

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 02/02/2026
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)
F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>Based on observation, interview, and record review, the facility failed to ensure two of seven emergency exit doors (Exit Door 1 and Exit Door 2) were free from any obstructions. This deficient practice had the potential to prevent prompt evacuation of residents and staff due to obstruction of egress (designated emergency exit door) access in the event of an emergency. Findings: During an observation on 2/2/2026 at 9:46 a.m., observed Exit Door 2 (the emergency exit door located at Station 5's hallway between the dayroom and the Director of Staff Development (DSD) classroom) was blocked by a signage board that indicated emergency exit only. There were no facility staff at the Station 5 hallways. During a concurrent observation and interview on 2/2/2026 at 9:51 a.m. with Licensed Vocational Nurse (LVN) 1, observed Exit Door 1 (the emergency exit door located at Station 2's hallway between resident room A and resident room B) was blocked by a wheelchair and a floor cleaner machine. LVN 1 stated the hallway leading to the emergency exit door should be clear from any equipment. During a concurrent observation and interview on 2/2/2026 at 10 a.m. with the Operations Assistant (OA), observed Exit Door 1 was blocked by a floor cleaner machine. The OA stated the equipment should be kept on one side of the hallway to allow full access to the emergency exit doors. During an interview on 2/2/2026 at 2:36 p.m. and concurrent record review of the facility-provided facility map, reviewed with the Director of Nursing (DON), the DON stated the blocked emergency exit doors (Exit Door 1 and Exit Door 2) had the potential to delay the emergency response and pose a danger to staff and residents. The DON stated emergency exit doors should be clear and open to the outside of the facility for the safety of staff and residents during an emergency. The DON stated the facility failed to ensure the emergency exits were clear from any obstruction to ensure resident safety in case of an emergency. During a review of the facility's policy and procedure (PnP) titled, Exits or Means of Egress, last reviewed on 1/27/2026, the PnP indicated this facility has emergency exits for rapid evacuation. The PnP indicated all personnel shall keep exits clear at all times. Exit doors are never blocked, even briefly.</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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