

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 06/13/2026
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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide a comfortable and safe temperature level for three of three sampled residents (Residents 1, 2, and 3) by failing to ensure the facility temperature was between 71 degrees Fahrenheit (F, unit of measurement for temperature) to 81 F. This failure had the potential to cause serious medical problems and altered comfort level. Findings: During a review of Resident 1's admission Record, the admission Record indicated the facility admitted Resident 1 on 6/10/2026, with diagnoses that included urinary tract infection (UTI - an infection in the bladder/urinary tract), unspecified (unconfirmed) multiple sclerosis (MS - a chronic, progressive disease involving damage to the nerve cells in the brain and spinal cord) and Guillain Barre Syndrome (GBS - a rare condition that causes sudden numbness and muscle weakness that can affect most of your body). During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 6/16/2026, the MDS indicated Resident 1's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions were moderately impaired. During an interview on 6/12/2026 at 4:54 p.m. with Resident 1, Resident 1 stated she (Resident 1) was in room A, and the room was so hot. Resident 1 stated there were two other residents (Resident 2 and Resident 3) in room A. During a review of Resident 2's admission Record, the admission Record indicated the facility admitted Resident 2 on 4/1/2026, with diagnoses that included unspecified respiratory failure (a serious condition that makes it difficult to breathe on your own), unspecified hypothyroidism (a condition where the thyroid gland does not produce enough thyroid hormones to meet the body's needs) and diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing). During a review of Resident 2's History and Physical (H&P-a medical examination that involves a doctor taking a patient's medical history, performing a physical exam, and documenting their findings), dated 4/3/2026, the H&P indicated Resident 2 did not have the capacity to understand and make decisions. During a review of Resident 2's MDS, dated [DATE], the MDS indicated Resident 2's cognitive skills for daily decisions were intact. During a concurrent observation and interview on 6/13/2026 at 1:15 p.m. with Resident 2, inside Resident 2's room, observed a window fan noted on top of a chair to the right side of Resident 2's bed and a table fan on the left side. Resident 2 had an exposed shoulder and a white blanket covering her (Resident 2) chest area and lower legs. Resident 2 stated the room is very hot and is the reason why she (Resident 2) does not want any clothes on. Resident 2 stated it gets uncomfortable and she (Resident 2) sweats a lot when the room is hot. During a review of Resident 3's admission Record, the admission Record indicated the facility admitted Resident 3 on 4/7/2026, with diagnoses that included unspecified fracture (break in the bone) of upper end of left humerus (upper arm bone), DM and UTI. During a review of Resident 3's H&P, dated 4/8/2026, the H&P indicated Resident 3 had the capacity to understand and make decisions. During a review of Resident 3's MDS, dated [DATE], the MDS indicated Resident 3's cognitive skills for daily decisions were intact. During a concurrent observation and interview on 6/13/2026 at 1:17 p.m. with Resident 3, inside Resident 3's room, observed a table fan on the right side of the bed clipped to the rolling table. Resident 3 stated the (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
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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	room is too hot and it has been reported, but nothing had been done. Resident 3 stated it gets uncomfortable if the room is hot.During a concurrent observation and interview on 6/13/2026 at 1:42 p.m. with Maintenance Staff (MS) 1, MS 1 used a thermometer scanner (a device that measures temperature using thermal radiation rather than physical contact by simply pointing the device and it instantly calculates the temperature within seconds) to check Resident 2 and Resident 3's room and the scanner showed 77 F. MS 1 stated the room was set between 72 F to 75 F. MS 1 stated the thermostat box that controls Room A was in room B. MS 1 asked Resident 2 and Resident 3 if the room was hot and both residents answered yes.During an observation on 6/13/2026, at 1:44 p.m., MS 1 went to check Room B's temperature, and the scanner read 79 F. MS 1 opened the thermostat box unit and the temperature was 83 F and temperature was set to 79 F. Observed MS 1 lower the temperature setting to 75 F.During an interview on 6/13/2026 at 1:47 p.m. with Registered Nurse (RN) 2, RN 2 stated if the room is hot, residents can sweat, get uncomfortable and can dehydrate (refers to either the body losing vital fluids like when sweating).During an observation on 6/13/2026 at 2:02 p.m. with MS 1, MS 1 checked all rooms in Station A and had temperature readings as follows:Room A - 82 [NAME] B - 78 [NAME] C - 80 [NAME] D - 82 [NAME] E - 82 [NAME] F- 78 [NAME] G -78.2 [NAME] H -80 [NAME] I - 77 FDuring an interview on 6/13/2026 at 2:32 p.m. with the Director of Nursing (DON), the DON stated the room temperatures should be between 71 F to 74 F unless there is a resident request. The DON stated if rooms are hot, residents can be uncomfortable.During a review of facility's policy and procedure (P&P) titled, Homelike Environment, dated 4/27/2026, the P&P indicated, Residents are provided with a safe, clean, comfortable and homelike environment and encouraged to use their personal belongings to the extent possible.2. The facility staff and management maximizes, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include: .h. comfortable and safe temperatures;		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to implement its infection control measures for one of three sampled residents (Resident 1) by failing to:1. Ensure Certified Nursing Assistant (CNA) 1, CNA 2 and CNA 3 wear a gown when providing incontinent (the loss of control over the bladder or bowels) care to Resident 1, who was on enhanced barrier precaution (EBP - an infection control intervention designed to reduce transmission of multidrug-resistant organisms [MDRO- a germ that is resistant to many antibiotics] in nursing homes).2. Ensure EBP signage was posted outside of Resident 1's room. These failures had the potential to spread and expose other residents, staff, and visitors to infection. Findings: During a review of Resident 1's admission Record, the admission Record indicated the facility admitted Resident 1 on 6/10/2026, with diagnoses that included urinary tract infection (UTI- an infection in the bladder/urinary tract), unspecified (unconfirmed) multiple sclerosis (MS- a chronic, progressive disease involving damage to the nerve cells in the brain and spinal cord) and Guillain Barre Syndrome (GBS- a rare condition that causes sudden numbness and muscle weakness that can affect most of your body). During a review of Resident 1's Minimum Data Set (MDS- a resident assessment tool), dated 6/16/2026, the MDS indicated Resident 1's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions were moderately impaired. During a review of Resident 1's Physician Order, dated 6/11/2026, the Physician Order indicated the following orders: 1. Indwelling catheter (a hollow tube inserted into the bladder to drain or collect urine) for neuromuscular dysfunction of bladder (a person does not have bladder control because of brain, spinal cord, or nerve problems). 2. EBP during high contact resident care activities (direct physical interaction with a resident for personal hygiene, medical needs, or mobility) secondary to indwelling urinary catheter every shift. During a review of Resident 1's Care Plan on EBP, dated 6/11/2026, the Care Plan indicated an intervention to utilize personal protective equipment (PPE - clothing and equipment that is worn or used to provide protection against hazardous substances and/or environments) like gown, gloves, face-shield as indicated during high-contact resident care activities (dressing, bathing/showering, transferring, hygiene, linen changes, brief changes, toileting assistance, device care, wound care). During an observation on 6/13/2026 at 3:33 p.m., inside Resident 1's room, observed Resident 1 in bed, indwelling catheter hanging on the left side of the bed, secured to Resident 1's left thigh. During an observation on 6/13/2026 at 3:36 p.m., at Resident 1's bedside, observed three CNAs (CNAs 1, 2 and 3) with no gown provide incontinent care and change Resident 1's incontinent brief. During a concurrent observation and interview on 6/13/2026 at 3:44 p.m. with Licensed Vocational Nurse (LVN) 1, inside Resident 1's room, LVN 1 confirmed and stated there was no signage posted on the door of what kind of isolation or precaution should be observed for Resident 1. LVN 1 stated Resident 1 had an indwelling catheter and three CNAs without a gown were inside Resident 1's room, changing Resident 1's incontinent brief. LVN 1 stated the three CNAs should wear a gown when changing Resident 1's incontinent brief. During an interview on 6/13/2026 at 3:46 p.m. with Registered Nurse (RN) 1, RN 1 stated staff should wear a gown when providing incontinent care for a resident who has an indwelling catheter. RN 1 stated there should be an EBP signage posted on the door to remind staff of what PPE to use. During an interview on 6/13/2026 at 3:50 p.m. with the Director of Nursing (DON), the DON stated residents with indwelling catheters should be on EBP. The DON stated staff who provide incontinent care and or indwelling catheter care should wear a gown for infection control. During a review of facility's policy and procedure (P&P) titled, Enhanced Barrier Precaution, dated 1/2026, and last reviewed on 4/27/2026, the P&P indicated, Enhanced barrier precautions (EBPs) are utilized to prevent the spread of multi-drug-resistant organisms (MDROs) to residents. 1. Enhanced barrier precautions (EBPs) refer to infection prevention and control interventions designed to reduce the transmission of multi-drug-resistant organisms (MDROs) during high contact resident care activities. 2. Enhanced barrier precautions apply when: .b. A resident is NOT known to be infected (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	or colonized with any MDRO, has a wound or indwelling medical devices, and does not have secretions or excretions that are unable to be covered or contained; .5. Indwelling medical devices include. urinary catheters.7. EBPs employ targeted gown and glove use in addition to standard precautions during high contact resident care activities when contact precautions do not otherwise apply.a. Gloves and gown are applied prior to performing the high contact resident care activity (as opposed to before entering the room).8. Example of high-contact resident care activities requiring the use of gown and gloves for EBPs include: .c. providing hygiene or grooming;d. changing briefs or assisting with toileting; .g. changing linens; .i. device care or use (central line, urinary catheter, feeding tube, tracheostomy/ventilator).17. Signs are posted on the door or wall outside the residents' rooms which communicate the type of precautions and PPE required.		