

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 06/17/2026
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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on interview and record review, the facility failed to promptly notify Family Member (FM) 1, the resident's responsible party and legally recognized decisionmaker, regarding the change in condition (COC) on 6/4/2026 of one of three sampled residents (Resident 1), before Resident 1 was transferred to General Acute Care Hospital (GACH) 1. Resident 1 had a Do Not Resuscitate (DNR - a medical instruction that tell the healthcare team what kind of care a person wants or did not want at the end of the person's life) status. This deficient practice violated Resident 1's right designating FM 1 as the legally recognized decisionmaker and had the potential to increase FM 1's anxiety (an intense, persistent, and often overwhelming feeling of worry, dread, or unease). Findings: During a review of Resident 1's undated admission Record, the admission Record indicated the facility admitted the resident on 5/16/2023 with diagnoses including type 2 diabetes mellitus (a disease that occurs when the blood sugar level is too high), mild protein-calorie malnutrition (a serious condition that occurs when a body does not get enough protein and calories for energy to function properly), and age-related osteoporosis (a condition where bones become brittle, weak, and highly porous as a person gets older). The admission Record indicated FM 1 was Resident 1's responsible party and substitute decision maker. During a review of Resident 1's Physician orders for Life-Sustaining Treatment (POLST - a type of advance directive that helps communicate a person's wishes for medical treatment), dated 3/17/2026, the POLST indicated Resident 1 was a DNR. The POLST indicated FM 1 signed as Resident 1's legally recognized decisionmaker. During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 5/24/2026, the MDS indicated Resident 1's cognitive skills (conscious mental activities including thinking, reasoning, understanding, learning, and remembering) for daily decision making were severely impaired. The Health Condition Prognosis section indicated Resident 1 had a condition or chronic disease that may result in a life expectancy of less than six months. During a review of Resident 1's Change in Condition (COC) Evaluation, dated 6/4/2026, the COC Evaluation indicated Resident 1 had a COC for weakness, required more assistance during mealtime, and poor food intake with periods of refusing to eat. The COC Evaluation indicated on 6/4/2026 at 6 p.m., attending physician and FM 1 were notified. The COC did not indicate if the facility staff spoke to FM 1 or left a voicemail message. During a review of Resident 1's Progress Notes, dated 6/4/2026, the Progress Notes indicated on 6/4/2026 at 10:25 p.m., Registered Nurse (RN) 1 documented that Resident 1 left for GACH 1. The Progress Notes indicated a voicemail message was left for FM 1 and was waiting for FM 1 to call back. During a telephone interview on 6/17/2026 at 3:41 p.m. with RN 1, RN 1 stated the charge nurse (unable to remember the name of the charge nurse) informed her to create a COC for Resident 1 addressing the resident's weakness and poor food intake. RN 1 stated on 6/4/2026 at 7 p.m., the Social Service Director (SSD) called to inform her that he spoke to FM 1 and agreed to the transfer of Resident 1 to GACH 1. RN 1 stated she did not speak and confirmed with FM 1. During an interview on 6/17/2026 at 3:51 p.m. with the Social Services Director (SSD), the SSD stated he was on vacation and came back to work on 6/5/2026. The SSD stated on 6/5/2026, Social Services Assistant (SSA) 1 informed him that FM 1 was upset for taking Resident 1 to GACH 1 without their approval. The SSD stated he did not speak with FM 1 (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: 056039	Facility ID: 056039 If continuation sheet Page 1 of 4

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 06/17/2026
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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	before 6/5/2026. During a concurrent interview and record review on 6/17/2026 at 12:05 p.m. with the Assistant Director of Nursing (ADON), Resident 1's POLST, dated 3/17/2026, and Resident 1's Progress Notes, dated 6/4/2026, were reviewed. The ADON stated Resident 1's POLST indicated Resident 1's code status was DNR. ADON stated the hospice agency staff and Resident 1's family should agree with the resident's transfer to GACH 1 before the resident was transferred. The ADON stated Resident 1 had a COC on 6/4/2026 and the resident's Progress Notes indicated the facility staff were waiting for FM 1 to return the call after Resident 1 was already transferred to GACH 1. The ADON stated there was no documented evidence that FM 1 responded and agreed to Resident 1's transfer to GACH 1. The ADON stated the process on implementing Resident 1's DNR order was not followed. The ADON acknowledged and stated the facility failed to ensure FM 1 was notified and agreed with the plan of care regarding Resident 1's transfer to GACH 1. During a concurrent interview and record review on 6/17/2026 at 2:20 p.m. with the Director of Nursing (DON), Resident 1's Progress Notes, dated 6/4/2026, and the facility's policy and procedures (PnP) titled, Resident Rights, were reviewed. The DON stated the facility's Quality Assurance Committee last reviewed the PnP on 4/27/2026. The DON stated Resident 1's Progress Notes did not indicate documented evidence that FM 1 agreed to Resident 1's transfer to GACH 1. The DON stated the PnP on Resident Rights indicated Federal and State laws guarantee certain basic rights to all residents. these rights include the resident's right to. appoint a legal representative of his or her choice. be informed of and participate in his or her care planning and treatment. The DON acknowledged and stated the facility failed to ensure resident rights was honored by ensuring FM 1 was notified and agreed with the plan of care regarding Resident 1's transfer to GACH 1.		

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 06/17/2026
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 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services. Based on interview and record review, the facility failed to ensure necessary care was provided for one of three sampled residents (Resident 1), who was receiving Hospice services (a program designed to provide a caring environment for meeting the physical and emotional needs of the terminally ill) by failing to: Ensure Resident 1's Family Member (FM) 1 was informed and agreed with Resident 1's transfer to General Acute Care Hospital (GACH) 1. Ensure Resident 1's Hospice agency (HA) 1 was informed and agreed with Resident 1's transfer to GACH 1. These deficient practices resulted in failure to comply and coordinate with Resident 1's family and Hospice services. Findings: During a review of Resident 1's undated admission Record, the admission Record indicated the facility admitted the resident on 5/16/2023 with diagnoses including type 2 diabetes mellitus (a disease that occurs when the blood sugar level is too high), mild protein-calorie malnutrition (a serious condition that occurs when a body does not get enough protein and calories for energy to function properly), and age-related osteoporosis (a condition where bones become brittle, weak, and highly porous as a person gets older). The admission Record indicated FM 1 was Resident 1's responsible party and substitute decision maker. During a review of Resident 1's Certification of Terminal Illness, dated 5/13/2026, the Certification of Terminal Illness indicated the resident was terminally ill with a life expectancy of six months or less if the terminal illness runs its normal course. The Certification of Terminal Illness indicated the effective date of certification was 5/13/2026 to 8/10/2026. During a review of Resident 1's Hospice Election Statement, dated 5/13/2026, The Hospice Election Statement indicated the resident started receiving hospice services on 5/13/2026. During a review of Resident 1'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 5/14/2026, the H&P indicated the resident did not have the capacity to understand and make decisions. The H&P indicated FM 1 was Resident 1's surrogate decisionmaker. During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 5/24/2026, the MDS indicated Resident 1's cognitive skills (conscious mental activities including thinking, reasoning, understanding, learning, and remembering) for daily decision making was severely impaired. The Health Condition Prognosis section indicated Resident 1 had a condition or chronic disease that may result in a life expectancy of less than six months. During a review of Resident 1's Change in Condition (COC) Evaluation, dated 6/4/2026, the COC Evaluation indicated Resident 1 had a COC for weakness, required more assistance during mealtime, and poor food intake with periods of refusing to eat. The COC Evaluation indicated on 6/4/2026 at 6 p.m., attending physician and FM 1 were notified. During a review of Resident 1's Progress Notes, dated 6/4/2026, the Progress Notes indicated on 6/4/2026 at 10:25 p.m., Registered Nurse (RN) 1 documented that Resident 1 left for GACH 1. The Progress Notes indicated a phone message was left for FM 1 and was waiting for FM 1 to call back. During a telephone interview on 6/17/2026 at 3:41 p.m. with RN 1, RN 1 stated the charge nurse (unable to remember the name of the charge nurse) informed her to create a COC for Resident 1 addressing the resident's weakness and poor food intake. RN 1 stated on 6/4/2026 at 7 p.m., the Social Service Director (SSD) called to inform her that he spoke to FM 1 and agreed to the transfer of Resident 1 to GACH 1. RN 1 stated she was informed (unable to state the name of the person who provided the information) Resident 1's transfer to GACH 1 was due to the hospice agencies scandal in California. RN 1 stated she did not speak with FM 1, hospice attending physician, and with HA 1. During an interview on 6/17/2026 at 3:51 p.m. with the Social Services Director (SSD), the SSD stated he was on vacation and came back to work on 6/5/2026. The SSD stated on 6/5/2026, Social Services Assistant (SSA) 1 informed him that FM 1 was upset for taking Resident 1 to GACH 1 without their approval. The SSD stated he spoke with the Director of Nursing (DON) and was informed that Resident 1 was transferred to GACH 1 on 6/4/2026 due to hospice agency issues. The SSD (continued on next page)		

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 06/17/2026
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 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	stated he spoke to FM 1 on 6/5/2026. The SSD stated Resident 1 was automatically disenrolled from hospice services due to the resident transfer to GACH 1. During a concurrent interview and record review on 6/17/2026 at 12:05 p.m. with Assistant Director of Nursing (ADON), Resident 1's Physician Orders, dated 5/13/2026, and Resident 1's Progress Notes, dated 6/4/2026, were reviewed. ADON stated Resident 1's Physician Order, dated 5/13/2026 at 8:14 p.m. indicated Resident 1 was admitted to HA 1 services. Resident 1's Physician Order, dated 5/13/2026 at 8:18 p.m. indicated to contact Resident 1's HA 1 for any COC and any change in medication or refill needs. ADON stated Resident 1's Physician Order, dated 5/13/2026 at 8:24 p.m. indicated not to transfer the resident to GACH without prior authorization from HA 1. ADON stated there was no documented evidence in Resident 1's Progress Notes that HA 1 was notified of the resident's COC. ADON stated there was no documented evidence that FM 1 responded and agreed to Resident 1's transfer to GACH 1. During a concurrent interview and record review on 6/17/2026 at 2:20 p.m. with the Director of Nursing (DON), Hospice and Nursing Facility Services Agreement, dated 5/13/2026 was reviewed. The DON stated Resident 1 had a COC on 6/4/2026 while under HA 1's care. The DON could not provide documented evidence that HA 1 was notified of Resident 1's COC and transfer to GACH 1. The DON could not provide documented evidence that FM 1 agreed with Resident 1's transfer to GACH 1 which was one hour away from the facility. The DON stated on 6/5/2026 at 4:05 a.m., 5 hours and 40 minutes after Resident 1 left the facility to GACH 1, the resident was readmitted to the facility and was automatically disenrolled from HA 1 services. The DON stated the Hospice and Nursing Facility Services Agreement indicated the nursing facility will: a notify Hospice when a significant change in a patient's physical, mental, social, or emotional status occurs; clinical complications appear that suggest a need to alter the plan of care; a need to transfer a patient from the Skilled Nursing Facility (SNF). arises, so that the Hospice may make arrangements for, and remain responsible for any necessary continuous care or inpatient care necessary related to the terminal illness and related conditions. The DON acknowledged and stated the facility failed to ensure HA 1 and FM 1 were notified, per physician orders and hospice services contract, before Resident 1 was transferred to GACH 1. During a review of the facility's policy and procedures (PnP) titled, Hospice Program, last reviewed on 4/27/2026, the PnP indicated when a resident participates in the hospice program, a coordinated plan of care between the facility, hospice agency and resident/family will be developed and shall include directives for managing pain and other uncomfortable symptoms. The care plan be revised and updated as necessary to reflect the resident's current status. The PnP indicated all hospice services are provided under contractual arrangement. Complete details outlining the responsibilities of the facility and the hospice agency are contained in this agreement.		