

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056039	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/20/2026
NAME OF PROVIDER OR SUPPLIER  Mirage Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  44445 15th St W 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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>Based on interview and record review, the facility failed to ensure the medical records for one of five sampled residents (Resident 1) were maintained in accordance with accepted professional standards and practice, complete, and accurately documented by failing to ensure accurate documentation of Fall Risk Assessment (a tool to identify residents at high risk of falling by evaluating factors such as medical conditions, vision, balance, mobility, medications) form. This deficient practice had the potential for inaccurate medical interventions for Resident 1. Findings: a. During a review of Resident 1's admission Record, the admission Record indicated the facility admitted Resident 1 on 7/14/2025 with diagnoses including paraplegia (loss of movement and/or sensation, to some degree, of the legs), osteoarthritis (a progressive disorder of the joints, caused by a gradual loss of cartilage) of hip, pressure ulcer of sacral region stage four (Full-thickness skin and tissue loss with exposed muscle, tendon, ligament, cartilage, or bone). During a review of Resident 1's History and Physical (H&amp;P - a comprehensive assessment of a resident's medical condition), dated 7/16/2025, the H&amp;P indicated Resident 1 had fluctuating capacity to understand and make decisions. During a review of Resident 1's Minimum Data Set (MDS-a resident assessment tool), dated 10/25/2025, the MDS indicated Resident 1 was dependent (helper does all the effort) on facility staff for toileting hygiene, personal hygiene, showers, upper and lower body dressing, and transferring from chair to bed. During a concurrent interview and record review on 1/19/2026 at 2:10 p.m. with the Director of Nursing (DON), Resident 1's Fall Risk Observation/Assessment form, dated 10/20/2025 and 11/24/2025 were reviewed. The Fall Risk Observation/Assessment forms indicated Resident 1 did not have neuromuscular (relating to nerves and muscles) or functional health conditions and risk factors for fall such as loss of arm or leg movement. The DON stated the Fall Risk Observation/Assessment form was one of the tools used to evaluate residents' risk for fall and provide necessary care and interventions. The DON stated the assessment form generates a score based on the answers to the questions listed on the form. The DON stated Resident 1's Fall Risk Observation/Assessment forms dated 10/20/2025 and 11/24/2025 were incomplete and did not indicate Resident 1's diagnoses of paraplegia. The DON stated incomplete Fall Risk Observation/Assessment form generated lower fall risk score which had the potential to affect Resident 1's plan of care. During a review of current facility-provided policy and procedure titled, Charting and Documentation, last reviewed on 11/6/2025, the policy and procedure indicated, All services provided to the resident, progress toward the care plan goals, or any changes in the resident's medical/physical, functional or psychosocial condition, shall be documented in the resident's medical record. The medical record should facilitate communication between the interdisciplinary team regarding the resident's condition and response to care.3. Documentation in the medical record will be objective., complete, and accurate.</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 056039
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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to have an on-going, effective pest control management program (a program that monitors, identifies, controls, and prevents pest infestations in the facility). This deficient practice had the potential to spread infections and illnesses among residents. Findings:a. During a review of Resident 2's admission Record, the admission Record indicated the facility admitted Resident 2 on 12/6/2022 with diagnoses including diabetes mellitus type two (DM II-a disorder characterized by difficulty in blood sugar control and poor wound healing), depression (mental health illness causing a persistent feeling of sadness, loss of interest, and can interfere with daily life), and chronic obstructive pulmonary disease (COPD-a chronic lung disease causing difficulty in breathing). During a review of Resident 2's History and Physical (H&amp;P - a comprehensive assessment of a resident's medical condition), dated 4/7/2025, the H&amp;P indicated Resident 2 had fluctuating capacity to understand and make decisions. During a review of Resident 2's Minimum Data Set (MDS-a resident assessment tool), dated 12/16/2025, the MDS indicated that Resident 2 had intact cognitive functioning (mental processes that enable people to think, understand, make decisions, and complete tasks). The MDS indicated that Resident 2 required maximal assistance (helper does more than half the effort) from the facility staff with toileting hygiene and showers. The MDS indicated Resident 2 was dependent (helper does all the effort) on chair to bed transfers. During an interview on 1/16/2026 at 1:41 p.m. with Resident 2, Resident 2 stated that approximately one month ago, she (Resident 2) saw a cockroach in the hallway in front of Room A (Resident 2's room). Resident 2 stated that approximately two or three months ago (Resident could not indicate exact date), she (Resident 2) saw cockroaches in Room A. Resident 2 stated that she (Resident 2) informed facility staff (Resident 2 could not indicate the exact facility staff) regarding cockroaches in her room and hallway. Resident 2 stated that facility staff killed the cockroaches by stepping on them and threw them in the trash. b. During a review of Resident 3's admission Record, the admission Record indicated the facility admitted Resident 3 on 4/15/2024 with diagnoses including asthma (a chronic lung disease where airways become inflamed, swollen and narrow, making it hard to breathe), anxiety disorder (feeling of anxiousness that affects daily life), and muscle weakness. During a review of Resident 3's H&amp;P, dated 5/28/2025, the H&amp;P indicated Resident 3 had fluctuating capacity to understand and make decisions. During a review of Resident 3's MDS, dated [DATE], the MDS indicated Resident 3 had intact cognitive functioning. Resident 3 required moderate assistance (helper does less than half the effort) from the facility staff with toileting hygiene, showers, transfers to toilet, and transfers from chair to bed. The MDS indicated Resident 3 was dependent (helper does all the effort) on chair to bed transfers.During an interview on 1/16/2026 at 1:50 p.m. with Resident 3, Resident 3 stated that approximately two to three weeks ago, she (Resident 3) saw cockroaches in Room B (Resident 3's room). Resident 3 stated she (Resident 3) was worried that the cockroaches would crawl on her bed. During a concurrent interview and record review on 1/16/2026 at 2:58 p.m. with the Maintenance Supervisor (MS), facility's Quality Assurance Report forms and Pesticide/Rodenticide Usage Log, dated 11/25/2024 to 12/29/2025 were reviewed. The Quality Assurance Report forms and Pesticide/Rodenticide Usage Log indicated the Pest Control Management Company (company hired by the facility to conduct inspection and treatment to prevent pest infestation in the facility) conducted inspections and treatment of the exterior of the facility. The MS stated the Pest Control Management Company conducted monthly inspection of the exterior of the facility. The MS stated that the Pest Control Management Company would be contacted to complete a localized inspection of the specific internal area of the facility if pest related issues were</p> <p>(continued on next page)</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>identified and reported by the facility staff or residents. During an interview on 1/16/2026 at 4:06 p.m. with the Pest Control Management Program Representative, the Representative stated that he was the representative who conducted monthly inspection of the facility as part of the Pest Control Management Program. The Representative stated that every month the facility's exterior was inspected for pest activity and treatment provided as necessary. The Representative stated that facility's interior was not included in the monthly inspection of the facility. During a concurrent interview and facility policy review on 1/16/2026 at 4:18 p.m. with the MS, facility-provided policy and procedure (P&amp;P) titled, Pest Control, last revised on 11/6/2025, were reviewed. The P&amp;P indicated, Our facility will maintain an effective pest control program. 1. This facility maintains an on-going pest control program to ensure that the building is kept free of insects and rodents. The MS stated that there was no documented record to indicate that the facility's interior was routinely inspected as part of the pest control management program. The MS stated the failure to have an on-going, effective pest control program had the potential for pest infestation in the facility that could lead to infection and illness among residents.</p>		