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The ADON stated insulin administration should be rotated per standards of practice and according to physician's orders. The ADON verified Resident 28's MAR indicated the insulin administration sites were not rotated. The ADON stated the insulin administration sites should have been rotated as ordered by the physician to prevent tissue injury which may affect absorption of the medication. The ADON stated not rotating the insulin administration site can cause lipodystrophy.</p> <p>During a review of the facility-provided manufacturer's guideline on Novolog Aspart dated 2/2023, the guideline indicated to rotate the injection sites within the same region from one injection to the next to reduce the risk of lipodystrophy and localized cutaneous amyloidosis.</p> <p>During a review of the facility's P&amp;P titled, Insulin Administration, last reviewed 10/30/2024, the P&amp;P indicated:</p> <ul style="list-style-type: none"> <li>- Insulin may be injected into the subcutaneous tissue of the upper arm, and the other anterior or lateral areas of the thighs and abdomen. Avoid the area approximately 2 inches around the navel.</li> <li>- Injection sites should be rotated to reduce the risk of damaging the skin tissue.</li> </ul>

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  11/22/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44244</b></p> <p>Based on observation, interview, and record review, the facility failed to provide an environment free from accidents and hazards for three of seven sampled residents (Resident 45, Resident 42, and Resident 60) reviewed under the Accidents care area, by failing to:</p> <ol style="list-style-type: none"> <li>1. Ensure bilateral landing mats (a floor pad designed to help prevent injury should a person fall) were placed per physician's order for Resident 45, a resident with a recent history of falls.</li> <li>2. Failing to ensure the pad alarm (a device that triggers an audible alarm when a patient attempts to rise off the pad) was placed while Resident 42 was up on the wheelchair.</li> </ol> <p>The failures above had the potential to result in resident falls with injuries such as broken bones, bruises, and lacerations (a tear or cut in the skin or underlying tissue), and even death in residents.</p> <ol style="list-style-type: none"> <li>3. Failing to ensure there were no frayed wires on the bed remote control of Resident 60.</li> </ol> <p>This deficient practice had increased the chances of the resident incurring an injury such as electrical shock and even death.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. During a review of Resident 45's Admission Record, dated 11/21/2024, the Admission Record indicated the facility admitted Resident 45 on 10/21/2023 and readmitted the resident on 11/14/2023 with diagnoses that included atrial fibrillation (an irregular and often very rapid heart rhythm that can lead to blood clots [clumps that occur when blood hardens from a liquid to a solid]), muscle weakness, difficulty walking, and schizophrenia (a mental illness that is characterized by disturbances in thought).</li> </ol> <p>During a review of Resident 45's Minimum Data Set (MDS - resident assessment tool), dated 11/14/2024, the MDS indicated Resident 45 had the ability to understand others and the ability to be understood. The MDS further indicated the resident was dependent on staff for eating, toileting, showering, dressing, oral and personal hygiene, and transferring from the bed/chair.</p> <p>During a review of Resident 45's Fall Risk Evaluation, dated 11/15/24, the Fall Risk Evaluation indicated the resident was disoriented, had a history of one to two falls in the last month, had balance problems, and was a high risk for falls.</p> <p>During a review of Resident 45's Post Fall Evaluation/Interdisciplinary Team (IDT - group of health care professionals with various areas of expertise who work together toward the goals of their patients) Review form, dated 11/15/2024, the Post Fall Evaluation/IDT Review form indicated Resident 45 had an unwitnessed fall from the bed on 11/15/2024 at 5:19 p.m. The Post Fall Evaluation/IDT Review form further indicated Resident 45 had a previous fall on 10/25/2024 and the resident would benefit from bilateral landing mats.</p> <p>(continued on next page)</p>		

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  11/22/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 45's Order Summary Report, dated 11/21/2024, the Order Summary Report indicated an order for bilateral landing mats to minimize risk for injury, dated 11/18/2024.</p> <p>During an observation on 11/19/2024 at 9:04 a.m., observed Resident 45 lying in bed, awake and alert. Observed the bed in the low position and no landing mats were at bedside.</p> <p>During a concurrent observation, interview, and record review on 11/19/2024 at 9:19 a.m., with Licensed Vocational Nurse 4 (LVN 4), LVN 4 reviewed Resident 45's Physician Orders. LVN 4 entered Resident 45's room and stated he (LVN 4) had just started caring for the resident and the resident did not have bilateral landing mats at bedside. LVN 4 reviewed the Resident 45's orders and noted an order for bilateral fall mats was placed on 11/18/2024 at 12:22 p.m.</p> <p>During a follow-up interview on 11/19/2024 at 9:29 a.m. with LVN 4, LVN 4 stated Resident 45 should have had fall mats at all times, but he (Resident 45) did not.</p> <p>During an interview on 11/19/2024 at 9:33 a.m., with Certified Nursing Assistant 5 (CNA 5), CNA 5 stated Resident 45 had recently moved rooms and she had cared for him on 11/18/2024 and 11/19/2024. CNA 5 stated Resident 45 never had bilateral landing mats at his bedside while she cared for the resident.</p> <p>During a concurrent interview and record review on 11/21/2024 at 1:45 p.m. with the Director of Nursing (DON), the DON reviewed the facility policy and procedures (P&amp;P) on fall prevention. The DON stated fall mats minimize the risk for injury when the resident falls because the mat is a soft texture. The DON stated Resident 45 had a fall on 11/15/2024 and the Interdisciplinary Team recommended fall mats. The DON stated the fall mats should have been put in place by the assigned nurse on 11/18/2024, but they were not. The DON stated when Resident 45 did not have bilateral fall mats, there was a potential for injury such as bruising and fractures (broken bones). The DON stated the facility P&amp;P was not followed when Resident 45 had an order for fall mats and did not have them at bedside.</p> <p>During a review of the facility P&amp;P titled, Fall Management Program, last reviewed 10/30/2024, the P&amp;P indicated the facility strives to provide each resident with adequate supervision and assistance devices to minimize the risks associated with falls; and to provide an environment which remains as free from accident hazards as possible. The intent of the policy is to ensure the facility provides an environment as free from accident hazards over which the facility has control and provide supervision and assistive devices to each resident to prevent avoidable accidents. An avoidable accident is an accident which occurred because the facility failed to implement interventions, including assistive devices consistent with the resident needs, goals, care plan and current professional standards of practice in order to eliminate risk and reduce risk of an accident.</p> <p>During a review of the facility P&amp;P titled, Falls Prevention-Potential Safety Interventions, last reviewed 10/30/2024, the P&amp;P indicated the facility implements interventions to reduce the risk of accidents. Fall impact reduction methods include floor mats placed on the floor.</p> <p>43988</p> <p>2. During a review of Resident 42's Admission Record, the Admission Record indicated the facility originally admitted the resident on 2/11/2022 and readmitted Resident 42 on 4/21/2023 with diagnoses including history of falling, difficulty in walking, and generalized muscle weakness.</p> <p>(continued on next page)</p>		

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  11/22/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 42's History and Physical (H&amp;P) dated 5/15/2024, the H&amp;P indicated the resident had the capacity to understand and make decisions.</p> <p>During a review of Resident 42's MDS dated [DATE], the MDS indicated the resident had moderately impaired cognition (mental action or process of acquiring knowledge and understanding) and required set-up assistance with eating and oral hygiene, supervision with toileting, total assistance with tub/shower transfers, and partial/moderate assistance with all other activities of daily living (ADLs - basic tasks that must be accomplished every day for an individual to thrive). The MDS indicated Resident 42 was using bed and wheelchair alarm daily.</p> <p>During a review of Resident 42's fall risk assessments dated 7/21/2024, 8/1/2024, 8/3/2024, and 10/24/2024, the fall risk assessments indicated the resident was a high risk for falls.</p> <p>During a review of Resident 42's Care Plan on high risk for falls related to impaired cognition, chronic pain syndrome, history of multiple falls in home environment, assistance required with ADLs, and muscle weakness, initiated 2/11/2024 and last revised 8/20/2024, the Care Plan indicated to provide pad alarm in wheelchair to alert staff when resident is trying to get up unassisted, monitor for placement and function as one of the interventions to minimize or prevent falls.</p> <p>During a review of Resident 42's Order Summary Report, the Order Summary Report indicated:</p> <p>- 8/21/2024 (order date): Pad alarm in wheelchair to alert the staff when resident is trying to get up in wheelchair unassisted. Monitor placement and function every shift.</p> <p>During a concurrent observation and interview on 11/19/2024 at 9:55 a.m. inside Resident 42's room with CNA 5, observed Resident 42 was sitting on the wheelchair and trying to get up unassisted. CNA 5 stated Resident 42 was a high risk for falls and had previous fall incidents; hence, the resident required both bed and wheelchair pad alarm. CNA 5 stated the wheelchair pad alarm was not placed on Resident 42's wheelchair. CNA 5 stated she was not assigned to the resident and unable to explain the reason the wheelchair pad alarm was not placed. CNA 5 stated staff are reminded during huddles who are residents that are high risk for falls and to ensure the bed and wheelchair alarms were placed properly and functioning well. CNA 5 stated the wheelchair pad alarm should have been placed on Resident 42's wheelchair as it placed the resident at risk for falling and sustain injuries from the fall such as bruising or broken bones.</p> <p>During an interview on 11/19/2024 at 10:15 a.m. with CNA 7, CNA 7 stated for residents who are high risk for falls and have an order for wheelchair pad alarms, the alarm is placed on the wheelchair and ensure the alarm was functioning well. CNA 7 stated she placed Resident 42 on the wheelchair after providing ADLs and confirmed that she did not place the wheelchair pad alarm and did not know what happened to the alarm. CNA 7 stated she should have ensured the pad alarm was placed on the wheelchair as it placed the resident at risk for falls and suffer injuries such as broken bones.</p> <p>(continued on next page)</p>		

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  11/22/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent interview and record review on 11/22/2024 at 10:30 a.m., reviewed Resident 42's physician orders, and facility policy on Fall Management Program and Free of Accident Hazards/Supervision/Devices with the DON. The DON stated the pad alarms minimize the risks for falls for high-risk residents as it reminds the residents to ask for assistance. The DON stated Resident 42 had previous multiple fall incidents and the Interdisciplinary team recommended recently to add the use of pad alarms in bed and wheelchair to minimize falls. The DON stated the pad alarms are monitored for placement and functionality every shift and should be placed when the resident is always either on the bed or on the wheelchair. The DON stated Resident 42's wheelchair pad alarm should have been placed as soon as Resident 42 was placed on the wheelchair to prevent the resident from getting up unassisted and sustain injuries from the fall.</p> <p>During a review of the facility's P&amp;P titled, Fall Management Program, last reviewed 10/30/2024, the P&amp;P indicated the facility strives to provide each resident with adequate supervision and assistance devices to minimize the risks associated with falls; and to provide an environment which remains as free from accident hazard as possible. The P&amp;P further indicated an avoidable accident is an accident which occurred because the facility failed to implement interventions, including adequate supervision and assistive devices.</p> <p>During a review of the facility's P&amp;P titled, Free of Accident Hazards/Supervision/Devices, last reviewed 10/30/2024, the P&amp;P indicated the following:</p> <ul style="list-style-type: none"> <li>- The facility provides an environment that is free from accident hazards over which the facility has control, and each resident receives adequate supervision and assistive devices for each resident to prevent avoidable accidents.</li> <li>- An avoidable accident occurs when the facility failed to implement interventions, including adequate supervision consistent with the resident's needs, goals, care plan and current professional standards of practice in order to eliminate or reduce risk of an accident.</li> </ul> <p>44376</p> <p>3. During a review of Resident 60's Admission Record, the Admission Record indicated the facility admitted the resident on 2/22/2024, with diagnoses including dementia (a progressive state of decline in mental abilities), psychotic disturbance (a collection of symptoms that affect the mind, where there has been some loss of contact with reality), and anxiety (feelings of fear, dread, and uneasiness that may occur as a reaction to stress).</p> <p>During a review of Resident 60's H&amp;P, dated 2/23/2024, the H&amp;P indicated the resident did not have the capacity to understand and make decisions.</p> <p>During a review of Resident 60's MDS dated [DATE], the MDS indicated the resident usually had the ability to make self-understood and understand others. The MDS indicated the resident had severe cognitive impairment (problems with a person's ability to think, learn, remember, use judgement, and make decisions).</p> <p>During a review of Resident 60's Care Plan regarding falls related to dementia, assistance required with ADLs, and poor safety awareness, last revised on 11/20/2024, the Care Plan indicated an intervention to provide a safe environment.</p> <p>(continued on next page)</p>		

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  11/22/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent observation and interview on 11/19/2024, at 9:32 a.m., with CNA 1 inside Resident 60's room, observed Resident 60's bed remote control with exposed frayed wires. CNA 1 stated there should be no exposed frayed wires on the bed remote control of the resident as it could cause accidents such as electrocution. CNA 1 stated all staff were responsible for reporting potential circumstances that can predispose residents to accidents. CNA 1 stated that she will report the issue to the Maintenance Supervisor to resolve the issue right away.</p> <p>During an interview on 11/21/2024, at 10:26 a.m., with the Assistant Director of Nursing (ADON), the ADON stated all the staff were responsible for reporting potential situations that can cause residents to incur accidents. The ADON stated the frayed wires on the resident's bed remote control can potentially result to resident incurring an accident like electrocution.</p> <p>During a review of the facility's recent P&amp;P titled, Maintenance Services, last reviewed on 10/30/2024, the P&amp;P indicated the Maintenance Department is responsible for maintaining the buildings, grounds, and equipment in a safe and operable manner at all times. Maintaining all mechanical, electrical, and patient care equipment in safe operating condition.</p> <p>During a review of the facility's recent P&amp;P titled Free of Accident Hazards/Supervision/Devices, last reviewed on 10/30/2024, the P&amp;P indicated hazards may include, but not limited to, aspects of the physical plant, equipment, and devices that are defective or are not used properly (per manufacturer's specifications), are disabled/removed, or are not individually adapted or fitted to the resident's needs.</p>		

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  11/22/2024
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 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>43988</p> <p>Based on observation, interview, and record review the facility failed to ensure residents receiving enteral feeding (EF - also known as tube feeding, a method of supplying nutrients directly into the stomach) received appropriate care and services to prevent complications of enteral feeding for one (1) out of 1 sampled resident (Resident 43) investigated under the tube feeding care area by failing to ensure the licensed nurse (LN) hang the correct EF formula.</p> <p>This deficient practice had the potential for the resident to experience increase in blood sugar and gastrointestinal (GI) (relating to stomach and intestines) problems such as abdominal pain and diarrhea.</p> <p>Findings:</p> <p>During a review of Resident 43's Admission Record, the Admission Record indicated the facility originally admitted Resident 43 on 11/29/2023 and readmitted the resident on 3/14/2024, with diagnoses including type 2 diabetes mellitus (DM 2 - a disorder characterized by difficulty in blood sugar control and poor wound healing), gastrostomy status (GT - a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems), and generalized muscle weakness.</p> <p>During a review of Resident 43's Minimum Data Set (MDS - a resident assessment tool) dated 8/9/2024 and 11/5/2024, the MDS indicated Resident 43 was sometimes understood and understands others and was dependent on staff for activities of daily living such as eating, hygiene, toileting, dressing, bathing, and surface-to-surface transfers.</p> <p>During a review of Resident 43's History and Physical (H&amp;P) dated 2/18/2024, the H&amp;P indicated Resident 43 had fluctuating capacity to understand and make decisions.</p> <p>During a review of Resident 43's Order Summary Report, the Order Summary Report indicated the following physician's order dated 10/30/2024:</p> <p>- Every shift Diabetisource AC (a tube feeding formula made with a unique blend of carbohydrates that includes pureed fruits and vegetables to help with nutritional management of blood glucose): set pump at 50 milliliter per hour (ml/hr - a unit of measurement) for 20 hours to provide 1000 ml per 1200 kilocalories (Kcal - a unit used to measure the amount of energy in food). Start infusion at 2:00 p.m. and continue for 20 hours or until total volume is complete.</p> <p>During an observation on 11/19/2024 at 9:29 a.m. inside Resident 43's room, observed Resident 43 was receiving an EF formula of Fibersource HN (a tube feeding formula formulated with fiber to meet the nutritional needs for tube feeding patients with normal or elevated calorie and/or protein requirements) infusing at 50 ml/hr.</p> <p>During an observation on 11/19/2024 at 9:50 a.m., inside Resident 43's room with Registered Nurse 1 (RN 1), RN 1 verified Resident 43's EF formula that was infusing was Fibersource HN.</p> <p>(continued on next page)</p>		

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  11/22/2024
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 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 11/19/2024 at 9:50 a.m., reviewed Resident 43's physician orders with RN 1, RN 1 verified the physician's order dated 10/30/2024 indicated an EF formula order for Diabetisource AC. RN 1 stated prior to hanging a new formula bag, the LN should check the physician's order for the type of formula and infusion rate. RN 1 stated the LN who hung the EF formula did not follow the physician's order. RN 1 stated Resident 43's EF formula should have been Diabetosource AC instead of Fibersource HN as it placed Resident 43 at risk for increase in blood glucose and other complications such as GI irritation.</p> <p>During an interview on 11/22/2024 at 10:30 a.m., the Assistant Director of Nursing (ADON) stated she was made aware by RN 1 that Resident 43's EF formula started by the night shift LN was Fibersource HN instead of Diabetisource AC. The ADON stated the LN were supposed to check the physician's order for the type of formula and the infusion rate prior to starting a new bag to ensure the residents were getting the correct formula. The ADON stated the LN did not hang the correct EF formula for Resident 43. The ADON stated the LN should have hang Diabetisource AC instead of Fibersource HN as it placed Resident 43 at risk for complication such as increased blood sugar and feeding intolerance.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Enteral Feeding, last reviewed 10/30/2024, the P&amp;P indicated a purpose to ensure the safe administration of enteral nutrition. The P&amp;P further indicated:</p> <ul style="list-style-type: none"> <li>- Enteral formulas shall be administered at full strength or in accordance with the physician order.</li> <li>- The nurse shall verify the enteral nutrition label against the order before administration to include the type of formula.</li> </ul>		

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  11/22/2024
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>44376</p> <p>Based on observation, interview, and record review, the facility failed to ensure respiratory care provided to residents were consistent with professional standards of practice for one of two sampled residents (Resident 33) investigated under respiratory care by failing to ensure the nebulizer (a small machine that turns liquid medicine into a mist that can be easily inhaled) mask and tubing (this allows the medicine to enter the lungs directly) were kept in a plastic bag with the name of the resident and the date it was provided.</p> <p>The deficient practice had a potential for Resident 33 to develop complications such as respiratory infections of using a nebulizer caused by improper handling of the mask and tubing.</p> <p>Findings:</p> <p>During a review of the Resident 33's Admission Record, the Admission Record indicated the facility admitted the resident on 6/1/2020, with diagnoses including cerebral infarction (also known as stroke, refers to damage to tissues in the brain due to a loss of oxygen to the area), dysphagia (difficulty swallowing), and personal history of coronavirus disease 2019 (COVID-19 - a highly contagious respiratory illness capable of producing severe symptoms)</p> <p>During a review of Resident 33's History and Physical (H&amp;P), dated 8/13/2023, the H&amp;P indicated the resident was awake, alert, answers simple questions/follows simple commands, and had dysphasia (impaired ability to understand and use the spoken word).</p> <p>During a review of Resident 33's Minimum Data Set (MDS - a resident assessment tool), dated 6/4/2024, the MDS indicated the resident had the ability to make self-understood and understand others.</p> <p>During a review of Resident 33's Order Summary Report, dated 11/6/2024, the Order Summary Report indicated an order for ipratropium-albuterol solution 0.5-2.5 (3) milligrams (mg, a unit of weight)/3 milliliters (ml, a unit of volume) 3 milliliters, inhale orally (by mouth) every four (4) hours as needed for shortness of breath (SOB) or wheezing (a high-pitched, whistling sound that can occur during breathing when the airways in the lungs become narrowed or blocked) via nebulizer.</p> <p>During a concurrent observation and interview on 11/19/2024, at 10:09 a.m., with Licensed Vocational Nurse 1 (LVN 1), inside Resident 33's room, observed Resident 33's nebulizer mask and tubing was not placed inside a plastic bag with the name and the date the mask and tubing was provided. LVN 1 stated the mask and tubing should be placed inside a plastic bag with the name of the resident and the date it was provided to ensure the tubing belongs to the resident and the tubing was not old. LVN 1 stated the tubing, and the mask was prone to moisture which was good for bacterial or viral growth that can cause the resident to get sick.</p> <p>During an interview on 11/21/2024, at 10:50 a.m., with the Assistant Director of Nursing (ADON), the ADON stated the mask and the tubing for nebulizer machines should be placed inside a plastic bag labeled with the name of the resident and the date it was provided to prevent infection and cross-contamination (the physical movement or transfer of harmful bacteria from one person, object, or place to another) among residents.</p> <p>(continued on next page)</p>

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  11/22/2024
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility's recent policy and procedure (P&amp;P) titled Infection Prevention and Control Program, last reviewed on 10/30/2024, the P&amp;P indicated 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.</p> <p>During a review of the facility's recent P&amp;P titled Nebulizer (aerosol) Therapy, last reviewed on 10/30/2024, the P&amp;P indicated to obtains equipment (i.e., administration set-up, plastic bag, gauze sponges masks). Take care not to contaminate mask, mouthpiece and/or internal tubes. Store in plastic bag, marked with date and resident's name, between uses. Discard the administration set-up every seven (7) days.</p>		

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  11/22/2024
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 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43418</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents were completely assessed for the use of bed rails for two of seven sampled residents (Residents 22 and 184) investigated under the accidents care area and for one of three sampled residents (Resident 44) investigated under bedrails care area when the facility failed to:</p> <ol style="list-style-type: none"> <li>1. Indicate Resident 22's and Resident 184's recommendations for use of bed or side rails (adjustable metal or rigid plastic bars that attach to the bed that are available in a variety of types, shapes, and sizes, mattress, or bed frame) on their Bed/Side Rail Entrapment Assessment.</li> <li>2. Indicate Resident 44's recommendation and the reason for use of grab bars (safety devices that help people maintain their balance, reduce fatigue, and prevent falls) on the Bed/Side Rail Entrapment Assessment.</li> </ol> <p>These failures placed the residents at risk for potential accidents such as a body part being caught between the rails, falls if a resident attempts to climb over, around, between, or through the rails.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. During a review of Resident 22 Admission Record, the Admission Record indicated the facility originally admitted Resident 22 on 4/5/2021 and readmitted the resident on 8/20/2023 with diagnoses including generalized muscle weakness and difficulty weakness.</li> </ol> <p>During a review of Resident 22's Minimum Data Set (MDS, a resident assessment tool), dated 11/11/2024, the MDS indicated Resident 22 was able to understand and make decisions, was independent or required touching assistance with activities of daily living including eating, hygiene, showering/bathing himself, dressing, and surface-to-surface transfers.</p> <p>During a review of Resident 22's History and Physical (H&amp;P), dated 8/22/2024, the H&amp;P indicated Resident 22 has the capacity to understand and make decisions.</p> <p>During a review of Resident 22's Order Summary Report, dated 8/20/2024, the Order Summary Report indicated Resident 22 was ordered grab bars up times two for bed mobility and monitor for placement and safety every shift.</p> <p>During a review of Resident 22's Consent for the Use of Bed/Side Rails, dated 8/20/2023, the Consent for the Use of Bed/Side Rails indicated the reason for use was per resident's request and for use as a mobility enabler. The Consent for the Use of Bed/Side Rails further indicated the resident signed the consent.</p> <p>(continued on next page)</p>		

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  11/22/2024
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 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 22's Bed/Side Rail Entrapment Risk Assessment, dated 11/12/2024, the Bed/Side Rail Entrapment Risk Assessment did not indicate recommendations for use of bed or side rails.</p> <p>During a review of Resident 22's Care Plan titled, Use of quarter rails as an enabler to assist in functional mobility/bed mobility, dated 11/14/2023, the Care Plan indicated interdisciplinary discussion during care plan meeting with resident on any decisions to start, modify or discontinuance of bed/side rails in the context of an individualized assessment. The Care Plan further indicated ongoing discussions on risks, such as entrapment or injury, and benefits with resident at a minimum of quarterly or as a resident's condition necessitates.</p> <p>During an observation on 11/19/2024, at 10:32 a.m., inside Resident 22's room, Resident 22 was sleeping in bed with two small rails on both sides of the head of the bed.</p> <p>During an interview with the Assistant Director of Nursing (ADON), on 11/21/2024 at 10:31 a.m., the ADON stated when using side rails or grab bars, the facility needs to check for safety and the function of the grab bar. The ADON further stated if a complete assessment is not performed, the facility is not looking into the purpose of the grab bars and can place residents at risk for injury.</p> <p>During a concurrent interview and record review with the DON, on 11/22/2024 at 1:55 p.m., Resident 22's Bed/Side Rail Entrapment Risk Assessment, dated 11/12/2024, was reviewed and the DON confirmed the recommendations were not completed in the assessment and stated the recommendations should have been indicated. The DON further stated if the assessment is not complete, there is a potential that the facility will not initiate the interventions properly.</p> <p>During a review of the facility policy and procedure (P&amp;P) titled, Bedrails, last reviewed 10/30/2024, the P&amp;P indicated when attempted alternatives are not adequate to meet the resident's needs, the resident shall be evaluated for the use of bed rails including the risk for entrapment and possible benefits of bed rails.</p> <p>43988</p> <p>2. During a review of Resident 184's Admission Record, the Admission Record indicated the facility admitted the resident on 11/9/2024 with diagnoses including legal blindness, generalized muscle weakness and primary osteoarthritis (a progressive disorder of the joints caused by a gradual loss of cartilage).</p> <p>During a review of Resident 184's MDS dated [DATE], the MDS indicated Resident 184 was able to understand and make decisions, and required assistance from staff with activities of daily living including eating, hygiene, showering/bathing himself, dressing, and surface-to-surface transfers.</p> <p>During a review of Resident 184's H&amp;P, dated 11/10/2024, the H&amp;P indicated Resident 184 had the capacity to understand and make decisions.</p> <p>During a review of Resident 184's Order Summary Report, dated 11/9/2024, the Order Summary Report indicated Resident 184 was ordered quarter siderails up times two for bed mobility every shift.</p> <p>(continued on next page)</p>		

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  11/22/2024
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 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 184's Consent for the Use of Bed/Side Rails, dated 11/9/2024, the Consent for the Use of Bed/Side Rails indicated the reason for use was for use as a mobility enabler. The Consent for the Use of Bed/Side Rails further indicated the resident representative signed the consent.</p> <p>During a review of Resident 184's Bed/Side Rail Entrapment Risk Assessment, dated 11/12/2024, the Bed/Side Rail Entrapment Risk Assessment did not indicate recommendations for use of bed or side rails.</p> <p>During a review of Resident 184's Care Plan titled, Use of quarter rails as an enabler to assist in functional mobility/bed mobility, dated 11/20/2024, the Care Plan indicated interdisciplinary discussion during care plan meeting with resident on any decisions to start, modify or discontinuance of bed/side rails in the context of an individualized assessment. The Care Plan further indicated ongoing discussions on risks, such as entrapment or injury, and benefits with resident at a minimum of quarterly or as a resident's condition necessitates.</p> <p>During an observation on 11/19/2024 at 10:17 a.m., inside Resident 184's room, Resident 184 was asleep in bed with two bed rails on both sides of the head of the bed.</p> <p>During an interview with the ADON, on 11/21/2024 at 10:31 a.m., the ADON stated when using side rails or grab bars, the facility needs to check for safety and the function of the grab bar. The ADON further stated if a complete assessment is not performed, the facility is not looking into the purpose of the grab bars and can place residents at risk for injury.</p> <p>During a concurrent interview and record review with the Director of Nursing (DON), on 11/22/2024, at 1:55 p.m., Resident 184's Bed/Side Rail Entrapment Risk Assessment, dated 11/9/2024, was reviewed and the DON confirmed the least restrictive measures and recommendations were not completed in the assessment and stated the least restrictive measures and recommendations should have been indicated. The DON further stated if the assessment is not complete, there is a potential that the facility will not initiate the interventions properly.</p> <p>During a review of the facility P&amp;P titled, Bedrails, last reviewed 10/30/2024, the P&amp;P indicated when attempted alternatives are not adequate to meet the resident's needs, the resident shall be evaluated for the use of bed rails including the risk for entrapment and possible benefits of bed rails.</p> <p>44376</p> <p>3. During a review of Resident 44's Admission Record, the Admission Record indicated the facility admitted the resident on 8/20/2022, with diagnoses including hemiplegia (inability to move one side of the body), hemiparesis (weakness or partial paralysis on one side of the body), and cerebral infarction (damage to tissues in the brain due to a loss of oxygen to the area).</p> <p>During a review of Resident 44's MDS, dated [DATE], the MDS indicated the resident had the ability to make self-understood and understand others. The MDS indicated the resident required partial to supervision assistance on mobility and activities of daily living.</p> <p>During a review of Resident 44's Order Summary Report, dated 8/21/2024, the report indicated an order for grab bars up times two for bed mobility, every shift.</p> <p>(continued on next page)</p>		

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  11/22/2024
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 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 44's Bed/Side Rail Entrapment Risk Assessment, dated 11/12/2024, the assessment did not indicate the reasons and recommendations on the use of the grab bars/bed/side rail.</p> <p>During an observation and interview on 11/19/2024, at 9:44 a.m., with Certified Nursing Assistant (CNA) 2, inside Resident 44's room, observed resident lying in bed with both upper grab bars on. CNA 2 confirmed its placement and stated it was used for mobility.</p> <p>During a concurrent interview and record review on 11/21/2024, at 10:31 a.m., with the ADON, reviewed Resident 44's Order Summary Report and Bed/Side Rail Entrapment Risk Assessment. The ADON stated there was an order of grab bars x 2 for bed mobility. The ADON stated the reasons and recommendation were left blank on the assessment of Bed/Side Rail Entrapment Risk on 11/12/2024. The ADON stated the grab bars and the side rails were the same. The ADON stated the staff needed to check for safety, check for function of the grab bar if it was doing its purpose. The ADON stated if the resident was immobile, they do not need the grab bars. The ADON stated before applying the grab bars/side rail they should have a physician's order, they should assess for entrapment or strangulation, and care plan. The ADON stated they reassess the need for grab bars quarterly and as needed. The ADON stated the Bed/side Rail Entrapment Risk Assessment was incomplete, the reason and recommendation for grab bars/side rails were not filled out. The ADON stated the failure to assess the need and for risk of entrapment on the use of grab bars/side rails completely could lead to potential for injury on the resident such as strangulation or entrapment.</p> <p>During a review of the facility's recent P&amp;P titled, Bedrails, last reviewed on 10/30/2024, the P&amp;P indicated to ensure that prior to the installation or use of bed rails, the facility attempts to use alternatives. If the attempted alternatives were not adequate to meet the resident's needs, the resident is assessed for the use of bed rails, which include a review of risks including entrapment; and informed consent is obtained from the resident or if applicable, the resident representative. The facility must ensure the bed is appropriate for the resident and that bed rails are properly installed and maintained.</p>		

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  11/22/2024
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>43988</p> <p>Based on observation, interview, and record review, the facility failed to ensure safe handling of medications and maintain a safe and secure storage by failing to discard one (1) of nine (9) sampled residents (Resident 35) medication in bubble pack (a packaged container with compartments that can contain medications) with a broken seal and covered with paper tape.</p> <p>This deficient practice had the potential for medication error and contaminate medications stored inside the medication cart.</p> <p>Findings:</p> <p>During a concurrent observation and interview on 11/20/2024 at 2:47 p.m. during an inspection of Medication Cart 2 in the presence of Licensed Vocational Nurse 2, LVN 2 confirmed Resident 35's midodrine (a medication used to treat low blood pressure that causes severe dizziness and fainting) bubble pack slots number 10, 11, 12, 13, 14, 15, and 16 with a broken seal was stored in Medication Cart 2. LVN 2 stated the process prior to dispensing medications that can affect the blood pressure (BP), the licensed nurse should check the BP first and if the measurement did not meet the parameter (refers to a limit or guideline when to hold or administer a medication) set by the physician, then the medication will not be removed from the bubble pack. LVN 2 verified the seal from the bubble pack was broken and covered with paper tape. LVN 2 stated the medications for slot numbers 10, 11, 12, 13, 14, 15, and 16 should have been discarded once removed from the bubble pack and not placed back as the medication had been contaminated. LVN 2 stated it could not be the right medication that was placed back in the bubble pack.</p> <p>During a concurrent interview and record review on 11/22/2024 at 10:02 a.m., reviewed Resident 35's midodrine bubble pack with the Assistant Director of Nursing (ADON). The ADON stated the LN should check the resident's BP if the physician's order indicated a parameter prior to dispensing the medication. If the medication was dispensed prior to checking the BP, the medications should have been dispensed and not placed back in the bubble pack and sealed with a tape. The ADON stated the LN did not discard the midodrine from slot numbers 10, 11, 12, 13, 14, 15, and 16. The ADON stated the midodrine should have been discarded once removed from the bubble pack. The ADON stated the medication had been contaminated by placing the tape on the slots and touching the tablets. The ADON stated the nurses would not be able to know if the correct medication was placed back in the bubble pack.</p> <p>During an interview on 11/21/2024 at 10 a.m., with the Director of Nursing (DON), the DON stated she was made aware by the ADON of the issue with the midodrine. The DON stated the midodrine should have been discarded if dispensed prior to checking the BP and did not meet the parameter set by the physician. The DON stated the LN should check the BP prior to dispensing the midodrine from the bubble pack. The DON stated this is done as the medication was already contaminated, the nurses would not know if the correct medicine was placed back in the bubble pack, and ensure the resident receives the right medication.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Storage of Medications, last reviewed 10/30/2024, the P&amp;P indicated:</p> <p>(continued on next page)</p>		

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  11/22/2024
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> <li>- Nurses may not transfer medications from one container to another or return partially used medication to the original container.</li> <li>- Outdated, contaminated, or deteriorated medications and those in containers that are cracked, soiled, or without secure closures are immediately removed from inventory, disposed of according to procedures for medication disposal.</li> </ul> <p>During a review of the facility's P&amp;P titled, Medication Labels, last reviewed 10/30/2024, the P&amp;P indicated:</p> <ul style="list-style-type: none"> <li>- Medication labels are not altered, modified, or marked in any way by nursing personnel. Content are not transferred from one container to another.</li> <li>- Medication containers having soiled, damaged, incomplete, illegible, confusing, or makeshift labels are destroyed in accordance with the medication destruction policy.</li> </ul>

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  11/22/2024
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44376</b></p> <p>Based on interview and record review, the facility failed to ensure the entire medication regimen of the resident was managed and monitored to promote or maintain the resident's highest practicable mental, physical, and psychosocial well-being for two of seven sampled residents (Residents 67 and 285) investigated under unnecessary medications review by:</p> <ol style="list-style-type: none"> <li>1. Failing to monitor Resident 67's hours of sleep for two consecutive night shifts on 11/17/2024 and 11/18/2024 in relation to the use of Trazodone (antidepressant, a prescription medication used to treat depression [mood disorder that causes a persistent feeling of sadness and loss of interest] and other mental health conditions) for inability to sleep.</li> <li>2. Failing to specify Resident 285's behavior to monitor on the use of pimavanserin (antipsychotic, a type of drug used to treat symptoms of psychosis [a severe mental disorder in which thought and emotions are so impaired that contact is lost with external reality]) per the physician's order.</li> </ol> <p>These deficient practices had the potential to result in the use of unnecessary psychotropic drugs (a drug or other substance that affects how the brain works and causes changes in mood, awareness, thoughts, feelings, or behavior) and adverse effects (an undesired and harmful result of a treatment or intervention, such as a medication or surgery) of the medications.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. During a review of Resident 67's Admission Record, the Admission Record indicated the facility admitted the resident on 7/15/2024, with diagnoses including major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest), stimulant abuse (sporadically consuming large doses of stimulants over a short period of time), and muscle weakness.</li> </ol> <p>During a review of Resident 67's History and Physical (H&amp;P), dated 7/26/2024, the H&amp;P indicated the resident had the capacity to make decisions.</p> <p>During a review of Resident 67's Minimum Data Set (MDS - a resident assessment tool), dated 7/23/2024, the MDS indicated the resident had the ability to make self-understood and understand others.</p> <p>During a review of Resident 67's Order Summary Report, the Order Summary Report indicated:</p> <ul style="list-style-type: none"> <li>- 9/29/2024 (date of physician's order) Trazodone hydrochloride (HCl) oral tablet. Give 25 milligrams (mg, a unit of weight) by mouth at bedtime for inability to sleep.</li> <li>- 9/30/2024 Trazodone/Melatonin: Monitor for number (#) of hours of sleep every shift.</li> </ul> <p>During a review of Resident 67's Medication Administration Record (MAR) for 11/2024, the MAR did not indicate the number of hours the resident slept on 11/17/2024 and 11/18/2024 during night shift.</p> <p>(continued on next page)</p>		

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  11/22/2024
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 67's Care Pla regarding the use of antidepressant medication Trazodone, last revised on 10/25/2024, the Care Plan indicated a goal of the resident will be free from discomfort or adverse reactions related to antidepressant therapy.</p> <p>During a concurrent interview and record review on 11/21/2024, at 11:15 a.m., with the Assistant Director of Nursing (ADON), reviewed Resident 67's Order Summary Report and MAR. The ADON stated there was an order for Trazodone HCl 25 mg at bedtime for inability to sleep and also an order to monitor number of hours of sleep of the resident every shift. The ADON stated there were two missing monitoring for number of hours of sleep on the MAR of the resident on 11/17/2024 and 11/18/2024 night shift. The ADON stated in nursing if it was not documented, it was not done. The ADON stated it was important to monitor for hours of sleep of the resident in relation to the use of an antidepressant Trazodone to know if the medication was effective or needed to be changed.</p> <p>During a review of the facility's recent policy and procedure (P&amp;P) titled, Dignity and Respect Psychoactive Medications, last reviewed on 10/30/2024, the P&amp;P indicated the interdisciplinary team (IDT - a group of health care professionals from different fields who coordinate resident care) will check the physician orders for the medication to ensure the order contains the name of the medication, dose, route, times, and behavior(s) for which the medication is being administered. The order may also include monitoring requirements for the behavior(s) and the diagnosis. Indication(s) for psychoactive medication use shall be identified by the interdisciplinary team and documented in the resident's record.</p> <p>2. During a review of Resident 285's Admission Record, the Admission Record indicated the facility admitted the resident on 11/5/2024, with diagnoses including major depressive disorder, idiopathic neuropathy (a chronic condition that occurs when the peripheral nervous system is damaged for no apparent reason), and radiculopathy (injury or damage to nerve roots in the area where they leave the spine).</p> <p>During a review of Resident 285's H&amp;P, dated 11/6/2024, the H&amp;P indicated the resident had the capacity to make decisions.</p> <p>During a review of Resident 285's MDS, dated [DATE], the MDS indicated the resident had the ability to make self-understood and understand others.</p> <p>During a review of Resident 285's Order Summary Report, dated 11/6/2024, the Order Summary Report indicated no diagnosis and behavior to monitor on the use of pimavanserin.</p> <p>During a concurrent interview and record review on 11/21/2024, at 11:08 a.m., with the ADON, reviewed Resident 285's Order Summary Report. The ADON stated there was an order for pimavanserin; however, there was no diagnosis attached to it and what behavior to monitor on the Order Summary Report. The ADON stated the staff should have followed-up with the doctor who ordered the medication prior to administering the medication to the resident. The ADON stated there should be a specific behavior to monitor and diagnosis to know if the medication was working.</p> <p>(continued on next page)</p>		

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  11/22/2024
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility's recent policy and procedure (P&amp;P) titled Dignity and Respect Psychoactive Medications, last reviewed on 10/30/2024, the P&amp;P indicated the IDT will check the physician orders for the medication to ensure the order contains the name of the medication, dose, route, times, and behavior(s) for which the medication is being administered. The order may also include monitoring requirements for the behavior(s) and the diagnosis. Indication(s) for psychoactive medication use shall be identified by the interdisciplinary team and documented in the resident's record.</p>		

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  11/22/2024
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that residents are free from significant medication errors.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 44376</p> <p>Based on interview and record review the facility failed to ensure residents were free of any significant medication errors (means the observed or identified preparation or administration of medications or biologicals which is not in accordance with the prescriber's order, manufacturer's specifications, and accepted professional standards) for three of three sampled residents (Residents 21, 43, and 28)) investigated under insulin (a hormone that lowers the level of glucose [a type of sugar] in the blood) failing to rotate (a method to ensure repeated injections are not administered in the same area) subcutaneous (beneath the skin) insulin administration sites.</p> <p>The deficient practices had the potential for adverse effect (unwanted, unintended result) of same site subcutaneous administration of insulin such as bruising, lipodystrophy (abnormal distribution of fat), and cutaneous amyloidosis (is a condition in which clumps of abnormal proteins called amyloids build up in the skin).</p> <p>Cross Reference F658</p> <p>Findings:</p> <p>1. During a review of Resident 21's Admission Record, the Admission Record, indicated the facility admitted the resident on 1/11/2021, and readmitted the resident on 11/10/2023, with diagnoses including type 2 diabetes (DM 2 - a disorder characterized by difficulty in blood sugar control and poor wound healing), paraplegia (loss of movement and/or sensation, to some degree, of the legs), and contracture (a stiffening/shortening at any joint, that reduces the joint's range of motion) of muscle.</p> <p>During a review of Resident 21's History and Physical (H&amp;P), dated 7/22/2024, the H&amp;P indicated the resident had normal cognition (the mental process of acquiring knowledge and understanding through thought, experience, and the senses) and was paraplegic.</p> <p>During a review of Resident 21's Minimum Data Set (MDS - a resident assessment tool), dated 3/18/2024, the MDS indicated the resident had the ability to make self understood and understand others.</p> <p>During a review of Resident 21's Order Summary Report, dated 6/21/2024, the Order Summary Report indicated an order for Humalog Solution 100 units (the amount required to lower the blood sugar)/milliliter (ml, a unit of volume) (Insulin Lispro). Inject as per sliding scale (the increasing administration of the pre-meal insulin dose based on the blood sugar level before the meal): if 70 - 149 = 0 unit; 150 - 199 = 1 - units; 200 - 249 = 3- units; 250 - 299 = 5 - units; 300 - 349 = 7- units. Give 9 units if blood sugar equal to (=) or greater than (&gt;) 350, hold (do not administer) insulin for blood glucose (BG, also called blood sugar) less than (&lt;) 70 milligram (mg, a unit of weight)/deciliter (dl, a unit of measurement for fluid volume) notify MD, subcutaneously before meals and at bedtime for DM2. If resident can eat or drink give fruit juice or glucose 15 grams (g, a unit of weight). If resident can't eat or drink, give intramuscular (IM, within or into the muscle) glucagon (a natural hormone the body makes that works within other hormones and bodily functions to control glucose [sugar] levels in the blood) 1 mg, if ineffective give Dextrose 50 percent (% - a unit of measurement) water (D50W - used to treat low blood sugar levels) 25 ml as intravenous (IV, within, or into the vein) push. Check BG every (q) 15 min until BG 80 mg/dl. Rotate site.</p> <p>(continued on next page)</p>		

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  11/22/2024
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 21's Care Plan titled On insulin therapy related to DM, dated 7/2/2024, the Care Plan indicated an intervention of insulin administration as ordered.</p> <p>During a review of Resident 21's Location of Administration Report for insulin from 8/2024 to 11/2024, the Location of Administration Report indicated that Humalog solution 100 unit/ml was given on:</p> <p>8/13/2024 at 4:36 p.m. on the Abdomen- Right Lower Quadrant (RLQ)</p> <p>8/18/2024 at 9:10 p.m. on the Abdomen- RLQ</p> <p>8/24/2024 at 4:07 p.m. on the Arm- right</p> <p>8/25/2024 at 8:09 p.m. on the Arm-right</p> <p>10/11/2024 at 9:02 p.m. on the Abdomen - RLQ</p> <p>10/13/2024 at 8:28 p.m. on the Abdomen - RLQ</p> <p>10/19/2024 at 5 p.m. on the Abdomen - RLQ</p> <p>10/27/2024 at 9:02 p.m. on the Abdomen - Left Upper Quadrant (LUQ)</p> <p>10/28/2024 at 9:12 p.m. on the Abdomen - LUQ</p> <p>11/3/2024 at 4:27 p.m. on the Abdomen - LUQ</p> <p>11/5/2024 at 5:59 p.m. on the Abdomen - LUQ</p> <p>11/9/2024 at 8:57 p.m. on the Arm - right</p> <p>11/11/2024 at 5:34 a.m. on the Arm - right</p> <p>During a concurrent interview and record review on 11/21/2024 at 10:14 a.m., with the Assistant Director of Nursing (ADON), reviewed Resident 21's Order Summary Report and Location of Administration of insulin from 8/2024 to 11/2024. The ADON stated there were multiple instances that the staff failed to rotate the administration sites to the resident. The ADON stated the sites should be rotated to prevent tissue injury such as lipodystrophy and to increase effectiveness of the medication.</p> <p>During an interview on 11/21/2024 at 1:21 p.m., with the Director of Nursing (DON), the DON stated not rotating administration sites of insulin is considered a medication error.</p> <p>During a review of the facility's recent policy and procedure (P&amp;P) titled Medication Errors, last reviewed on 10/30/2024, the P&amp;P indicated medication error is the observed or identified preparation or administration of medications or biologicals which is not in accordance with:</p> <p>a. The prescriber's order.</p> <p>(continued on next page)</p>		

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  11/22/2024
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>b. Manufacturer's specifications regarding the preparation and administration of the medication or biological; or</p> <p>c. Accepted professional standards and principles include the various practice regulations in each State, and current commonly accepted health standards established by national organizations, boards, and councils.</p> <p>During a review of the facility's recent policy and procedure (P&amp;P) titled, Insulin Administration, last reviewed on 10/30/2024, the P&amp;P indicated insulin may be injected into the subcutaneous tissue of the upper arm, and the anterior or lateral areas of the thighs and abdomen. Avoid the area approximately 2 inches around the navel. Injection sites should be rotated to reduce the risk of damaging the skin tissue.</p> <p>During a review of the facility-provided Insulin Lispro Injection 100 units/ml patient information, undated, the patient information indicated to change (rotate) where you inject your insulin with each dose. This can reduce your chance of getting pits, lumps, or thickened skin where you inject your insulin. Do not inject your insulin into the exact same spot or where the skin has pits or lumps. Avoid injecting into thickened, tender, bruised, scaly, hard, scarred, or damaged skin.</p> <p>43988</p> <p>2. During a review of Resident 43's Admission Record, the Admission Record indicated the facility originally admitted Resident 43 on 11/29/2023 and readmitted the resident on 3/14/2024, with diagnoses including DM 2, gastrostomy status (GT - a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems), and generalized muscle weakness.</p> <p>During a review of Resident 43's MDS dated [DATE] and 11/5/2024, the MDS assessments indicated Resident 43 was sometimes understood and understands others and was dependent on staff for activities of daily living such as eating, hygiene, toileting, dressing, bathing, and surface-to-surface transfers. The MDS indicated Resident 43 received insulin.</p> <p>During a review of Resident 43's H&amp;P dated 2/18/2024, the H&amp;P indicated Resident 43 had fluctuating capacity to understand and make decisions.</p> <p>During a review of Resident 43's Order Summary Report, the Order Summary Report indicated the following physician's order dated 6/20/2024:</p> <p>Novolog injection solution (Insulin Aspart - a fast-acting, manmade version of human insulin that helps control blood sugar levels) inject SQ before meals and at bedtime for diabetes. Inject as per sliding scale: if 70 - 149 = 0 unit; 150 - 199 = 2 units; 200 - 249 = 4 units; 250 - 299 = 6 units; 300 - 349 = 8 units. If more than (&gt;) 350 give 10 units and call physician. Hold insulin for blood sugar less than (&lt;) 70. Notify physician. If resident can eat or drink give fruit juice or glucose 15 grams. If resident can't eat or drink give IM glucagon 1 mg, if ineffective give D50W 25 milliliter as IV push. Check blood glucose (BG) every 15 minutes until BG 80. Rotate site.</p> <p>(continued on next page)</p>		

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  11/22/2024
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent interview and record review on 11/22/2024 at 10:15 a.m., reviewed Resident 43's Medication Administration Record (MAR - a daily documentation records used by a licensed nurse to document medications and treatments given to a resident) from 9/2024, 10/2024, and 11/2024 with the ADON, the ADON verified the MAR indicated the insulin Aspart were administered as follows:</p> <ul style="list-style-type: none"> <li>- 09/25/24 11:30 09/25/24 12:57 subcutaneously Arm - left</li> <li>- 09/29/24 11:30 09/29/24 11:41 subcutaneously Arm - left</li> <li>- 10/03/24 11:30 10/03/24 12:02 subcutaneously Abdomen - RLQ</li> <li>- 10/03/24 16:30 10/03/24 15:55 subcutaneously Abdomen - RLQ</li> <li>- 10/12/24 11:30 10/12/24 14:44 subcutaneously Arm - right</li> <li>- 10/12/24 16:30 10/12/24 17:29 subcutaneously Arm - right</li> <li>- 10/26/24 21:00 10/26/24 21:37 subcutaneously Arm - right</li> <li>- 10/27/24 11:30 10/27/24 12:23 subcutaneously Arm - right</li> <li>- 11/01/24 06:30 11/01/24 06:27 subcutaneously Arm - left</li> <li>- 11/02/24 11:30 11/02/24 11:54 subcutaneously Arm - left</li> <li>- 11/02/24 21:00 11/02/24 21:09 subcutaneously Arm - right</li> <li>- 11/04/24 11:30 11/04/24 12:22 subcutaneously Arm - right</li> <li>- 11/16/24 16:30 11/16/24 16:43 subcutaneously Abdomen - LUQ</li> <li>- 11/17/24 16:30 11/17/24 16:10 subcutaneously Abdomen - LUQ</li> </ul> <p>The ADON stated insulin administration should be rotated per standards of practice and according to physician's orders. The ADON verified Resident 43's MAR indicated the insulin administration sites were not rotated. The ADON stated the insulin administration sites should have been rotated as ordered by the physician to prevent tissue injury which may affect absorption of the medication. The ADON stated not rotating the insulin administration site can cause lipodystrophy.</p> <p>During a concurrent interview and record review on 11/22/2024 at 1:21 p.m., reviewed Resident 43's insulin administration sites for 9/2024, 10/2024, ad 11/2024, and physician's order for insulin Aspart, manufacturer's guideline, and the facility's policy and procedure (P&amp;P) on insulin administration and medication error with the DON. The DON stated insulin should be administered on different sites or rotated as indicated in the physician's order, manufacturer's guideline, and the P&amp;P on insulin administration. The DON stated not rotating the insulin administration sites is considered a medication error as the insulin was administered not in accordance with the physician's orders, not following the manufacturer's guideline, and not following accepted professional standards.</p> <p>(continued on next page)</p>		

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  11/22/2024
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility- provided manufacturer's guideline on Novolog Aspart dated 2/2023, the guideline indicated to rotate the injection sites within the same region from one injection to the next to reduce the risk of lipodystrophy and localized cutaneous amyloidosis.</p> <p>During a review of the facility's P&amp;P titled, Insulin Administration, last reviewed 10/30/2024, the P&amp;P indicated:</p> <ul style="list-style-type: none"> <li>- Insulin may be injected into the subcutaneous tissue of the upper arm, and the other anterior or lateral areas of the thighs and abdomen. Avoid the area approximately 2 inches around the navel.</li> <li>- Injection sites should be rotated to reduce the risk of damaging the skin tissue.</li> </ul> <p>During a review of the facility's P&amp;P titled, Medication Error, last reviewed 10/30/2024, the P&amp;P indicated a medication error is the observed or identified preparation or administration of medications or biologicals which is not in accordance with:</p> <ol style="list-style-type: none"> <li>a. The prescriber's order.</li> <li>b. Manufacturer's specifications regarding the preparation and administration of the medication or biological.</li> <li>c. Accepted professional standards and principles include the various practice regulations in each State, and current commonly accepted health standards established by national organizations, boards, and councils.</li> </ol> <p>3. During a review of Resident 28's Admission Record, the Admission Record indicated the facility originally admitted Resident 28 on 3/6/2019 and readmitted the resident on 10/26/2022, with diagnoses including DM 2, hemiplegia (inability to move one side of the body), and hemiparesis (weakness of one side of the body) following cerebral infarction (a condition where a part of the brain has been damaged due to decreased blood flow) affecting right dominant side, and generalized muscle weakness.</p> <p>During a review of Resident 28's MDS dated [DATE], the MDS indicated Resident 28 was always understood and understands others and required assistance from staff for activities of daily living such as eating, hygiene, toileting, dressing, bathing, and surface-to-surface transfers. The MDS indicated Resident 28 received insulin.</p> <p>During a review of Resident 28's H&amp;P dated 2/4/2024, the H&amp;P indicated Resident 28 had fluctuating capacity to understand and make decisions.</p> <p>During a review of Resident 28's Order Summary Report, the Order Summary Report indicated the following physician's order dated 5/10/2023:</p> <ul style="list-style-type: none"> <li>- Novolog solution (Insulin Aspart) 100 unit per milliliter (unit/ml - a unit of measurement) inject as per sliding scale: if 70 - 139 = 0 unit; 140 - 169 = 1 unit; 170 - 199 = 2 units; 200 - 229 = 3 units; 230 - 259 = 4 units; 260 - 289 = 5 units; 290 - 309 = 6 units; 310 - 369 = 8 units; 370 - 399 = 10 units subcutaneously before meals and at bedtime for diabetes. Hold for blood sugar more than (&gt;) 400 and if less than (&lt;) 70 and awake, give orange juice or snack. Give IM glucagon 1 mg if unresponsive. Notify MD. Rotate Sites.</li> </ul> <p>(continued on next page)</p>		

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  11/22/2024
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent interview and record review on 11/22/2024 at 10:15 a.m., reviewed Resident 28's MAR from 9/2024, 10/2024, and 11/2024 with the ADON, the ADON verified the MAR indicated the insulin Aspart were administered as follows:</p> <ul style="list-style-type: none"> <li>- 09/07/24 11:30 09/07/24 12:33 subcutaneously Arm - right</li> <li>- 09/08/24 11:30 09/08/24 12:48 subcutaneously Arm - right</li> <li>- 10/01/24 11:30 10/01/24 12:08 subcutaneously Arm - right</li> <li>- 10/01/24 21:00 10/01/24 20:49 subcutaneously Arm - right</li> <li>- 10/11/24 16:30 10/11/24 17:02 subcutaneously Arm - Upper arm (front) (right)</li> <li>- 10/11/24 21:00 10/11/24 20:12 subcutaneously Arm - Upper arm (front) (right)</li> <li>- 10/12/24 21:00 10/12/24 20:08 subcutaneously Arm - Upper arm (front) (right)</li> <li>- 10/13/24 16:30 10/13/24 18:18 subcutaneously Arm - Upper arm (front) (right)</li> <li>- 10/14/24 16:30 10/14/24 16:43 subcutaneously Arm - right</li> <li>- 10/15/24 16:30 10/15/24 16:31 subcutaneously Arm - right</li> <li>- 10/20/24 16:30 10/20/24 16:53 subcutaneously Arm - right</li> <li>- 10/21/24 16:30 10/21/24 16:35 subcutaneously Arm - right</li> <li>- 11/02/24 16:30 11/02/24 17:45 subcutaneously Arm - right</li> <li>- 11/03/24 11:30 11/03/24 12:45 subcutaneously Arm - right</li> </ul> <p>The ADON stated insulin administration should be rotated per standards of practice and according to physician's orders. The ADON verified Resident 28's MAR indicated the insulin administration sites were not rotated. The ADON stated the insulin administration sites should have been rotated as ordered by the physician to prevent tissue injury which may affect absorption of the medication. The ADON stated not rotating the insulin administration site can cause lipodystrophy.</p> <p>During a concurrent interview and record review on 11/22/2024 at 1:21 p.m., reviewed Resident 43's insulin administration sites for 9/2024, 10/2024, ad 11/2024, and physician's order for insulin Aspart, manufacturer's guideline, and the facility's policy and procedure (P&amp;P) on insulin administration and medication error with the DON. The DON stated insulin should be administered on different sites or rotated as indicated in the physician's order, manufacturer's guideline, and the P&amp;P on insulin administration. The DON stated not rotating the insulin administration sites is considered a medication error as the insulin was administered not in accordance with the physician's orders, not following the manufacturer's guideline, and not following accepted professional standards.</p> <p>(continued on next page)</p>

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  11/22/2024
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility provided manufacturer's guideline on Novolog Aspart dated 2/2023, the guideline indicated to rotate the injection sites within the same region from one injection to the next to reduce the risk of lipodystrophy and localized cutaneous amyloidosis.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Insulin Administration, last reviewed 10/30/2024, the P&amp;P indicated:</p> <ul style="list-style-type: none"> <li>- Insulin may be injected into the subcutaneous tissue of the upper arm, and the other anterior or lateral areas of the thighs and abdomen. Avoid the area approximately 2 inches around the navel.</li> <li>- Injection sites should be rotated to reduce the risk of damaging the skin tissue.</li> </ul> <p>During a review of the facility's P&amp;P titled, Medication Error, last reviewed 10/30/2024, the P&amp;P indicated a medication error is the observed or identified preparation or administration of medications or biologicals which is not in accordance with:</p> <ol style="list-style-type: none"> <li>a. The prescriber's order.</li> <li>b. Manufacturer's specifications regarding the preparation and administration of the medication or biological.</li> <li>c. Accepted professional standards and principles include the various practice regulations in each State, and current commonly accepted health standards established by national organizations, boards, and councils.</li> </ol>		

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  11/22/2024
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>43988</p> <p>Based on observation, interview, and record review, the facility failed to ensure safe provision of pharmaceutical services during the inspection of one (1) of two medication carts (Medication Cart 2) reviewed during the Medication Storage and Labeling task by failing to ensure one open bottle of glucose test strips was labeled with the date it was opened in accordance with the manufacturer's requirements.</p> <p>This deficient practice had the potential to result in inaccurate blood glucose readings on the residents.</p> <p>Findings:</p> <p>During a concurrent observation and interview on 11/20/2024 at 1:50 p.m., of Medication Cart 2 in the presence of Licensed Vocational Nurse 2 (LVN 2), observed 1 opened bottle of glucose test strips and did not indicate a label of when it was opened. LVN 2 stated she did not know when the bottle of glucose test strips was first opened. LVN 2 stated the licensed nurses (LN) were supposed to indicate the date of when the glucose test strips was opened. LVN 2 stated the purpose of indicating the date is for the staff to be aware of when to discard the unused glucose test strips. LVN 2 stated glucose test strips are supposed to be used within 90 days of opening the bottle. LVN 2 stated using the glucose test strips beyond 90 days can potentially result in inaccurate reading of resident blood glucose and affect the amount of insulin (a hormone that removes excess sugar from the blood, can be produced by the body or given artificially via medication) would require and may increase or decrease a resident's blood glucose level.</p> <p>During a concurrent interview and record review on 11/22/2024 at 10:02 a.m., reviewed the glucose test strips manufacturer's insert instructions with the Assistant Director of Nursing (ADON). The ADON stated the LN were supposed to indicate on the bottle the date of when it was first opened. The ADON stated the glucose test strips are good for 90 days per manufacturer's insert instructions. The ADON stated the purpose of indicating the date on the bottle of when the glucose test strips was first opened was for staff to be aware of when to dispose the strips. The ADON stated if the glucose test strips were used beyond the 90 days, the blood glucose reading could be inaccurate and can potentially affect the amount of insulin the residents were receiving by receiving lesser or more than they require.</p> <p>During a review of the facility-provided manufacturer's insert instruction for Glucose Test Strips (GTS), undated, the instruction indicated to write the date on the bottle label when the bottle was first opened and use the test strips within three months of fist opening the bottle.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Medication Storage in the Facility, last reviewed 10/30/2024, the P&amp;P indicated certain medications or package types, blood sugar testing solutions and strips, once opened require an expiration date shorter than the manufacturer's expiration date to ensure medication purity and potency.</p>		

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  11/22/2024
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 0807</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides drinks consistent with resident needs and preferences and sufficient to maintain resident hydration.</p> <p>44376</p> <p>Based on observation, interview, and record review, the facility failed to ensure each resident receives and the facility provides drinks, including water and other liquids consistent with resident needs and preferences and sufficient to maintain resident hydration for one of five sampled residents (Resident 53) investigated during dining observation by serving regular milk that the resident indicated on his diet preference as a dislike.</p> <p>The deficient practice had the potential for Resident 53 who was on renal diet (a diet that limits the amount of sodium, protein, potassium, and phosphorus in the food) to develop excess phosphorus leading to low level of calcium levels causing bone fractures (a partial or complete break in the bone).</p> <p>Cross Reference F808</p> <p>Findings:</p> <p>During a review of Resident 53's Admission Record, the Admission Record indicated the facility admitted the resident on 3/15/2024 and readmitted the resident on 11/18/2024, with diagnoses including end stage renal disease (irreversible kidney failure), Crohn's disease (a chronic inflammatory bowel disease [IBD] that causes inflammation in the digestive tract), 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).</p> <p>During a review of Resident 53's History and Physical (H&amp;P), dated 9/14/2024, the H&amp;P indicated the resident had the capacity to make decisions.</p> <p>During a review of Resident 53's Minimum Data Set (MDS - a resident assessment tool), dated 9/21/2024, the MDS indicated the resident had the ability to make self-understood and understand others. The MDS indicated the resident was on a therapeutic diet and on hemodialysis (a treatment to filter wastes and water from the blood).</p> <p>During a review of Resident 53's Order Summary Report, dated 11/18/2024, the Order Summary Report indicated an order for consistent, constant, or controlled carbohydrate diet (CCHO, a meal plan that involves eating the same amount of carbohydrates each meal and snack throughout the day), liberal (ways to individualize a therapeutic diet) renal diet (a diet that is low in sodium, phosphorous, and protein). Regular texture, thin liquids consistency, fortify (adding extra nutrients to food or has nutrients added that are not normally there) diet, double portions with all meals.</p> <p>During a review of Resident 53's Care Plan regarding dietary orders: CCO Liberal Renal diet regular texture thin liquids consistency, last revised on 11/19/2024, the Care Plan indicated an intervention to provide diet as ordered.</p> <p>During a review of Resident 53's Lunch Meal Ticket, dated 11/19/2024, the Lunch Meal Ticket indicated regular milk as listed on the dislikes, and there was a note of double portion all meals.</p> <p>(continued on next page)</p>		

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  11/22/2024
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 0807</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 53's Dietary Profile, dated 11/21/2024, the Dietary Profile indicated regular portions, food dislikes included spinach, broccoli, citrus, no tomato and tomato products, and diet was liberal house renal CCHO.</p> <p>During a concurrent observation, interview, and record review on 11/19/2024 at 1:05 p.m., with Certified Nursing Assistant 4 (CNA 4), inside Resident 53's room, observed Resident 53 served with white rice, one carnitas taco with cranberry juice and almond milk. Aside from the lunch tray on the table, observed a carton of regular milk with straw on top of the side table of the resident. Compared the Lunch Meal Ticket with the meal served with CNA 4. CNA 4 stated the Lunch Meal Ticket indicated double portion on all meals and regular milk was on the dislike list of the resident. CNA 4 stated the regular carton of milk was given by the night shift staff to the resident.</p> <p>During a concurrent observation, interview, and record review on 11/19/2024, at 1:15 p.m., with the Dietary Supervisor (DS), inside Resident 53's room, observed Resident 53 served with white rice, one carnitas taco with cranberry juice and almond milk. Aside from the lunch tray on the table, observed a carton of regular milk with straw on top of the side table of the resident. Compared the Lunch Meal Ticket with the meal served with the DS. The DS stated the Lunch Meal Ticket indicated double portion on all meals and milk was on the dislike list of the resident. The DS stated the regular carton of milk should have not been given by the night shift staff to the resident as the resident was on a renal diet and it could cause increased phosphorus that is bad for the kidneys of the resident. The DS stated the tray should have two carnitas tacos on the plate since the order was double portion. The DS stated the tray should only contain almond milk. The DS stated not following the diet order of the resident could lead to weight loss and abnormal laboratory results to the resident increasing the workload of the kidneys.</p> <p>During a concurrent interview and record review on 11/21/2024, at 10:55 a.m., with the Assistant Director of Nursing (ADON), the ADON stated she does not know where to check the likes and dislikes of the resident with regards to food preferences, that is why maybe the regular milk was served by the staff at night shift. The ADON stated they should follow the resident's preference to respect their rights and promote more appetite. The ADON stated they should follow the ordered portions to avoid weight loss.</p> <p>During a concurrent interview and record review on 11/22/2024 at 9:54 a.m., with the DS, reviewed Resident 53's Physician Orders, Dietary Profile, Nutrition Assessment, and Lunch Meal Ticket of the resident for 11/19/2024. The DS stated he himself checks the tray for accuracy of its contents, followed by the tray line staff and the LVN serving the tray. The DS stated that the tray was probably not checked by the LVN prior to serving the tray. The DS stated the dislikes are only found in the meal ticket and it is not accurately reflected on the Dietary Profile of the resident. The DS stated the double portion instruction for all meals were missing in the dietary profile. The DS stated it was important to follow the diet order to prevent weight loss and not to serve regular milk since the resident's diet is renal. The DS stated serving regular milk can increase the phosphorous of the resident affecting their electrolytes.</p> <p>During a review of the facility's recent policy and procedure (P&amp;P) titled Menus, last reviewed on 10/30/2024, the P&amp;P indicated the facility assures menus are developed and prepared to meet resident choices including their nutritional, religious, cultural, and ethnic needs while using established national guidelines. Residents receive food in the amount, type, consistency, and frequency to maintain normal body weight and acceptable nutritional values.</p> <p>(continued on next page)</p>		

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  11/22/2024
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 0807</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility's recent policy and procedure (P&amp;P) titled Resident Preference Interview, last reviewed on 10/30/2024, the P&amp;P indicated a current dietary questionnaire will be maintained for each resident indicating the diet order, likes, dislikes, allergies to foods and instructions or guidelines to be followed in preparation and serving of food for the resident. Resident preferences will be reflected on the tray card and updated in a timely manner.</p>

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  11/22/2024
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 0808</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law.</p> <p>44376</p> <p>Based on observation, interview, and record review the facility failed to ensure residents receive and consume foods in the appropriate form and/or the appropriate nutritive content as prescribed by a physician, and/or assessed by the interdisciplinary team to support the resident's treatment, plan of care, in accordance with his her goals and preferences for one of five sampled residents (Resident 53) investigated during dining observation by failing to follow the physician's diet order of double portions with all meal and serving regular milk that is listed as a dislike on the resident's meal ticket.</p> <p>The deficient practice had the potential for the resident for weight loss and increased phosphorus leading to low level of calcium levels causing bone fractures (a partial or complete break in the bone).</p> <p>Cross Reference F807</p> <p>Findings:</p> <p>During a review of Resident 53's Admission Record, the Admission Record indicated the facility admitted the resident on 3/15/2024 and readmitted the resident on 11/18/2024, with diagnoses including end stage renal disease (irreversible kidney failure), Crohn's disease (a chronic inflammatory bowel disease [IBD] that causes inflammation in the digestive tract), 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).</p> <p>During a review of Resident 53's History and Physical (H&amp;P), dated 9/14/2024, the H&amp;P indicated the resident had the capacity to make decisions.</p> <p>During a review of Resident 53's Minimum Data Set (MDS - a resident assessment tool), dated 9/21/2024, the MDS indicated the resident had the ability to make self-understood and understand others. The MDS indicated the resident was on a therapeutic diet and on hemodialysis (a treatment to filter wastes and water from the blood).</p> <p>During a review of Resident 53's Order Summary Report, dated 11/18/2024, the Order Summary Report indicated an order for consistent, constant, or controlled carbohydrate diet (CCHO, a meal plan that involves eating the same amount of carbohydrates each meal and snack throughout the day), liberal (ways to individualize a therapeutic diet) renal diet (a diet that is low in sodium, phosphorous, and protein). Regular texture, thin liquids consistency, fortify (adding extra nutrients to food or has nutrients added that are not normally there) diet, double portions with all meals.</p> <p>During a review of Resident 53's Care Plan regarding dietary orders: CCO Liberal Renal diet regular texture thin liquids consistency, last revised on 11/19/2024, the Care Plan indicated an intervention to provide diet as ordered.</p> <p>(continued on next page)</p>		

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  11/22/2024
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 0808</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 53's Lunch Meal Ticket, dated 11/19/2024, the ticket indicated regular milk as listed on the dislikes, and there was a note of double portion all meals.</p> <p>During a review of Resident 53's Dietary Profile, dated 11/21/2024, the Dietary Profile indicated regular portions, food dislikes included spinach, broccoli, citrus, no tomato and tomato products, and diet was liberal house renal CCHO.</p> <p>During a concurrent observation, interview, and record review on 11/19/2024 at 1:05 p.m., with Certified Nursing Assistant 4 (CNA 4), inside Resident 53's room, observed Resident 53 served with white rice, one carnitas taco with cranberry juice and almond milk. Aside from the lunch tray on the table, observed a carton of regular milk with straw on top of the side table of the resident. Compared the Lunch Meal Ticket with the meal served with CNA 4. CNA 4 stated the Lunch Meal Ticket indicated double portion on all meals and regular milk was on the dislike list of the resident. CNA 4 stated the regular carton of milk was given by the night shift staff to the resident.</p> <p>During a concurrent observation, interview, and record review on 11/19/2024, at 1:15 p.m., with the Dietary Supervisor (DS), inside Resident 53's room, observed Resident 53 served with white rice, one carnitas taco with cranberry juice and almond milk. Aside from the lunch tray on the table, observed a carton of regular milk with straw on top of the side table of the resident. Compared the Lunch Meal Ticket with the meal served with the DS. The DS stated the Lunch Meal Ticket indicated double portion on all meals and milk was on the dislike list of the resident. The DS stated the regular carton of milk should have not been given by the night shift staff to the resident as the resident was on a renal diet and it could cause increased phosphorus that is bad for the kidneys of the resident. The DS stated the tray should have two carnitas tacos on the plate since the order was double portion. The DS stated the tray should only contain almond milk. The DS stated not following the diet order of the resident could lead to weight loss and abnormal laboratory results to the resident increasing the workload of the kidneys.</p> <p>During a concurrent interview and record review on 11/21/2024, at 10:55 a.m., with the Assistant Director of Nursing (ADON), the ADON stated she does not know where to check the likes and dislikes of the resident with regards to food preferences, that is why maybe the regular milk was served by the staff at night shift. The ADON stated they should follow the resident's preference to respect their rights and promote more appetite. The ADON stated they should follow the ordered portions to avoid weight loss.</p> <p>During a concurrent interview and record review on 11/22/2024 at 9:54 a.m., with the DS, reviewed Resident 53's Physician Orders, Dietary Profile, Nutrition Assessment, and Lunch Meal Ticket of the resident for 11/19/2024. The DS stated he himself checks the tray for accuracy of its contents, followed by the tray line staff and the LVN serving the tray. The DS stated that the tray was probably not checked by the LVN prior to serving the tray. The DS stated the dislikes are only found in the meal ticket and it is not accurately reflected on the Dietary Profile of the resident. The DS stated the double portion instruction for all meals were missing in the dietary profile. The DS stated it was important to follow the diet order to prevent weight loss and not to serve regular milk since the resident's diet is renal. The DS stated serving regular milk can increase the phosphorus of the resident affecting their electrolytes.</p> <p>(continued on next page)</p>		

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  11/22/2024
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 0808</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility's recent policy and procedure (P&amp;P) titled Physician Orders, last reviewed on 10/30/2024, the P&amp;P indicated whenever possible, the Licensed Nurse receiving the order will be responsible for documenting and implementing the order.</p> <p>During a review of the facility's recent policy and procedure (P&amp;P) titled Menus, last reviewed on 10/30/2024, the P&amp;P indicated the facility assures menus are developed and prepared to meet resident choices including their nutritional, religious, cultural, and ethnic needs while using established national guidelines. Residents receive food in the amount, type, consistency, and frequency to maintain normal body weight and acceptable nutritional values.</p> <p>During a review of the facility's recent policy and procedure (P&amp;P) titled Resident Preference Interview, last reviewed on 10/30/2024, the P&amp;P indicated a current dietary questionnaire will be maintained for each resident indicating the diet order, likes, dislikes, allergies to foods and instructions or guidelines to be followed in preparation and serving of food for the resident. Resident preferences will be reflected on the tray card and updated in a timely manner.</p>

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  11/22/2024
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43418</p> <p>Based on observation, interview, and record review, the facility failed to ensure safe and sanitary food storage and food preparation practices in the kitchen when:</p> <ol style="list-style-type: none"> <li>1. One tomato was found on the floor in the walk-in refrigerator.</li> <li>2. A separate thermometer probe was not kept inside the reach-in freezers.</li> <li>3. Three bags of cereal were not labeled with the receive date or expiration date in the dry storage area.</li> <li>4. Food items that indicate to refrigerate after opening were stored in the dry storage area.</li> <li>5. Drink pitchers were placed in the drying area stacked on top of other drink pitchers while wet.</li> </ol> <p>These failures had the potential to result in harmful bacterial growth and cross contamination (transfer of harmful bacteria from one place to another) that could lead to foodborne illness (transfer of bacteria from one object to another) in 82 of 86 residents who receive food from the kitchen.</p> <p>Findings:</p> <p>1. During a concurrent observation and interview with the Dietary Supervisor (DS), on [DATE], at 8:10 a.m., inside the kitchen's walk-in refrigerator, a tomato laid on the floor in the far-right corner from the entrance beneath the shelving. The DS stated every part of the walk-in refrigerator should be cleaned and the walk-in refrigerator was not cleaned thoroughly. The DS stated there is a potential that the tomato in the fridge would spoil and be a potential source for cross-contamination, which could lead to foodborne illnesses in residents.</p> <p>During an interview with the Director of Nursing (DON), on [DATE], at 1:55 p.m., the DON stated there should be no food on the floor and storage areas should be kept clean because the food could rot, spoil, and be a potential invitation for pests and rodents, which can all be a potential source for cross-contamination and cause foodborne illnesses in residents.</p> <p>During an interview with the Registered Dietitian (RD), on [DATE] at 2:16 p.m., the RD stated fruits and vegetables should be stored in containers, not on the floor, dated and labeled, to preserve the freshness of the food. The RD stated storage areas should be kept clean to prevent attracting ants or mice into the facility kitchen. The RD further stated improper storage and cleaning can be potential source for gastrointestinal (GI, relating to the stomach and intestines) upset.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Food Storage, last reviewed [DATE], the P&amp;P indicated fresh fruit and vegetables should be checked and sorted for ripeness and should be left in cartons, bags, or paper wrapping because it slows down spoilage and loss of moisture. The P&amp;P further indicated walls, ceiling, and floors should be maintained in good repair and regularly cleaned.</p> <p>(continued on next page)</p>		

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  11/22/2024
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility's P&amp;P titled, Food Receiving and Storage, last reviewed [DATE], the P&amp;P indicated food and food products should always be kept off the floor. The P&amp;P indicated foods in the walk-in unit should be stored off the floor.</p> <p>2. During a concurrent observation and interview with the DS, on [DATE] at 8:37 a.m., in the kitchen, the two reach-in freezers did not contain a separate thermometer probe inside the freezers. The DS stated the facility does not use separate thermometers for monitoring temperatures in the freezers and that the facility uses the built-in thermometers to measure the temperatures in the freezer. The DS further stated he was unsure if there should be a separate thermometer inside the freezers.</p> <p>During a review of the Food Code 2022, the Food Code 2022 indicated, ,d+[DATE].112 Temperature Measuring Devices. (A) In a mechanically refrigerated or hot FOOD storage unit, the sensor of a TEMPERATURE MEASURING DEVICE shall be located to measure the air temperature or a simulated product temperature in the warmest part of a mechanically refrigerated unit and in the coolest part of a hot FOOD storage unit.</p> <p>3. During a concurrent observation and interview with the DS, on [DATE] at 8:37 a.m., inside the kitchen's dry storage area, the following was observed:</p> <ul style="list-style-type: none"> <li>a. Three bags of cereal without a label for expiration or receive date.</li> <li>b. One bottle of teriyaki glaze, with an open date of [DATE], with a label indicating to refrigerate after opening.</li> <li>c. One bottle of soy sauce, with an open date of [DATE], with a label indicating to refrigerate after opening.</li> <li>d. One bottle of teriyaki marinade sauce, with an open date of [DATE], with a label indicating to refrigerate after opening.</li> </ul> <p>The DS stated foods indicating to refrigerate after opening should be stored in the refrigerator to preserve the foods nutritional value and to prevent food spoilage, which can lead to potential foodborne illness in residents.</p> <p>During an interview with the DON, on [DATE] at 1:55 p.m., the DON stated foods should be labeled with the expiration date and the date opened to ensure food is not expired. The DON further stated foods that indicate to be stored in the refrigerator after opening should be placed in the refrigerator to ensure the food items do no spoil or expire. The DON further stated improper storage of food items can be a potential source for foodborne illness.</p> <p>During an interview with the RD, on [DATE] at 2:16 p.m., the RD stated the facility should be following the manufacturer's guidelines for food items because improper storage can affect the quality of the food and cause potential spoiling.</p> <p>During a review of the facility's P&amp;P titled, Food Storage, last reviewed [DATE], the P&amp;P indicated to label and date storage products.</p> <p>(continued on next page)</p>		

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  11/22/2024
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility's P&amp;P titled, Food Receiving and Storage, last reviewed [DATE], the P&amp;P indicated when food, food products or beverages are delivered to the nursing home, the facility staff must inspect these items for safe transport and quality upon receipt and ensure their proper storage, keeping track of when to discard perishable foods and covering, labeling, and dating all foods stored in the refrigerator or freezer as indicated.</p> <p>During a review of the facility's P&amp;P titled, Dietary Department - General, last reviewed [DATE], the P&amp;P indicated one of the primary objectives of the dietary department include maintenance of standards for quality of food.</p> <p>4. During a concurrent observation and interview with Dietary Aide (DA) 1, on [DATE] at 8:56 a.m., inside the kitchen, in the dishwashing area, a drying rack contained wet drink pitchers that were stacked on top of each other. DA 1 stated the drink pitchers on the drying rack were drying.</p> <p>During an interview with the DS, on [DATE], at 8:56 a.m., the DS stated when washing dishes in the dishwasher, the dishware being cleaned should not be stacked on top of each other when drying. The DS stated dishware should not be stacked on top of each other while wet because of water accumulation, which can be a potential source for cross-contamination.</p> <p>During an interview with the DON, on [DATE] at 1:55 p.m., the DON stated when drying dishware, the dishware should not be stacked while wet because it will slow down the drying process. The DON further stated improper drying can retain moisture in the dishes, which can lead to potential bacteria growth and cause potential cross-contamination and foodborne illness.</p> <p>During an interview with the RD, on [DATE] at 2:16 p.m., the RD stated dishware should be air dried so that there is no chance for mildew (a type of mold or fungus) to grow, which can be a potential source for GI upset in residents.</p> <p>During a review of the facility's P&amp;P titled, Dietary Department - General, last reviewed [DATE], the P&amp;P indicated one of the primary objectives of the dietary department include maintenance of standards for sanitation and safety.</p> <p>During a review of the Food Code 2022, the Food Code 2022 indicated, ,d+[DATE].11 Equipment and Utensils, air-drying required. After cleaning and sanitizing equipment and utensils: (A) Shall be air-dried or used after adequate draining as specified in the first paragraph of 40 CFR 180.940 tolerance exemptions for active and inert ingredients for use in antimicrobial formulations (food-contact surface sanitizing solutions), before contact with food and; (B) May not be cloth dried except that utensils that have been air-dried may be polished with cloths that are maintained clean and dry.</p>		

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  11/22/2024
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 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** 44244</b></p> <p>Based on observation, interview, and record review, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections by failing to:</p> <ol style="list-style-type: none"> <li>1.Ensure the Treatment Nurse (TN) performed hand hygiene after doffing (removing) used disposable gloves and prior to donning (putting on) new disposable gloves while providing wound care treatment for one of one sampled resident (Resident 16) reviewed during the Pressure Ulcer/Pressure Injury (PU or PI - localized, pressure-related damage to the skin and/or underlying tissue usually over a bony prominence) care area.</li> <li>2. Ensure the nasal cannula (NC - tubing connected to a device that gives additional oxygen [O2] through the nose) was changed weekly and labeled with the date last changed for one of two sampled residents (Resident 237) reviewed under the Respiratory Care area and one randomly sampled resident (Resident 235).</li> <li>3.Ensure Licensed Vocation Nurse 3 (LVN 3) implemented Enhanced Barrier Precautions (EBP, an infection control intervention designed to reduce transmission of multidrug-resistant organisms [MDRO, microorganisms, mainly bacteria, that are resistant to one or more classes of antibiotics] that uses targeted gown and glove use during high contact resident care activities) by failing to don a gown during the gastrostomy tube (GT - a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems) medication pass observation and the administration of an enteral feeding (method of feeding that uses the gastrointestinal (GI) tract to deliver nutrition and calories) for one of five sampled residents (Resident 47) reviewed during the Medication Administration task.</li> <li>4. Ensure to label the urinal bottle (a container for collecting urine that is used by people who are unable to use a bathroom toilet) with the name and room number of the resident for one of one sampled residents (Resident 44) reviewed during the urinary catheter (a hollow tube inserted into the bladder to drain or collect urine) or urinary tract infection (UTI- an infection in the bladder/urinary tract) care area.</li> </ol> <p>These failures had the potential to spread infections and illnesses among residents and staff.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. During a review of Resident 16's Admission Record, dated 11/21/2024, the Admission Record indicated the facility admitted Resident 16 on 3/24/2015 with diagnoses including osteoporosis (weak and brittle bones due to lack of calcium and Vitamin D) with current pathological fracture (a break in a bone that is caused by an underlying disease), Alzheimer's disease (a disease characterized by a progressive decline in mental abilities), and a PU of the sacral region (the bottom of the spine lying between the lumbar spine [L5] and the coccyx [tailbone]) stage 4 (full-thickness skin and tissue loss with exposed muscle, tendon, ligament, cartilage, or bone).</li> </ol> <p>(continued on next page)</p>		

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  11/22/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 16's Minimum Data Set (MDS - resident assessment tool), dated 7/21/2024, the MDS indicated Resident 16 sometimes had the ability to understand others and sometimes had the ability to be understood. The MDS further indicated the resident was dependent on staff for eating, toileting, bathing, dressing, oral and personal hygiene, and mobility.</p> <p>During a review of Resident 16's Order Summary Report, dated 11/21/2024, the Order Summary Report indicated:</p> <p>-Coccyx (sacral region): cleanse with normal saline solution (cleaning agent), pat dry, apply Iodosorb (a wound gel that reduces bacteria and promotes healing), cover with dry dressing every day shift for PI for 30 days, dated 11/6/2024.</p> <p>During a review of Resident 16's Care Plan regarding EBP, initiated 5/1/2024, the Care Plan indicated a goal that the resident would have no signs and symptoms of infection. The Care Plan indicated to observe proper cleaning technique during cleaning wounds and to teach staff about the importance of EBP including proper hand hygiene during high contact resident activities.</p> <p>During a wound care observation on 11/21/2024 at 8:47 a.m. with the TN, the TN administered a wound care treatment to Resident 16's Stage 4 PI on the sacral region. Observed the TN donned a pair of disposable gloves and removed the residents dressing covering the PI. Observed the TN removed the used gloves, placed them in a trash bag, then donned a new pair of disposable gloves. Observed the TN did not perform hand hygiene after removing the used gloves and prior to donning the clean gloves. Observed the TN completed Resident 16's wound care treatment.</p> <p>During a follow-up interview on 11/21/2024 at 8:05 a.m. with the TN, the TN stated during Resident 16's wound care treatment, he did not sanitize his hands after removing the used gloves and prior to donning the clean gloves. The TN stated he is not required to sanitize his hands between glove changes while providing wound care if the resident has only one wound. The TN stated he only changed his gloves during the wound care treatment for an extra precautionary measure.</p> <p>During an interview on 11/21/2024 at 12:53 p.m., with the Infection Preventionist (IP), the IP stated hand hygiene (washing hands with soap and water or sanitizing hands with antibacterial hand rub) should be performed between glove changes. The IP stated performing and hygiene prevents cross contamination (the process by which bacteria or other microorganisms are unintentionally transferred from one substance or object to another, with harmful effect) of bacteria from the soiled dressing to the wound. The IP stated when the TN removed Resident 16's used dressing the TN's gloves were considered dirty. The IP stated the TN should have performed hand hygiene after removing the dirty gloves and before placing the new gloves on to complete the wound care treatment for Resident 16.</p> <p>During a concurrent interview and record review on 11/21/2024 at 1:45 p.m. with the Director of Nursing (DON), the DON reviewed the facility policy and procedure regarding hand hygiene. The DON stated hand hygiene must be performed between glove changes to prevent the spread of infection. The DON stated when the TN removed Resident 16's dressing, the dressing was considered potentially soiled on the inside and outside of the dressing from urine and feces. The DON stated the gloves touching the potentially soiled dressing should be removed and hand hygiene should be performed prior to donning a new pair of gloves to provide the treatment. The DON stated the TN must have been nervous when he did not perform hand hygiene between glove changes. The DON stated the facility policy for hand hygiene was not followed by the TN.</p> <p>(continued on next page)</p>		

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  11/22/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility policy and procedure (P&amp;P) titled, Treatment Services to Prevent/Heal Pressure Ulcers, last reviewed 10/30/2024, the P&amp;P indicated evidenced based practice suggests that PI dressing protocols may use clean technique rather than sterile. Clean technique (also known as non-sterile) involves approved hand hygiene and glove use, maintaining a clean environment by preventing direct contamination of materials and supplies.</p> <p>During a review of the facility P&amp;P titled, Dressings- Application and Technique, last reviewed 10/30/2024, the P&amp;P indicated the purpose of the policy was to ensure cleanliness and prevent infection by protecting the skin's surface and to promote comfort and wound healing. The licensed nurse will use non-sterile or clean dressing technique for all dressing changes unless otherwise indicated by physician or manufacture guidelines. Wash hands before and after each procedure and put on gloves. The procedure for Clean Technique includes the following:</p> <ul style="list-style-type: none"> <li>-Prepare a clean, dry work area at bedside.</li> <li>-Don non-sterile gloves.</li> <li>-Remove dressing and discard into plastic bag.</li> <li>-Remove and discard nonsterile disposable gloves in plastic bag at bedside.</li> <li>-Wash hands and reapply non-sterile gloves.</li> <li>-Proceed with cleansing of wound.</li> <li>-Remove and discard nonsterile disposable gloves in plastic bag at bedside.</li> <li>-Wash hands and reapply non-sterile gloves.</li> <li>-Apply treatment and dressing.</li> </ul> <p>During a review of the facility P&amp;P titled, Hand Hygiene, last reviewed 10/30/2024, the P&amp;P indicated the purpose of the P&amp;P was to ensure all individuals use appropriate hand hygiene while at the facility. The facility considers hand hygiene the primary means to prevent the spread of infection. Facility staff must wash hands with soap and water in between glove changes.</p> <p>During a review of the facility P&amp;P titled, Infection Prevention and Control Program, last reviewed 10/30/2024, the P&amp;P indicated the purpose of the P&amp;P was 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. Staff are trained on the infection control policies and procedures upon hire and periodically thereafter, including when and how to find and use pertinent procedures related to infection control.</p> <p>(continued on next page)</p>		

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  11/22/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. During a review of Resident 235's Admission Record, dated 11/21/2024, the Admission Record indicated the facility admitted Resident 235 on 11/4/2024 with diagnoses that included chronic obstructive pulmonary disease (COPD-a chronic lung disease causing difficulty in breathing), diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), and morbid obesity (a serious health condition that results from an abnormally high body mass).</p> <p>During a review of Resident 235's MDS, dated [DATE], the MDS indicated Resident 235 had the ability to understand others and the ability to be understood. The MDS further indicated the resident required substantial/maximal assistance with toileting and showering and required moderate/partial assistance with upper body dressing and mobility.</p> <p>During a review of Resident 235's Order Summary Report, dated 11/21/2024, the Order Summary Report indicated:</p> <p>-Oxygen at two to four liters per minute (LPM, a unit of measurement) via nasal cannula continuously, monitor and document oxygen saturation (O2 sat- a measurement of how much oxygen the blood is carrying as a percentage) every shift, may titrate (adjust) to keep oxygen saturation above 91 percent (% , a measurement), dated 11/4/2024.</p> <p>During a review of Resident 235's Care Plan regarding a COPD exacerbation (respiratory symptoms become worse) initiated 4/11/2024, the Care Plan indicated a goal that the resident would display optimal breathing patterns and would remain free from signs and symptoms of respiratory infection.</p> <p>During a concurrent observation and interview on 11/19/2024 at 9:45 a.m., with Certified Nursing Assistant 5 (CNA 5), observed Resident 235 lying in bed while being administered oxygen via a NC. CNA 5 entered Resident 235's room and stated the resident's NC was not labeled with the date. CNA 5 stated the NCs were usually labeled with the date, but this resident's NC was not dated and she was not sure why.</p> <p>During an interview on 11/19/2024 at 10:59 a.m., with the DON, the DON stated all NCs should be labeled with the date they were last changed to ensure NCs are appropriately changed once a week and as needed. The DON stated NCs are changed weekly for infection control to make sure bacteria does not travel up the NC tubing to the resident and possibly cause a respiratory infection.</p> <p>During a concurrent observation and interview on 10/20/2024 at 3:02 p.m., with CNA 6, CNA 6 entered Resident 235's room and stated the resident's NC was not labeled with the date and she did not know when it was last changed.</p> <p>During an interview and record review on 11/19/2024 at 11:13 a.m., with the Central Supply (CS), the CS stated he changes the resident's NCs weekly, and they should all be labeled with the date last changed. The CS stated if the NC is not dated then the staff would not know when it was last changed, and it may not get changed weekly at the appropriate time.</p> <p>During a follow up interview and record review on 11/21/24 at 1:45 pm with the DON, the DON reviewed the facility policy and procedure regarding oxygen administration. The DON stated the policy indicates to change NC's weekly and placing a sticker with the date on the NC is the process to ensure the NCs are changed weekly. The DON stated the facility policy and procedure was not followed when the resident's NC was not labeled with the date last change.</p> <p>(continued on next page)</p>		

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  11/22/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility P&amp;P titled, Oxygen Therapy, last reviewed 10/30/2024, the P&amp;P indicated all oxygen tubing and cannulas used to deliver oxygen will be changed weekly and when visibly soiled and will be stored in a plastic bag at the resident's bedside to protect the equipment from dust and dirt when not in use.</p> <p>During a review of the facility P&amp;P titled, Infection Prevention and Control Program, last reviewed 10/30/2024, the P&amp;P indicated the purpose of the P&amp;P was 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. Staff are trained on the infection control policies and procedures upon hire and periodically thereafter, including when and how to find and use pertinent procedures related to infection control.</p> <p>3. During a review of Resident 237's Admission Record, dated 11/21/2024, the Admission Record indicated the facility admitted Resident 237 on 11/15/2024 with diagnoses that included cerebral infarction (CVA- a stroke, loss of blood flow to a part of the brain), vascular dementia (a progressive state of decline in mental abilities) and pneumonia (an infection/inflammation in the lungs).</p> <p>During a review of Resident 237's Admit/Readmit Assessment form, dated 11/15/2024, the Admit/Readmit Assessment form indicated Resident 237 was alert to their name only and required supplemental oxygen.</p> <p>During a review of Resident 237's Order Summary Report, dated 11/21/2024, the Order Summary Report indicated:</p> <p>-Oxygen at two LPM via nasal cannula continuously, monitor and document oxygen saturation every shift, or may titrate to keep oxygen saturation above 91%, dated 11/15/2024.</p> <p>During a concurrent observation and interview on 11/19/2024 at 10:26 a.m., with Resident 237, observe Resident 237 lying in bed awake. Resident 237 stated she did not know if she needed oxygen. Observed Resident 237's NC connected to an oxygen concentrator (device used to provide supplemental oxygen) with the tubing resting on the floor. Observed the NC tubing was not labeled with a date.</p> <p>During a concurrent observation and interview on 11/19/2024 at 10:33 a.m., with CNA 3, CNA 3 entered Resident 237's room and stated he was caring for the resident who used continuous oxygen. CNA 3 stated the NC tubing was not labeled with the date and was on the floor. CNA 3 stated he would replace the used NC with a new NC. CNA 3 exited the room and returned with a new unlabeled NC, removed the old unlabeled NC, connected the new NC to the concentrator and placed it on the resident. CNA 3 exited the room. Observed CNA 3 did not label the new NC with the date.</p> <p>During a concurrent observation and interview on 11/19/2024 at 10:59 a.m., observed the DON at Resident 237's room. The DON stated all NCs should be labeled with the date they were last changed to ensure NCs are appropriately changed once a week and as needed. The DON stated Resident 237's NC was not labeled with a date and the DON did not know when it was last changed. The DON stated NCs are changed weekly for infection control to make sure bacteria does not travel up the NC tubing to the resident and possibly cause a respiratory infection.</p> <p>(continued on next page)</p>		

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  11/22/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview and record review on 11/19/2024 at 11:13 a.m., with the Central Supply (CS) staff, the CS stated he changes the resident's NCs weekly, and they should all be labeled with the date last changed. The CS stated if the NC is not dated then the staff would not know when it was last changed, and it may not get changed weekly at the appropriate time.</p> <p>During a follow-up interview and record review on 11/21/24 at 1:45 pm with the DON, the DON reviewed the facility P&amp;P regarding oxygen administration. The DON stated the P&amp;P indicates to change NC's weekly and placing a sticker with the date on the NC is the process to ensure the NCs are changed weekly. The DON stated the facility P&amp;P was not followed when the resident's NC was not labeled with the date last change.</p> <p>During a review of the facility P&amp;P titled, Oxygen Therapy, last reviewed 10/30/2024, the P&amp;P indicated all oxygen tubing and cannulas used to deliver oxygen will be changed weekly and when visibly soiled and will be stored in a plastic at the resident's bedside to protect the equipment from dust and dirt when not in use.</p> <p>During a review of the facility P&amp;P titled, Infection Prevention and Control Program, last reviewed 10/30/2024, the P&amp;P indicated the purpose of the P&amp;P was 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. Staff are trained on the infection control policies and procedures upon hire and periodically thereafter, including when and how to find and use pertinent procedures related to infection control.</p> <p>4. During a review of Resident 47's Admission Record, dated 11/21/2024, the Admission Record indicated the facility admitted Resident 47 on 7/20/2024 and most recently readmitted the resident on 9/16/2023 with diagnoses that included acute pyelonephritis (a urinary tract infection that occurs when bacteria travels from the bladder to the kidneys), dysphagia (difficulty eating), gastrostomy, and end stage renal disease (ESRD -irreversible kidney failure).</p> <p>During a review of Resident 47's MDS, dated [DATE], the MDS indicated Resident 47 had the ability to understand others and the ability to be understood. The MDS further indicated the resident was dependent on staff for toileting, bathing, dressing, and transferring from the bed/chair.</p> <p>During a review of Resident 47's Order Summary Report, dated 11/21/2024, the Order Summary Report indicated the following orders:</p> <p>-Enteral feed order: four times a day enteral feed of Novasource Renal (type of enteral feed solution) one can of 240 ml, dated 9/25/2024.</p> <p>-EBP due to nephrostomy (a tube that lets urine drain from the kidney through an opening in the skin), GT, and permacath (a flexible tube used for hemodialysis [(a treatment to cleanse the blood of wastes and extra fluids artificially through a machine when the kidney(s) have failed]) treatment, every shift, dated 9/25/2024.</p> <p>(continued on next page)</p>		

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  11/22/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 47's Care Plan regarding EBP, dated 10/25/2024, the Care Plan indicated goals that the resident would have no signs and symptoms of infection and the risk and complications of infection would be minimized. The CP indicated to teach staff about the importance of EBP including proper hand hygiene and wearing of personal protective equipment (PPE - specialized clothing used to protect from exposure to potentially infectious materials to avoid injury or disease) during high contact resident activities.</p> <p>During a medication administration observation on 11/21/2024 at 8:04 a.m. with LVN 3, at Medication Cart #2, LVN 3 stated she would provide medications and an enteral feed to Resident 47 via GT. Observed an EBP sign posted at the room entrance. LVN 3 stated she would get a disposable gown to use for the medication pass. Observed LVN 3 walk down the hallway and returned with a bag of disposable gowns that she placed in the medication cart. LVN 3 prepared Resident 47's medications and enteral feed, walked into the resident's room, donned gloves, assessed Resident 47's GT, then administered the medications and enteral feed to the resident via GT. Observed LVN 3 did not don a gown during the medication pass observation to Resident 47.</p> <p>During a follow-up interview on 11/21/2024 at 8:30 a.m., LVN 3 stated she brought disposable gowns to the medication cart because Resident 47 has a GT and is on EBP. LVN 3 stated EBPs provide extra protection for residents to prevent the resident's from getting exposed to bacteria that could lead to an infection. LVN 3 stated she forgot to put a gown on during the medication pass because she was nervous.</p> <p>During an interview on 11/21/2024 at 12:53 p.m., with the IP, the IP stated EBP are used for residents with open wounds, GTs, and any indwelling devices to help prevent infections. The IP stated residents with indwelling devices are easily infected with MDROs because they have openings in the body that may be an access for bacteria to infect. The IP stated disposable gowns and gloves are worn when staff provide high contact care for these residents, like administering medications and feedings via GT. The IP stated when LVN 3 did not follow the facility policy to wear a gown while accessing Resident 47's GT, it could have resulted in an infection at the site of the GT potentially leading to sepsis (a life-threatening blood infection) or death of the resident.</p> <p>During a review of the facility P&amp;P titled, Enhanced Barrier Precautions, last reviewed 10/30/2024, the P&amp;P indicated the facility will utilize current guidance from the Centers for Disease Control (CDC) and the Centers for Medicare and Medicaid Services (CMS) to determine the appropriate PPE to be utilized during care of residents to minimize the risk of infection or spread of infection. EBP refers to any infection control intervention designed to reduce transmission of MDRO that employ targeted gown and glove use during high contact resident care activities that are associated with a high risk of MDRO colonization or transmission. EBP are indicated for residents with indwelling devices even if the resident is not known to be infected or colonized with a MDRO. Indwelling medical devices examples include central lines, urinary catheters, and feeding tubes. For any resident for whom EBP is indicated, EBP is employed when performing the following high contact resident care activities: feeding tube care or use.</p> <p>(continued on next page)</p>		

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  11/22/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility P&amp;P titled, Infection Prevention and Control Program, last reviewed 10/30/2024, the P&amp;P indicated the purpose of the P&amp;P was 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. Staff are trained on the infection control policies and procedures upon hire and periodically thereafter, including when and how to find and use pertinent procedures related to infection control.</p> <p>44376</p> <p>5. During a review of Resident 44's Admission Record, the Admission Record indicated the facility admitted the resident on 8/20/2022, with diagnoses including hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body), hemiparesis (weakness or partial paralysis on one side of the body), and cerebral infarction.</p> <p>During a review of Resident 44's MDS, dated [DATE], the MDS indicated the resident had the ability to make self-understood and understand others. The MDS indicated the resident occasionally had urinary and bowel (feces) incontinence (the involuntary loss of bladder or bowel control).</p> <p>During a concurrent observation and interview on 11/19/2024, at 9:44 a.m., with CNA 2, observed Resident 44's urinal bottle hanging on a trash can at the right side of the bed without the name and room number of the resident. CNA 2 stated the urinal bottle should be labeled with the room number and the name of the resident to prevent switching urinal with other residents inside the room causing cross-contamination (the physical movement or transfer of harmful bacteria from one person, object, or place to another) and infection among residents.</p> <p>During an interview on 11/21/2024, at 10:29 a.m., with the Assistant Director of Nursing (ADON), the ADON stated the staff should place the name and room number of the resident on the urinal bottle to identify which resident it belongs to prevent infection due to accidental use of another resident's urinal bottle. The ADON stated the urinal is changed as needed.</p> <p>During a review of the facility's recent P&amp;P titled Infection Prevention and Control Program, last reviewed on 10/30/2024, the P&amp;P indicated 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.</p>