

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

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 06/02/2026
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 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 1) had a safe discharge that included sending the resident to a location that met the resident's needs. This deficient practice resulted in Resident 1 being admitted to General Acute Care Hospital (GACH) 1 on 6/1/2026. Findings: During a review of Resident 1's admission Record (AR), the AR indicated the facility admitted the Resident 1 on 4/18/2026 and readmitted the resident on 4/27/2026 with diagnoses including cerebral infarction (when a blood vessel carrying oxygen and nutrients to the brain becomes blocked, cutting off blood flow. Without that blood supply, the brain tissue in that area gets damaged and dies), dysphagia (difficulty swallowing), gastrostomy (g-tube a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems), hemiplegia (paralysis of one entire side of the body) affecting the left nondominant side and essential (primary) hypertension (HTN-high blood pressure). The AR indicated Resident 1 was discharged on 5/28/2026 at 7:38 p.m. During a review of Resident 1's Order Summary Report (ORS), dated 4/18/2026, the ORS indicated:-enteral feed order every 4 hours for g-tube feeding administer novasource bolus 237 milliliters (ml- a unit of measurement) bolus. -diet was no food by mouth (NPO) every shift. During a review of Resident 1's ORS, dated 4/20/2026, the ORS indicated Resident 1's diet was NPO. During a review of Resident 1's Elopement and Wandering Risk Observation assessment dated [DATE], the Elopement and Wandering Risk Observation Assessment indicated Resident 1 had a score of 12 (a score of 10 or greater, the resident would be considered at risk for wandering or elopement). During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 5/3/2026, the MDS indicated Resident 1 usually understands and was usually understood. The MDS indicated Resident 1 was dependent (helper does all of the effort) with lower body dressing and putting on and taking off footwear and required substantial assistance (helper does more than half the effort) with oral hygiene, toileting, showering, upper body dressing and personal hygiene. During a review of Resident 1's ORS, dated 5/4/2026, the ORS indicated enteral feed order five times a day for g-tube feeding administer Glucerna 1.5 237 ml bolus to provide 1185 ml/ 2370 kilocalorie (kcal- the scientific unit used to measure the energy stored in food and the energy your body burns). During a review of Resident 1's ORS dated 5/6/2026 the ORS indicated Consistent Carbohydrate Diet (CCHO- a medical meal plan designed primarily for people with diabetes), no added salt pureed texture, moderately thick consistency. During a review of Resident 1's Change of Condition (COC), dated 5/24/2026 at 6:36 p.m., the COC indicated at 5:48 p.m. Resident 1 pulled out his g-tube called Omni wound and they said they will send the provider to replace g-tube. Omni said the provider is not available today cancelled omni wound and called ambulance to transfer resident to GACH. During a review of Resident 1's ORS, dated 5/24/2026, the ORS indicated:- may replace g-tube one time only.-Transfer resident to GACH 2 related to replacement of g-tube with 7-day bed hold. During a review of Resident 1's ORS, dated 5/25/2026, the ORS indicated abdominal x-ray contrast to confirm g-tube placement one time only one day hold feeding and medications until confirmed. During a review of Resident 1's Progress notes titled, Medical Practitioner Narrative (continued on next page)		

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
		If continuation sheet Page 1 of 3

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F 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Notes, date 5/25/2026 at 7:20 a.m., the Progress note indicated Resident 1 was sent to emergency room (ER) on 5/24/2026 for g-tube placement after dislodgement. Resident 1 has been NPO until x-ray confirms placement, continues to have 1 to 1 sitter for aggressive behavior and pulling on g-tube. The progress notes further indicated Resident 1 was cognitively impaired and required monitoring for safety and function. During a review of Resident 1's Progress notes titled, IDT Note, dated 5/26/2026 at 8:47 a.m. the Progress notes indicated per family have requested to discharge Resident 1 to a private home. Resident 1 will be transitioned and receive 24 hour 7 days a week care assistance. During a review of Resident 1's Progress notes titled, 72-hour Charting, dated 5/27/2026 at 4:40 a.m. the Progress note indicated Resident 1 was on monitoring for pulling of the g-tube, on 1 to 1 sitter. During a review of Resident 1's Progress notes titled, Social Services Notes, dated 5/27/2026 at 3:04 p.m. the Progress notes indicated SSA 1 spoke with Resident 1's family in regard to family's previous inquires to discharge resident to a lower-level care (LLC). SSA 1 notified family that Resident 1 had been evaluated and visited by LLC home and family voiced that they agree with discharge on [DATE]. During a review of Resident 1's ORS, dated 5/28/2026, the ORS indicated Resident 1 to discharge. During a review of Resident 1's Discharge Summary and Post-Care Instructions, dated 5/28/2026 at 8:09 a.m., the Discharge Summary and Post Care Instructions indicated Resident 1 to be discharge on [DATE] at 4 p.m. to LLC home with home health services including Durable Medical Equipment (DME-refers to reusable, medically necessary equipment prescribed by a doctor for long-term, in-home use). During a review of Resident 1's Progress notes titled, Social Services Notes, dated 6/1/2026 at 12:29 p.m., the Progress notes indicated Social Services Assistant (SSA) 1 received a call from GACH 1 staff asking if Resident 1 still resides at the facility. SSA 1 informed that Resident 1 had been discharged as of 5/28/2026. GACH 1 staff voiced that LLC home had dropped off the resident at GACH 1 and left Resident 1 by himself. GACH 1 staff voiced concerns and awareness of this private home. During an interview on 6/2/2026 at 2:14 p.m. with Family Member (FM) 1, FM 1 stated she is the power of attorney (POA) for Resident 1. FM 1 stated on 5/6/2026 she was notified by the Director of Business Development (DBD) would be discharged because his (Resident 1) insurance was not reinstated, and Resident 1 would be moved to a boarding care. FM 1 stated she (FM 1) agreed to Resident 1 being in the board and care with the agreement that Resident 1 would receive the care he (Resident 1) needs and that they were properly equipped to handle Resident 1 but clearly the board and care was not because they dumped Resident 1 at GACH 1. During an interview on 6/2/2026 at 3:07 p.m. with the DBD, the DBD stated that yesterday (6/1/2026) he (DBD) was called by a GACH 1 staff that Resident 1 was sent to GACH 1. The DBD stated staff stated Resident 1's discharge was unsafe. The DBD stated when speaking to Administrator (Adm) 2 from the boarding care he was under the impression that Resident 1 would be going to Adm2's licensed boarding care but he (DBP) did not verify the address. The DBD stated Adm2 admitted Resident 1 to her (Adm2)'s leased unlicensed boarding care. The DBD stated he was not sure, but he thinks the Social Service department was the one that has to ensure the residents are going to a licensed boarding care. During an interview on 6/2/2026 at 3:57 p.m. with SSA 1, SSA 1 stated assessment on Resident 1 he (Resident 1) was not alert and oriented, had a score of severe cognition impairment, walked on his own but was a wanderer and required constant observation. SSA1 stated she (SSA1) assisted with Resident 1's discharge because family wanted Resident 1 to go to a lower level of care. SSA1 stated on 5/27/2026 Adm2 came in and evaluated Resident 1 and Adm2 stated was willing to take Resident 1 stating Resident 1 was appropriate for her (Adm2) licensed boarding care. SSA 1 stated Adm2 was aware of Resident 1's diagnoses including that Resident 1 had a g-tube and was still agreeable with accepting Resident 1. SSA 1 stated she (SSA1) then called FM 1 on 5/27/2026 and FM1 was already aware of Resident 1 going to Adm2's boarding care because Adm2 already called her (FM1). SSA 1 stated social services is the one who manages and ensures that the boarding care is licensed. SSA1 stated for this case she took Adm2's word of mouth. SSA1 stated Adm2 said Resident 1 would be going to a boarding care that was licensed. SSA1 (continued on next page)		

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F 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	stated she did not ensure it was a boarding care. SSA1 stated she should have checked the boarding care's license prior to Resident 1's discharge and that was not done. During an interview on 6/2/2026 at 4:18 p.m. with the Adm2, the Adm2 stated her boarding care is full only has six beds and there is no room, it is licensed. The Adm2 stated she (Adm2) did go to the facility and evaluate Resident 1 but informed the facility she (Adm2) did not have any room for Resident 1 but that there were other homes that take low-income residents, but Resident 1 would need a caregiver. Adm2 stated she did not accept Resident 1 to her boarding care, and she (Adm2) is not leasing the LLC home Resident 1 went to. Adm2 stated she has no affiliation with this home. Adm2 stated she did come to the facility and Resident 1 was asleep but referred the facility to the LLC home Resident 1 went to. Adm2 stated she was aware Resident 1 had a g-tube and Resident 1 was low-income that is why I (Adm2) referred the facility to the LLC home, Adm2 stated she only offered guidance. During an interview on 6/2/2026 at 4:44 p.m. with the Director of Nursing (DON), the DON stated the Social Services are the ones that ensure residents are being sent to a licensed boarding care facility prior to discharge. The DON stated SSA1 did not do their due diligence to ensure a safe discharge. During a review of the facility's policy and procedures (P&P) titled, Transfer or Discharge, last reviewed on 4/27/2026, the P&P indicated, Transfers and discharges must meet specific criteria. During a review of the facility's P&P titled, Discharge Planning, last reviewed on 4/27/2026, the P&P indicated, The final discharge plan of care shows what arrangements have been made for the resident regarding: where the resident will live after leaving the facility; follow-up care the resident will receive from other providers, and that provider's contact information; needed medical and non-medical services (including medical equipment); .community care and support services, if needed; and When and how to contact care provider.		