STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to inform and provide written information to adult residents concerning the right to accept and refuse medical and surgical treatment and the residents' option to formulate an advance directive (a legal document including resident preference on end-of-life treatment decisions) for four of six sampled residents (Residents 14, 10, 17, and 150) when the Social Services Director (SSD) failed to provide written information to residents regarding advance directive formulation. These deficient practices violated the residents' rights to be fully informed of the option to formulate their advanced directives, placing the residents at risk of receiving unwanted or inappropriate treatment. Findings: 1. During a review of Resident 14's admission Record (AR), the AR indicated the facility admitted Resident 14 on 2/12/2026 and readmitted on [DATE] with diagnoses including hemiplegia (paralysis of one side of the body) and hemiparesis (one-sided muscle weakness) following cerebral infarction (a stroke, where a blood clot blocks an artery in the brain, cutting off oxygen-rich blood to brain tissue) affecting right dominant side, dysphagia following cerebral infarction (difficulty swallowing after a stroke); essential (primary) hypertension (high blood pressure with no known specific cause). During a review of Resident 14's History and Physical (H&P), dated 3/5/2026, the H&P indicated Resident 14 did not have the capacity to understand and make decisions. During a review of Resident 14's Minimum Data Set (MDS, a resident assessment tool), dated 2/18/2026, the MDS indicated the resident had the ability to make self-understood and understand others. The MDS further indicated that Resident cognitive skills for daily decision making (can usually think clearly and make their own everyday decisions) was modified independence with some difficulty in new situations only. The MDS indicated that Resident 14 needed dependent to partial assistanceˆon mobility and activities of daily livingˆ(ADLs,ˆactivities such as bathing, dressing and toileting a person performs daily). During a concurrent interview and record review on 4/23/2026 at 11:25 a.m., with Registered Nurse (RN) 3, Resident 14's electronic medical records were reviewed. RN 3 stated did not see Resident 14's advance directive in Point Click Care (PCC -the facility's electronic medical record). RN 3 stated the facility became chartless and everything is on PCC, medical records department uploads everything. RN 3 stated the AD communicates to staff residents' preferences on their care and if there is no AD there is a possibility not to follow their wishes. During an interview on 4/23/26 2:10 p.m., Social Services Assistant (SSA) 1 stated that upon admission the advance directive is explained and information is provided to the resident. SSA 1 stated Advance Directive or the Advance Directive Acknowledgement Form (a document that shows a person was given information about their medical wishes and rights) was not completed or was not in PCC (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	for Resident 14. SSA 1 stated the AD is supposed to be in the residents' electronic medical record as a guide to inform staff the residents' health choices, treatment, and if they have a conservator or not. SSA 1 stated by not having the AD in resident's electronic medical record, there is a possibility to administer wrong treatment, and resident's wishes may not be fulfilled. During an interview on 4/24/26 3:15 p.m., the Director of Nursing (DON) stated that upon admission the resident is asked if they have an advance directive and if not then social services offers them to formulate an advance directive if they wish too or they fill out an advance directive acknowledgment form that information was provided to them and it is done within 24 to 72 hours of admission. DON stated that is the residents' choice to have an advance directive but if it is not available then the staff would not be able to honor their wishes and respect their decision if something were to happen. 2. During a review of Resident 10's AR, the AR indicated the facility admitted the resident on 9/21/2023 and readmitted on [DATE], with diagnoses including generalized muscle weakness, Alzheimer's disease (a progressive brain disease that acts like a slow irreversible), depression, and anemia (a blood condition with few healthy red blood cells than normal). During a review of Resident 10's H&P, dated 2/25/2026, the H&P indicated the resident had the capacity to understand and make decisions. During a review of Resident 10's MDS, dated [DATE], the MDS indicated the resident had moderate cognitive impairment (trouble with mental processes like memory, language, thinking, or judgment). The MDS indicated that Resident 10 needed substantial or maximal assistance with ADLs. During a review of Resident 10's Advance Directive/POLST (Physician Orders for Life-Sustaining Treatment is an actionable medical order signed by a doctor, nurse practitioner, or physician assistant that outlines the medical treatments a seriously ill person wants or does not want in an emergency) Acknowledgement [AD/POLST], dated 9/11/2025, the AD/POLST form was incomplete. The AD/POLST form indicated that Resident 10 did not wish to do the Advance Directive on the day the resident was admitted , and no signature indicating that Resident 10 had acknowledged the refusal. During a concurrent interview and record review on 4/23/2026 at 11 a.m. with SSD, the SSD stated that Resident 10 had an incomplete Advance Directive documentation. The SSD stated that although Resident 10 signed the consent showing that he refused to have an Advance Directive at that time, that there was no indication or documentation that Resident 10 was given information about Advance Directive. The SSD further added that Resident 10 should have been given information about Advance Directive to ensure clarity regarding appropriate actions if resident's health deteriorates. During a review of Resident 17's AR, the AR indicated the facility admitted the resident on 3/26/2021 with diagnoses including muscle weakness, generalized anxiety disorder, and adult failure to thrive (not getting enough nutrients). During a review of Resident 17's H&P, dated 4/03/2026, the H&P indicated that the resident had fluctuating capacity to understand and make decisions. During a review of Resident 17's MDS, dated [DATE], the MDS indicated that the resident had the capacity to understand others and be understood. The MDS indicated that Resident 17 needed partial to moderate assistance on ADLs. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of Resident 17's AD/POLST, dated 9/11/2025, the AD/POLST form was incomplete. The AD/POLST form indicated that Resident 10 did not wish to do the Advance Directive on the day the resident was admitted , and no indication that Resident 17 was given information about Advance Directive. During a concurrent interview and record review on 4/23/2026 at 11 a.m. with SSD, the SSD stated that Resident 17 had an incomplete Advance Directive documentation. The SSD stated that although Resident 17 signed the consent showing that he refused to have an Advance Directive at that time, that there was no indication or documentation that Resident 17 was given information about Advance Directive. The SSD further added that Resident 17 should have been given information about Advance Directive to ensure clarity regarding appropriate actions if resident's health deteriorates. 3. During a review of Resident 150's AR, the AR indicated the facility admitted the resident on 4/2/2026 with diagnoses including traumatic hemothorax (a serious condition where blood collects in the space between the chest wall and the lung, usually caused by a severe injury like a car accident or fall), difficulty in walking and muscle weakness. During a review of Resident 150's MDS, dated [DATE], the MDS indicated that the resident had moderate cognitive impairment. The MDS indicated that Resident 150 needed substantial/maximal assistance with ADLs. During a concurrent interview and record review on 4/23/2026 at 11 a.m. with the SSD, Resident 150's AD/POLST was reviewed. The SSD stated Resident 150 refused to sign an Advance Directive form upon admission. The SSD stated that Resident 150's Advance Directive was not formulated because of refusal to sign due to request for family's involvement. The SSD stated that there was no note made regarding the request and further stated that he (SSD) had only spoken to the family in the morning of 4/23/2026 regarding Advance Directive. The SSD stated that Resident 10 and 17's Advance Directives were incomplete. The SSD stated that Resident 150 did not have any Advance Directive. The SSD stated that he should have made a follow-up call to family representative when the resident declined to sign the form. The SSD stated that the importance of having an Advance Directive is to ensure clarity regarding appropriate actions if the resident's health declines or deteriorates. During an interview on 4/24/2026 2:50 p.m. with Director of Nursing (DON), the DON stated that the process of advance directive starts upon admission. The DON stated Advance Directives are offered to all the residents/resident's representatives. The DON stated that it needs to be completed within 24-72 hours and discussed during the IDT meeting. The DON stated that failure to provide advance directives will not be able to honor residents' decision regarding his/her treatment if something happens to them. During a review of the facility's policy and procedure (P&P) titled, Advance Directives, reviewed on 9/2022, the P&P indicated, the resident has the right to formulate an advanced directive, including the right to accept or refuse medical or surgical treatment. Advance directives are honored in accordance with the state law and facility policy. Determining Existence of Advance Directive 1. Prior to or upon admission of a resident, the social services director or designee inquires of the resident, his slash her family members and slash or his or her legal representative, upon the existence (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	of any written advanced directives. 2. The resident or representative is provided with written information concerning the right to refuse or accept medical or surgical treatment and to formulate an advanced directive if he or she chooses to do so. 3. Written information about the right to accept or refuse medical or surgical treatment, and the right to formulate an advanced directive is provided in a manner that is easily understood by the resident or representative. If the Resident Has an Advance Directive 1. If the resident or the resident's representative has executed one or more advance directive(s), or executes one upon admission, copies of these documents are obtained and maintained in the same section of the resident's medical record and are readily retrievable by any facility staff.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure residents were treated with respect and dignity including the right to be free from physical restraints (any manual method, physical or mechanical device, material or equipment that is attached or adjacent to the resident's body that he or she cannot easily remove that restricts freedom of movement or normal access to one's body) for four of five sampled residents (Residents 142, 264, 86 and 80) reviewed for physical restraints by failing to ensure: 1. Resident 42's use of restraint, bed placed against the wall, had a physician's order, informed consent, restraint assessment, and a care plan on its use. 2. Resident 264's use of restraint, bed placed against the wall, had a current physician's order, informed consent, and a specific restraint assessment for bed placed against the wall. 3. Resident 86's use of restraint, bed placed against the wall, had a physician's order, informed consent, restraint assessment, and a care plan on its use. 4. Resident 80's use of restraint, pillow tucked under the sheets, had a physician's order, informed consent, restraint assessment, and a care plan on its use. These deficient practices had the potential to result in the restriction of residents' freedom of movement, a decline in physical functioning, psychosocial harm, physical harm from the resident limbs getting entrapped from bed spaces leading to fractures (a broken bone) and even death. Findings: 1. During a review of Resident 142's admission Record (AR), the AR indicated the facility admitted the resident on 1/5/2024, with diagnoses including muscle weakness, difficulty in walking, and glaucoma (a group of eye diseases that damage the optic nerve, often due to high fluid pressure inside the eye, leading to irreversible vision loss or blindness). During a review of Resident 142's Minimum Data Set (MDS - a resident assessment tool), dated 4/1/2026, the MDS indicated the resident had the ability to make self-understood and understand others and had visual impairment. The MDS indicated the resident had moderate cognitive impairment (a stage of cognitive decline between mild impairment and dementia, characterized by noticeable memory loss, confusion, and difficulty with daily tasks) and the resident was requiring partial assistance to set up assistance on mobility and activities of daily living (ADLs - activities such as bathing, dressing and toileting a person performs daily). During a review of Resident 142's Order Summary Report (OSR), dated 4/23/2026, the OSR did not indicate an order for restraint bed placed against the wall. During a review of Resident 142's Fall Risk Observation/Assessment (FROA), dated 3/31/2026, the FROA indicated the resident was a moderate risk for falls. During an observation on 4/20/2026, at 10:40 a.m., observed Resident 142's bed was placed against the wall on the right side of the bed. During a concurrent observation and interview on 4/22/2026 at 6:54 a.m. with Registered Nurse (RN) 7, observed Resident 142's bed was placed against the wall on the right side of the resident's bed. RN 7 stated placing the bed against the wall was a form of a restraint because it limits the resident to get off the bed on one side only, limiting his movement. RN 7 stated before applying a restraint they need to have a physician's order, informed consent from the resident/representative, a restraint assessment for entrapment, and a care plan on its use. RN 7 stated they do not have all those elements for the resident because the resident's bed should not have been placed against the wall. RN 7 stated there was a potential for accidents from placing the bed against the wall of the resident (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	such as the resident hitting the wall and the limbs getting caught in the spaces between the bed and the wall causing fractures and even death from strangulation. During a concurrent interview and record review on 4/23/2026 at 10:09 a.m. with the Director of Staff Development (DSD), Resident 142's OSR, FROA, Informed Consent, Restraint Assessment, Care Plans, and Policies and Procedures (P&P) were reviewed. The DSD stated Resident 142 did not have a physician's order, informed consent, restraint assessment, and a care plan on the use of restraint bed placed against the wall. The DSD stated they need all four components to ensure safe use of the restraint. The DSD stated there was a potential for entrapment on the resident as a result of not having all the four components before applying the restraint bed placed against the wall. The DSD stated the facility did not follow the P&P titled, Use of Restraints, and the Manufacturer's Specifications provided by the facility on bed use. During an interview on 4/24/2026 at 2:51 p.m. with the Director of Nursing (DON), the DON stated placing Resident 142's bed against the wall was a form of a restraint because it limits the residents option to get out of the bed on side only hence limiting the resident's movement. The DON stated before applying the restraint bed placed against the wall the licensed staff should have obtained a physician's order, informed consent from the resident/representative, performed a restraint assessment, and developed and implemented a care plan on its use. The DON the staff failed to obtain all four components before applying the restraint and had predisposed the resident to bed entrapment and decrease in function. 2. During a review of Resident 264's AR, the AR indicated the facility admitted the resident on 6/25/2018, and readmitted the resident on 6/21/2019, with diagnoses including hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body) and hemiparesis (weakness on one side of the body), muscle weakness, and age-related nuclear cataract (a common, gradual clouding of the eye's natural lens that occurs as part of the normal aging process, usually starting after age [AGE]). During a review of Resident 264's History and Physical (H&P), dated 2/24/2026, the H&P indicated the resident had fluctuating capacity to understand and make decisions. During a review of Resident 264's MDS, dated [DATE], the MDS indicated the resident usually had the ability to make self-understood and understand others, and had highly impaired vision. The MDS indicated the resident had moderate cognitive impairment and was dependent to needing partial assistance on mobility and ADLs. During a review of Resident 264's OSR, dated 4/23/2026, the OSR did not indicate an order for restraint bed placed against the wall. During a review of Resident 264's FROA, dated 4/6/2026, the FROA indicated the resident was high risk for falls. During a review of Resident 264's Bed Rail and Entrapment Risk Observation/Assessment (BRERO), dated 4/6/2026, the BRERO did not indicate assessment for bed placed against the wall. During a concurrent observation, interview, and record review on 4/22/2026 at 6:57 a.m. with Licensed Vocational Nurse (LVN) 3, inside Resident 264's room, observed Resident 264's bed was placed against the wall. LVN 3 stated the facility does not place the bed against the resident's wall (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	because it was a form of a restraint. LVN 3 stated before applying a restraint the facility should have a physician's order, informed consent from the resident/representative, restraint assessment, and a care plan on its use. LVN 3 reviewed Resident 264's OSR, FROA, BRERO, and CP. LVN 3 stated there was a care plan for preference done in 2/2026 and the resident had a BRERO done on 3/31/2026. LVN 3 stated there was no specific assessment for placing a bed against the wall for Resident 264. LVN 3 stated the bed against the wall order was discontinued on 2/27/2026. LVN 3 stated everything should be renewed since the resident was discharged on 3/23/2026. LVN 3 stated it is the doctor's scope of practice to make the decision to order a restraint on a resident and for nursing to implement the order. LVN 3 stated the staff failed to obtain the four elements needed before applying a restraint and had predisposed the resident at risk for bed entrapment. LVN 3 stated the BRERO had a comment section and the licensed nurses should have indicated if they had assessed for risk for entrapment for bed placed against the wall. During a concurrent interview and record review on 4/23/2026 at 11:08 a.m. with the DSD, Resident 264's OSR, FROA, Informed Consent, Restraint Assessment, Care Plans, and P&P were reviewed. The DSD stated Resident 264 did not have a physician's order, informed consent, restraint assessment, and a care plan on the use of restraint bed placed against the wall. The DSD stated the facility needs all four components to ensure safe use of the restraint. The DSD stated there was a potential for entrapment on the resident as a result of not having all the four components before applying the restraint bed placed against the wall. The DSD stated the facility dd not follow the P&P titled, Use of Restraints, and the Manufacturer's Specifications provided by the facility on bed use. During an interview on 4/24/2026 at 2:51 p.m. with the DON, the DON stated placing Resident 264's bed against the wall was a form of a restraint because it limits the resident's option to get out of the bed on one side only hence limiting the resident's movement. The DON stated before applying the restraint bed placed against the wall the licensed staff should have obtained a physician's order, informed consent from the resident/representative, performed a restraint assessment, and developed and implemented a care plan on its use. The DON stated the staff failed to obtain all four components before applying the restraint and had predisposed the resident to bed entrapment and decrease in function. 3. During a review of Resident 86's AR, the AR indicated the facility admitted the resident on 9/13/2025, with diagnoses including difficulty in walking, cognitive communication deficit (an impairment in communication skills as struggling to follow conversations or losing track of topics), history of falling and unspecified dementia (decline in brain function that interferes with daily life). During a review of Resident 86's H&P, dated 10/31/2025, the H&P indicated the resident had the capacity to understand and make decisions. During a review of Resident 86's MDS, dated [DATE], the MDS indicated the resident had the ability to make self-understood and understand others. The MDS indicated Resident 86 needs supervision or touching assistance to eating and personal hygiene and needs moderate assistance to upper body dressing and shower/bathe self. During a review of Resident 86's Care Plan (CP) titled, Falls: Resident is at risk for falls with or without injury related to altered balance while standing and/or walking, initiated on 6/13/2025, the CP indicated an intervention to educate resident to call for assistance with all transfers and evaluation of medications for side effects that may increase fall risk. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an observation on 4/20/2026 at 10:34 a.m., Resident 86's bed was against the wall. During a concurrent observation, interview, and record review, on 4/22/2026, at 7:08 a.m., with LVN 7, inside Resident 86's room, observed Resident 86's bed was not placed against the wall. LVN 7 observed a photo of Resident 86's bed against the wall on 4/20/2026, at 10:34 a.m., and LVN 7 stated that there was a big difference from the photo presented and of the current bed positioning. LVN 7 reviewed Resident 86's medical record and stated there was no assessment, consent, MD order, and care plan for bed against the wall. LVN 7 stated that there should have been an assessment, consent, MD order and care plan before placing the resident's bed against the wall. LVN 7 stated that bed against the wall can cause accidents and injuries upon movement. During an interview on 4/24/2026 at 2:50 p.m. with the DON, the DON stated that when a bed is placed against the wall, it is a type of restraint. The DON stated that there should be an assessment, consent, MD order and care plan before putting the bed against the wall. The DON stated that a bed against the wall would limit residents' movements and may cause entrapment where limbs can get caught which can lead to decline in resident's functioning.^ During a review of the facility-provided User/Service manual for Low Bed (LB) 1, undated, the Manual indicated Important Precautions: WARNING: POSSIBLE INJURY. Before adjusting bed, check that the area under and near the perimeter of the bed is free of people and obstructions. Failure to do so could result in injury. WARNING POSSIBLE INJURY. Keep bed in the lowest position except for providing care (bathing, clothing, changes, etc.). Bed should be at the lowest convenient height for entry or exit. Failure to do so could result in injury. 4. During a review of Resident 80's AR, the AR indicated the facility admitted the resident on 8/3/2021, and readmitted the resident on 8/16/2023, with diagnoses including morbid obesity (a chronic, serious health condition defined by having excess body fat that poses a high risk of severe health issues), depression (a common, serious medical illness causing persistent sadness, low mood, and a loss of interest in activities once enjoyed), and venous insufficiency (a common condition where leg veins struggle to send blood back to the heart, causing blood to pool in the legs). During a review of Resident 80's H&P, dated 12/5/2025, the H&P indicated the resident had the capacity to understand and make decisions. During a review of Resident 80's MDS, dated [DATE], the MDS indicated the resident had the ability to make self-understood and understand others and had intact cognition (a person's mental abilities—such as thinking, memory, attention, and language—are working well and have not experienced significant decline or impairment). The MDS indicated the resident was dependent to needing set up assistance on mobility and ADLs. During a review of Resident 80's OSR, dated 4/23/2026, the OSR did not indicate an order for pillows tucked under the sheets. During a review of Resident 80's FROA, dated 2/23/2026, the FROA indicated the resident was high risk for falls. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a concurrent observation and interview on 4/20/2026, at 12:15 p.m., with LVN 1, inside Resident 80's room, observed Resident 80 had a pillow tucked under the sheet at the right side of the resident. LVN 1 stated tucking the pillow under the sheet to reposition a resident was a form of a restraint because the resident cannot remove them easily and without staff intervention. LVN 1 stated Resident 80's position will be limited as the resident was turned to one side only. LVN 1 stated Resident 80 was dependent on turning with staff. During a concurrent interview and record review on 4/23/2026, at 9:40 a.m., with the DSD, Resident 80's OSR, FROA, Informed Consent, restraint assessment, and CP were reviewed. The DSD stated there was no physician's order, informed consent, restraint assessment, and a care plan on the use of pillows tucked under the sheets. The DSD stated they need all four components prior to applying the restraints to ensure their safe use. The DSD stated the staff failed to obtain the four components and had the potential for the resident to develop pressure injury (localized damage to the skin and underlying tissue, usually over a bony area like the hip or heel) on the side where the resident was turned for a long period of time. During an interview on 4/24/2026, at 2:51 p.m., with the DON, the DON stated placing a pillow tucked under the sheets for Resident 80 was a form of a restraint because it limits the residents option to turn on the bed to only one side hence limiting the resident's movement. The DON stated before applying the restraint pillows tucked under the sheets the licensed staff should have obtained a physician's order, informed consent from the resident/representative, performed a restraint assessment, and developed and implemented a care plan on its use. The DON stated staff failed to obtain all four components before applying the restraint and had predisposed the resident to development of pressure injury and decrease in function. During a review of the facility's recent P&P titled, Use of Restraints, last reviewed on 1/27/2026, the P&P indicated restraints shall only be used for the safety and well-being of the resident(s) and only after other alternatives have been tired successfully. When the use of restraints is indicated, the least restrictive alternative will be used for the least amount of time necessary, and the ongoing re-evaluation for the need for restraints will be documented. Policy Interpretation and Implementation 1. Physical Restraints are defined as physical item attached resident's body that the individual cannot remove easily, which restricts freedom of movement or restricts normal access to one's body. 5. Restrained individuals shall be reviewed regularly (at least quarterly) to determine whether they are candidates for restraint reduction, less restrictive methods of restraints, or total restraint elimination. 6. Care plans for residents in restraints will reflect interventions that address not only the immediate medical symptoms(s), but the underlying problems that may be causing the symptom(s). 7. Care plans shall also include the measures taken to systematically reduce or eliminate the need for restraint use.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, the facility failed to develop and implement a comprehensive person-centered care plan (a plan of care that summarizes a resident's health conditions, specific care and services facility staff need to provide a resident to promote healing and prevent a worsening of a condition, and current treatments) to meet the resident`s needs for one of five sampled residents (Resident 175) reviewed under unnecessary medications care area when: 1. The facility failed to develop a care plan for the use of Lorazepam (a medication that is used to treat anxiety) and monitor its adverse effects (unexpected and harmful reactions caused by a medication taken at normal doses) for Resident 175. This deficient practice had the potential to result in Resident 175's risk for adverse effects, medication dependence, and withdrawal reactions going unmonitored and to delay staff awareness of these issues. 2. The facility failed to develop a care plan addressing self-administration of hot/cold gel pack that can provide either cold therapy or heat therapy for injuries and aches for Resident 5. This failure had the potential toˆresult in unsafe use, leading toˆpossible skinˆinjury, such as burns or frostbite, and lack of staff oversight and monitoring to ensure safe use.^^ Findings: a. During a review of Resident 175's admission Record (AR), the AR indicated that the facility admitted the resident on 9/3/2024, with diagnoses including dementia (a progressive state of decline in mental abilities), anxiety disorder (a condition characterized by persistent and excessive worries that interfere with daily activities), and type two (2) diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing). During a review of Resident 175's History and Physical (H&P), dated 9/24/2025, the H&P indicated that the resident had fluctuating capacity to understand and make decisions. During a review of Resident 175's physician order, dated 4/20/2026, the physician order indicated lorazepam oral concentrate two (2) milligram (mg – a unit of measurement)/milliliter (ml – a unit of measurement), give 0.5 ml sublingually (placing medication under the tongue to dissolve) every four (4) hours as needed for anxiety manifested by increased restlessness leading to shortness of breath for 14 days. During a concurrent interview and record review on 4/23/2026 at 9:50 a.m., with the Assistant Director of Nursing (ADON), Resident 175's Care Plans were reviewed. The ADON stated that there was no care plan developed for the use of lorazepam. The ADON stated there was no physician order for monitoring the black box warning for lorazepam including adverse effects. The ADON stated the black box warning is a warning for potential adverse effects of the medications. The ADON stated the adverse effects to be monitored include drowsiness, slurred speech, dizziness, nausea, aggressive/impulsive behavior. The ADON stated licensed staff should have developed a care plan for the use of lorazepam, and its adverse effects and should have monitored Resident 175 for the risks, medication dependence, and withdrawal reactions. b. During a review of Resident 5's AR, the AR indicatedˆthat the facility admitted ˆResident 5 on 12/06/2022, with diagnoses including polyneuropathy (a condition where many nerves outside the brain and spinal cord are damaged, often causing numbness, tingling, burning pain, and weakness), hypertension (high blood pressure), chronic pain syndrome (pain that lasts for over three months),ˆchronic obstructive pulmonary diseaseˆ([COPD] -ˆa chronic lung disease causing difficulty in breathing).^^ (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of Resident 5's H&P, dated 8/4/2025, the H&P^indicated^that Resident 5 had the capacity to^make decisions.^^ During a review of Resident 5's MDS, dated [DATE], the MDS indicated that the resident`s cognitive skills (brain's ability to think, read, learn, remember, reason, express thoughts, and make decisions) for daily decision making was intact (decisions consistent/reliable). The MDS indicated Resident 5 was dependent (helper does^all of^the effort) with^lower body dressing, putting on/taking off footwear. The MDS indicated Resident 5^required^substantial/maximal^assistance^(helper does more than half the effort) with toileting hygiene, and shower self.^^ During a review of Resident 5's Progress Notes (PN), dated^4/20/2026 and 4/21/2026, the PN indicated^that Resident 5^was being^monitored^for self-administration of hot/cold gel pack.^^ During a concurrent interview and record review on 4/21/2026 at 2:16 p.m. with Licensed Vocational Nurse (LVN) 3, LVN 3^reviewed^Resident 5's Order Summary Report.^LVN 3 stated that there was no^physician order^indicating^that Resident 5 may self-administer^hot/cold gel packs.^LVN 3 reviewed Resident 5's care plans. LVN 3^stated that^there was no documentation of comprehensive, person-centered care plan addressing Resident 5's Hot/cold gel pack self-administration. LVN 3 stated^that medication^self-administration was^required^a physician's order^and an individualized care plan. LVN 3^stated^not having a physician's order and not developing a care plan for resident medication self-administration had the potential to result in unsafe use, medication errors, lack of monitoring and potential harm, such as burns, to Resident 5.^^ During an interview on 4/24/2026 at^3:25^p.m.^with^the Director of Nursing (DON), the DON^stated^that hot/cold gel packs are^considered^medications.^The DON^stated^that when^determined^that a resident can safely self-administer, a physician's order must be obtained and^in^individualized care plan must be developed. The DON^stated^that failure to do so may result in medication errors, improper use, or potential^injury^such as burns.^^ During a review of facility's Policies and Procedures (P&P) titled Self-Administration of Medications, dated 7/24/2025, the P&P indicated, If it is deemed safe and appropriate for a resident to self-administer medications, this is documented in^the medical record and the care plan.^^ During a review of the facility's policy and procedure (P&P) titled, Care Plans, Comprehensive Person-Centered, last reviewed and approved on 1/27/2026, the P&P indicated that A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure residents' environment was free of accident hazards for five (5) of 5 sampled residents (Resident 163, 159, 231, 239, and 255) reviewed for accidents by failing to ensure: 1. Resident 163 did not have any medications or biologicals left at the resident's bedside. 2. Resident 159's bed was kept at the lowest position.ˆ 3. Resident 231's call light button did not have frayed/exposed wires on them. 4. Resident 239 did not have a table placed on top of the floor mat (a thick, soft pad placed on the floor beside a resident's bed to cushion them if they fall). 5. Resident 255 did not have a table placed on top of the floor mat. These deficient practices increased the risk of accidents such as falls with injuries, poisoning, and electrocution on residents. Findings: 1. During a review of Resident 163's admission Record (AR), the AR indicated the facility admitted the resident on 8/4/2020, and readmitted the resident on 5/16/2022, with diagnoses including metabolic encephalopathy (a sudden or gradual decline in brain function caused by a body-wide illness, such as kidney or liver failure, rather than a direct brain injury), major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest), and anxiety disorder (a mental health condition characterized by excessive, persistent, and uncontrollable worry or fear that interferes with daily life). During a review of Resident 163's Minimum Data Set (MDS - a resident assessment tool), dated 3/1/2026, the MDS indicated the resident had the ability to make self-understood and understand others and had intact cognition (means that a person's mental abilities—such as thinking, memory, attention, and language—are working well and have not experienced significant decline or impairment). During a review of Resident 163's Order Summary Report (OSR), dated 4/23/2026, the OSR did not indicate an order for Visine (a popular brand of over-the-counter eye drops designed to quickly remove redness and irritation) and A&D ointment (is a thick, medicated, petroleum-based jelly used to protect, soothe, and heal irritated skin). During a review of Resident 163's Self-Administration of Medication Observation ([NAME]), dated 2/23/2026, the [NAME] indicated the resident does not want to self-administer medications. During a review of Resident 163's Care Plan (CP) Report titled, Medication side effects (S/E) anti-anxiety, narcotics, weakness, Restless legs syndrome (a neurological sleep disorder that causes an irresistible, uncomfortable urge to move the legs, typically in the evening or while resting), last reviewed on 3/12/2026, the CP indicated an intervention to provide a safe environment. During a concurrent observation, interview, and record review, on 4/20/2026, at 10:54 a.m., with Licensed Vocational Nurse (LVN) 8, inside Resident 163's room, LVN 8 stated there were two (2) bottles of Visine eye drops and multiple packets of A&D ointments at the resident's bedside. LVN 8 stated she will check if the resident can self-administer medications. LVN 8 reviewed Resident 163's OSR and [NAME], dated 2/23/2026. LVN 8 stated the resident did not desire to self-administer medications and there was no order for Visine and A&D ointment for the resident. LVN 8 stated that when a resident was deemed competent by the interdisciplinary team (IDT - a collaborative group of healthcare professionals—including nurses, doctors, therapists, and social workers—who work together to assess, plan, and manage a resident's comprehensive care) team to self-administer medications, the medications are kept in lock boxes or kept in the medication cart and they only bring (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	out the medication when the resident asks for it. LVN 8 stated leaving medications at the bedside predisposes confused residents to administer medications to themselves and cause adverse reactions (any unexpected, unintended, or unwanted reaction to a medication that occurs at normal doses used for treatment, diagnosis, or prevention). During a concurrent interview and record review on 4/23/2026 at 10:26 a.m. with the Director of Staff Development (DSD), Resident 163's OSR and [NAME] were reviewed. The DSD stated the resident was not desiring to self-administer medications and there was no order for Visine and A&D ointment on the resident's electronic healthcare record. The DSD stated if a resident was deemed capable of self-administering medications, the medications are kept on a lock box to keep them away from other residents. The DSD stated the failure of the staff to keep medications locked and away from other residents had predisposed residents to accidents such as accidental ingestion of drugs that can cause adverse effects on residents. During an interview on 4/24/2026 at 2:51 p.m. with the Director of Nursing (DON), the DON stated the licensed staff should not have left medications at the bedside of Resident 163. The DON stated upon discovery of medications at the bedside all staff were responsible for reporting them to licensed nurses for safe keeping. The DON stated medications should not be left at the bedside to prevent accidents such as ingestion of harmful substances by other confused residents. During a review of the facility's recent policy and procedure (P&P) titled, Self-Administration of Medications, last reviewed on 1/27/2026, the P&P indicated residents have the right to self-administer medications if the interdisciplinary team has determined that it is clinically appropriate and safe for the resident to do so. Policy Interpretation and Implementation 3. If it is deemed safe and appropriate for a resident to self-administer medications, this is documented in the medical record and the care plan. The decision that a resident can safely self-administer medications is re-assessed periodically based on changes in the resident's medical and/or decision-making status. 8. Self-administered medications are stored in a safe and secure place, which is not accessible by other residents. If safe storage is not possible in the resident's room, the medications of residents permitted to self-administer are stored on a central medication cart or in the medication room. A licensed nurse transfers the unopened medication to the resident when the resident requests them. 9. Any medications found at the bedside that are not authorized for self-administration are turned over to the nurse in charge for return to the family or responsible party. During a review of the facility's recent P&P titled, Medication Labeling and Storage, last reviewed on 1/27/2026, the P&P indicated the facility stores all medications and biologicals in locked compartments under proper temperature, humidity and light controls. Only authorized personnel have access to keys. Policy Interpretation and Implementation 2. The nursing staff is responsible for maintaining medication storage and preparation areas in a clean, safe, and sanitary manner. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	5. Medications are stored in cabinets, drawers, carts, or automatic dispensing systems. Each resident's medications are assigned to an individual cubicle, drawer, or other holding area to prevent the possibility of mixing medications of several residents. During a review of the facility-provided Information on Visine, undated, indicated warnings: -For external use only. -Ask a doctor before use if you have narrow angle glaucoma. When using this product: -pupils may become enlarged temporarily -overuse may cause more eye redness -remove contact lenses before using -do not use if this solution changes color or becomes cloudy -do not touch tip of container to any surface to avoid contamination -replace cap after each use Keep out of reach of children. If swallowed, get medical help or contact a Poison Control Center right away. During a review of the facility-provided Information on A and D plus E- vitamin A, D and E ointment Derma Sciences Canada Inc., the Information indicated: -For external use only When using this product: -do not get into eyes -Keep out of reach of children, if swallowed, get medical help or contact a Poison Control center right away. 2. During a review of Resident 159's AR, the AR indicated the facility admitted the resident on 3/17/2022, and readmitted the resident on 2/6/2026, with diagnoses including dementia (a progressive state of decline in mental abilities), muscle wasting (the loss of muscle tissue, leading to decreased muscle size, strength, and function) and atrophy (the wasting away, shrinking, or loss of muscle tissue, organs, or body parts), and lack of coordination. During a review of Resident 159's History and Physical (H&P), dated 2/8/2026, the H&P indicated the resident had fluctuating capacity to understand and make decisions. During a review of Resident 159's MDS, dated [DATE], the MDS indicated the resident usually make (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	self-understood and understand others and had severe cognitive impairment (a profound, often irreversible loss of mental function that prevents individuals from living independently). The MDS indicated the resident was needing substantial to partial assistance on mobility and activities of daily living (ADLs - activities such as bathing, dressing and toileting a person performs daily). During a review of Resident 159's Fall Risk Observation/Assessment (FROA), dated 3/9/2026, the FROA indicated the resident was a moderate risk for falls. During a review of Resident 159's CP Report regarding the resident requiring a safe, homelike environment, last reviewed on 3/17/2026, the CP indicated an intervention to keep the bed in the lowest position. During a concurrent observation and interview on 4/20/2026, at 1:17 p.m., with Certified Nursing Assistant (CNA) 9, inside Resident 159's room, observed Resident 159's bed was on a high position. CNA 9 used a measuring tape to measure the height of the bed from the floor to the mattress surface and recorded 27 inches. CNA 9 stated the bed was too high and can cause falls with injury if the resident falls down from the bed. During a concurrent interview and record review on 4/20/2026 at 1:19 p.m. with LVN 1, Resident 159's MDS, FROA, and CP were reviewed. LVN 1 stated the resident had a BIMS (Brief Interview for Mental Status - an assessment tool used by facilities to screen and identify memory, orientation, and judgement status of the resident) of six (6) (the resident had severe cognitive impairment), and the resident was moderate risk for falls, the CP indicated to keep the bed at the lowest position. LVN 1 stated the resident had a care plan for non-compliance in keeping the bed at the lowest position however, the resident's BIMS was 6, which means the resident had severe cognitive impairment. LVN 1 stated they cannot remove the bed remote from the resident but they could have relocated the resident near the nurses' station to keep visual of the resident if the bed was adjusted by the resident to a high position to prevent an injurious fall leading to fractures (a broken bone). LVN 1 also stated low beds are usually 12 inches from the floor to minimize risks of injury when the resident falls. LVN 1 stated the failure of the staff to keep the bed at the lowest position can lead to falls with injuries. During a concurrent interview and record review on 4/23/2026 at 10:16 a.m. with the DSD, the facility-provided P&Ps and Manufacturer's Specifications were reviewed. The DSD stated the staff did not follow the P&Ps titled Falls/Accident/Fall Management Prevention, Use of Low bed as Safety Intervention, Fall Risk Assessment, Falls and Fall Risks, Managing, and User/Service Manual for Low Bed (LB) 1. The DSD stated the behavior should be documented and monitored, the resident could have been moved to a place where visibility was high so if the resident places the bed on high, they can intervene right away. The DSD stated the failure of the staff to monitor the height of the bed can result to falls with injuries such as fractures. During an interview on 4/24/2026 at 2:51 p.m. with the DON, the DON stated the staff should have kept Resident 159's bed at the lowest position as what the CP was indicating to prevent injury to the resident. The DON stated the staff need to advocate for the resident, place the resident near the nurses station to intervene right away. The DON stated the failure of the staff to monitor and keep the resident's bed at the lowest position had predisposed the resident to falls with injuries such as fractures. During a review of the facility's recent P&P titled, Falls/Accident/Fall Management Prevention, last reviewed on 1/27/2026, the P&P indicated under Assessment and Recognition: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	2. In addition, the nurse shall assess and document/report the following: d. Change in cognition or level of consciousness; e. Neurological status; 3. The staff and practitioner will review each resident's risk factors for falling and document in the medical record. a. Examples of risk factors for falling include lightheadedness or dizziness, multiple medications, musculoskeletal abnormalities, peripheral neuropathy, gait and balance disorders, cognitive impairment, weakness, environmental hazards, confusion, visual impairment, hypotension, and medical conditions affecting the central nervous system. During a review of the facility's recent P&P titled, Use of Low bed as Safety Intervention, last reviewed on 1/27/2026, the P&P indicated it is the policy of the facility that a low bed is a safety intervention and not a restraint when used to reduce fall-related injury risk, provided it does not restrict the resident's freedom of movement and is implemented in a person-centered manner. A low bed may be used when: - The resident is alert and oriented (A&O) or has decision-making capacity, and/orˆ - The resident prefers or consents to its use, and - The intervention is clinically indicated and part of individualized care plan. The facility will ensure all use of low beds complies with resident rights, least restrictive practices, and safety standards. DEFINITION A low bed is a bed adjusted to its lowest safe height to minimize the risk and severity of injury from falls. It does not prevent or restrict the resident from getting in or out of bed. During a review of the facility's recent P&P titled, Fall Risk Assessment, last reviewed on 1/27/2026, the P&P indicated the nursing staff, in conjunction with the attending physician, consultant pharmacist, therapy staff, and others, will seek to identify and document resident risk factors for falls and establish a resident-centered falls prevention plan based on relevant assessment information. Policy Interpretation and Implementation 6. Assessment data shall be used to identify underlying medical conditions that may increase the risk of injury from falls (such as osteoporosis [a common bone disease where bones become weak, thin, and brittle over time, making them highly susceptible to fractures]). 8. The staff will seek to identify environmental factors that may contribute to falling, such as lighting and room layout. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of the facility's recent P&P titled, Falls and Fall Risks, Managing, last reviewed on 1/27/2026, the P&P indicated based on previous evaluations and current data, the staff will identify interventions related to the resident's specific risks and causes to try to prevent the resident from falling and to try to minimize complications from falling. Fall risk Factors 1. Environmental factors that contribute to the risk of falls include: c. incorrect bed height or width. During a review of the facility-provided User/Service Manual for Low Bed (LB) 1, undated, the Manual indicated Important Precautions: WARNING: POSSIBLE INJURY. Before adjusting bed, check that the area under and near the perimeter of the bed is free of people and obstructions. Failure to do so could result in injury. WARNING POSSIBLE INJURY. Keep bed in the lowest position except for providing care (bathing, clothing, changes, etc.). Bed should be at the lowest convenient height for entry or exit. Failure to do so could result in injury. 3. During a review of Resident 231's AR, the AR indicated the facility admitted the resident on 4/15/2024, with diagnoses including dementia, age-related osteoporosis, and history of falling. During a review of Resident 231's H&P, dated 2/23/2026, the H&P indicated the resident had the capacity to understand and make decisions. During a review of Resident 231's MDS, dated [DATE], the MDS indicated the resident had the ability to make self-understood and understand others and had intact cognition. The MDS indicated the resident was independent to needing partial assistance on mobility and ADLs. During a review of Resident 231's FROA, dated 1/22/2026, the FROA indicated the resident was high risk for falls. During a review of Resident 231's CP Report regarding the resident requiring a safe, homelike environment, last reviewed on 3/12/2026, the CP indicated a goal of preventing injury and illness through a clean, comfortable and hazard-free environment. During a concurrent observation and interview on 4/202/2026 at 2:01 p.m. with CNA 10, inside Resident 231's room, observed Resident 231's call light cord had frayed/exposed wires on them. CNA 10 stated there should be no open wires/frayed wires on resident environment as it can cause accidents such as electrocution. CNA 10 stated everyone was responsible for ensuring the environment was safe for the resident, their failure to ensure to have no exposed wires on resident's call light cord predisposed the resident to electrocution. During an interview on 4/24/2026 at 2:51 p.m. with the DON, the DON stated there should be no exposed/frayed wires on Resident 231's call light cord because it can potentially cause electrocution to the resident. The DON stated the staff was responsible for reporting to Maintenance Department if there was broken equipment in the resident's room. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of the facility's recent P&P titled, Maintenance Service, facility and Equipment, last reviewed on 1/27/2026, the P&P indicated maintenance service shall be provided to all areas of the building, grounds, and equipment. Policy Interpretation and Implementation 1.The Maintenance Department is responsible for maintaining the buildings, grounds, and equipment in a safe and operable manner at all times. 3.The Maintenance Director is responsible for developing and maintaining a schedule of maintenance service to assure that the buildings, grounds, and equipment are maintained in a safe and operable manner. 4. During a review of Resident 239's AR, the AR indicated the facility admitted the resident on 3/3/2026, with diagnoses including heart failure, unspecified (the heart is weak and cannot pump blood around the body properly); type 2 diabetes mellitus with unspecified complications (a disorder characterized by difficulty in blood sugar control and poor wound healing); hemiplegia and hemiparesis following cerebral infarction affecting right dominant side (also known as a stroke, blocked blood flow in the brain, causing damage in the brain, leading to either weakness or complete loss of movement on the right side of the body). During a review of Resident 239's MDS, dated [DATE], the MDS indicated the resident had the ability to make self-understood and understand others. The MDS further indicated that Resident cognitive skills for daily decision making (can usually think clearly and make their own everyday decisions) was modified independence with some difficulty in new situations only. The MDS indicated that the resident needs dependent to supervision assistanceˆon mobility and ADLs. During a review of Resident 239's Fall Risk Evaluation (FRE), dated 3/3/2026, the FREˆindicatedˆthe resident was at risk for falls.ˆ During a review of Resident 239's CP Report, the focus was that Resident 239 is at risk for falls with or without injury related to medication S/E, antihypertensive medication, unsteady gait, poor safety awareness revised on date 3/12/2026. The CP indicated a goal will minimize complications related to falls to extent possible with an intervention right side floor mat. During a concurrent interview and observation on 4/20/2026 at 12 p.m. withˆCNA 8, observed Resident 239's bedside table on top of the right floor mat. CNA 8 stated the bedside table is not supposed to be on top of floor mat because it is safety hazard. CNA 8 stated the floor mats are designed for high fall risk patients and the purpose for the mat is to protect the resident if they fall because the surface is soft and cushion. CNA 8 stated if the resident would fall the resident could get hurt and injured with the table being on top of floor mat and the mat would not serve its purpose. During a concurrent interview, observation, and record review, on 4/24/2026, at 10:10 a.m., withˆRegistered Nurse (RN)ˆ5, Resident 239's FRE, dated 3/3/2026, CP, dated 3/12/2026, and observed picture of the table on top of the mat were reviewed. RN 5 stated that Resident 239 was moderate fall risk with a score of 14 and had care plan for right side floor mat. RN 5 stated that no orders are needed for mats because it is an intervention if the residents are high risk for falls. RN 5 stated the mat is used as extra protection for the residents, in case they have a fall. RN 5 stated that if the residents were to fall, they could potentially hit themselves and get injured. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a concurrent interview and observation on 4/24/2026, at 3:15 p.m., with the DON, the picture taken on 4/20/2026 of Resident 239's floor mat was reviewed. The DON stated the floor mat is an intervention to provide a safe environment. The DON stated there is a table on top of the floor mat and resident could possibly hit the table before the floor mat. 5. During a review of Resident 255's AR, the AR indicated the facility admitted the resident on 4/8/2026, with diagnosis including hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side (a stroke causing damage in the brain, leading to either weakness or complete loss of movement on the left side of the body); type 2 diabetes mellitus with unspecified complications; essential (primary) hypertension (high blood pressure with no known specific cause). During a review of Resident 255's H&P, dated 4/9/2026, the H&Pˆindicated the resident had the capacity to understand and make decisions.ˆ During a review of Resident 255's MDS, dated [DATE], the MDS indicated the resident had the ability to make self-understood and understand others. The MDS further indicated that Resident 255 had intact cognitive function. The MDS indicated the resident required dependent to partial assistance with bed mobility, transfer, dressing, toilet use, and personal hygiene. During a review of Resident 255's FRE, dated 4/8/2026, the FREˆindicatedˆthe resident was at risk for falls.ˆ During a review of Resident 255's CP Report, revised on date 4/8/2026, the CP indicated the focus was that Resident 255 is at risk for falls related to gait/balance, incontinence (cannot fully control when urine or stool comes out of the body). The CP indicated a goal including Resident 255 will be free of falls through the review date and an intervention of left side floor mat. During a concurrent interview and observation on 4/20/2026 at 12:00 p.m. withˆCNA 8, Resident 255's bedside table was on top of the left floor mat. CNA 8 stated the bedside table is not supposed to be on top of floor mat because it is safety hazard. CNA 8 stated the floor mats are designed for high fall risk patients and the purpose for the mat is to protect the patient if they fall because the surface is soft and cushion. CNA 8 stated if the resident would fall the resident could get hurt and injured with the table being on top of floor mat and the mat would not serve its purpose. During a concurrent interview and record review on 4/24/2026 at 10:10 a.m. withˆRNˆ5, Resident 255's FRE, dated 4/8/2026, CP, revised 4/8/2026, and a picture of the observed table on top of the mat, were reviewed. RN 5 stated Resident 255 was moderate fall risk with a score of 14 and had care plan for left side floor mat. RN 5 stated that no orders are needed for mats because it is an intervention if the residents are high risk for falls. RN 5 stated the mat is used as extra protection for the residents, in case they have a fall. RN 5 stated that if the residents were to fall, they could potentially hit themselves and get injured. During a concurrent interview and observation on 4/24/2026 at 3:15 p.m. with the DON, the picture of Resident 255's floor mat, taken on 4/20/2026, was reviewed. The DON stated the floor mat is an intervention for safe environment. The DON stated there is a table on top of the floor mat and resident could possibly hit the table before the floor mat. During a review of the facility's P&P titled, Fall Risk Assessment, last reviewed 1/27/2026, the P&P indicated, The nursing staff, in conjunction with the attending physician, consultant physician, (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	therapy staff, and others, will seek to identify and document resident risk factors for falls and establish resident-centered falls prevention plan based on relevant assessment information . Policy Interpretation and Implementation 8. The staff will seek to identify environmental factors that may contribute to falling, such as lighting and room layout.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure residents with a urinary catheter (also known as Foley catheter - a hollow tube inserted into the bladder to drain or collect urine) and residents who were incontinent of bladder received appropriate care and services to prevent urinary tract infections (UTI - an infection in the bladder/urinary tract) for three of four sampled residents (Resident 168, 3, and 60) reviewed for urinary catheter or UTI care area by, failing to: 1. Ensure Resident 168'sˆurinal bottleˆ(a portable, handheld container designed to collect urine when a person cannot get to the bathroom)ˆwas labeled with the name of the resident and the date it was provided.ˆˆ 2. Ensure Resident 3'sˆurinary catheter had a leg strapˆ(a portable, handheld container designed to collect urine when a person cannot get to the bathroom)ˆor stat lockˆ(a specialized, adhesive device used in hospitals to securely hold a catheter tube in place on a patient's skin)ˆon them.ˆ 3. Follow physician order to change indwelling urinary catheter 16 French (Fr - outer diameter of the catheter size) size when Resident 60 was observed with a 20 Fr size indwelling urinary catheter. These deficient practices had the potential to result in trauma to Resident 60's urinary catheter insertion site, dislodgement and/or removal of the urinary catheter, and increased risk for catheter-associated UTI (CAUTI- an infection involving any part of the urinary system) and development of UTI for Residents 168 and 3. Findings: a. During a review of Resident 168's admission Record (AR), the AR indicated the facility admitted the resident on 2/13/2026, with diagnoses including type two (2) diabetes mellitusˆ(DM,ˆa disorder characterized by difficulty in blood sugar control and poor wound healing), end stage renal diseaseˆ(ESRD,ˆEnd Stage Renal Disease-irreversible kidney failure), and dependence on renal dialysisˆ(a life-saving medical treatment that acts as an artificial kidney for people whose own kidneys have failed).ˆ During a review of Resident 168's Minimum Data Set (MDS, a resident assessment tool), dated 3/31/2026, the MDS indicated the resident had the abilityˆto make self-understood and understand others and had intact cognitionˆ(means that a person's mental abilities—such as thinking, memory, attention, and language—are working well and have not experienced significant decline or impairment).ˆThe MDS indicated that the resident needed substantial/maximalˆassistanceˆon toileting hygiene and was always incontinent of urine.ˆ During a review of Resident 168's Care Plan (CP) Report titled, Bladder: At risk for complications with urinary system related to urinary tract infection, last reviewed on 3/12/2026, the CPˆindicatedˆa goal that Resident 168`s signs/symptoms of urinary tract infection will be managed and treated.ˆ During a concurrent observation and interview on 4/20/2026, at 10:36 a.m., with theˆDirector of Staff Development (DSD), inside Resident 168's room,ˆobservedˆResident 168's unlabeled urinal on top of the bedside drawer. The DSDˆstatedˆthe urinal bottle should be labeled to prevent switching of urinals.ˆ During a concurrent interview and record review on 4/23/2026, at 10:46 a.m., with the DSD,ˆResident 168's CPs and policies and procedure (P&P) were reviewed. The DSDˆstatedˆthe resident had a care plan for resident being at risk for UTI and the goal of the CP was to manage and treat UTI signs and symptoms. The DSDˆstatedˆthe P&P titled,ˆUrinal Useˆwas not followed by the staff by not labeling the urinal bottle with theˆnameˆof the resident,ˆroom number, and date it wasˆprovided,ˆand they change the urinal every Sunday. The DSDˆstatedˆthe CP was not followed andˆthe facilityˆfailed toˆensure theˆurinalˆdid not have the potential to be switched and used with another resident (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	because it was unlabeled. The DSDˆstatedˆlabeling the urinalˆpreventsˆurinary tract infection.ˆThe DSDˆstatedˆall nursing staffˆwasˆresponsible forˆensuring it is labeled.ˆ During an interview on 4/24/2026, at 2:51 p.m., with theˆDirector of Nursing (DON), the DONˆstatedˆthey label the urinal with the whole name of the resident and the date it was providedˆto make sure it is not used by another residentˆtoˆprevent UTI.ˆThe DON stated the failure of the staff to ensure the urinal was labeled with the name of the resident and the date it was provided predisposed resident to cross-contaminationˆ(the unintentional transfer of harmful bacteria, viruses, or allergens from one surface, food, or person to another)ˆand UTI.ˆ During a review of the facility's recentˆP&PˆtitledˆUrinal Use, last reviewed on 1/27/2026, the P&Pˆindicatedˆfacilityˆwill provide containers for elimination maintaining infection control standards.ˆ Procedure:ˆ 6. Urinals are single residents who use equipment and will be disposed of when damaged or excessively stained.ˆ b. During a review of Resident 3's AR, the AR indicated the facility admitted the resident on 3/29/2024, and readmitted the resident on 12/31/2025, with diagnoses includingˆend stage renal disease, dependence on renal dialysis, and paraplegiaˆ(loss of movement and/or sensation, to some degree, of the legs).ˆ During a review of Resident 3's History and Physical (H&P), dated 1/3/2026, the H&Pˆindicatedˆtheˆresident did not have the capacity to understand and make decisions.ˆ During a review of Resident 3's MDS, dated [DATE], the MDS indicated the resident had the ability to make self-understood and understand others and had moderate cognitive impairmentˆ(a stage of brainˆdecline, where memory loss and confusion become significant enough to interfere with daily life). The MDS indicated that the residentˆrequiredˆsubstantial/maximalˆassistanceˆon toileting hygiene.ˆˆ During a review of Resident 3's Order Summary Report (OSR), dated 1/2/2026, the OSR indicated an order for:ˆ -Indwelling Catheter Careˆ(a flexible tube inserted into the bladder to drain urine, secured by a small, inflated balloon to remain in place for days or weeks)ˆdaily (qd)ˆandˆif needed (PRN)ˆevery dayˆshift.ˆ -Indwelling Catheter Size 16ˆFrench (FR,ˆa universal measurement system used toˆindicateˆthe external width (diameter) of the tube)/10ˆcubic centimeters (cc,ˆa metric unit for measuring the volume or space occupied by a small object). Diagnosis (dx): Neuromuscular dysfunction of bladderˆ(occurs when damage to the brain, spinal cord, or nerves disrupts the signals needed to store or empty urine properly)ˆunspecified.ˆ -Secure indwelling urinary catheterˆwithˆStabilization Device (Goal Reduce Pulling & Frictionˆ(a force that resists or slows down movement when two surfaces rub against each other)). Change every seven (7) days & PRN if soiled/peeling. Check the placementˆevery day shift every Sunday.ˆ (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of Resident 3's CP Report regarding the resident having at risk for complications with urinary system related to indwelling catheter size 16 FR/10 CC with a diagnosis of neuromuscular bladder dysfunction, last reviewed on 3/20/2026, the CP indicated an intervention to provide catheter care and empty catheter every shift and as needed. Use catheter anchor to secure catheter. Notify nurse of foul-smelling urine, blood, or discharge.ˆ During a concurrent observation and interview on 4/20/2026, at 12:45 p.m., withˆCertified Nursing Assistant (CNA)ˆ6, inside Resident 3's room,ˆobservedˆResident 3's indwelling urinary catheter did not have a securement device such as a stat lock or leg strap. CNA 6ˆstatedˆthe catheter should have a securement device to prevent pulling and dislodgement.ˆ During a concurrent interview and record review onˆ4/23/2026, at 10:53 a.m., with the DSD, reviewed Resident 3's OSR, CP, and policies and procedures (P&P). The DSDˆstatedˆthere was a physician's order to use a securement device with a goal of preventing pulling and friction, and the CP alsoˆindicatedˆto use a securement device to keep the catheter in place. The DSDˆstatedˆthat the licensed staff did not follow the P&PsˆMale Catheter Insertion,ˆandˆPhysician's Medication and Treatment Orders.ˆThe DSD stated the failure of the staff to place a securement device on Resident 3's indwelling catheter had predisposed the resident to trauma due to pulling of the catheter that could to skin tear in theˆurinaryˆmeatusˆ(the small opening at the end of the urethra where urine exits the body)ˆleading to infection such as UTI.ˆ During an interview on 4/24/2026, at 2:51 p.m., with the DON, the DON stated the indwelling urinary catheter of Resident 3 should have a securement device such as a leg strap or stat lock to keep the catheter in place to prevent tugging and pulling causing trauma to the meatus of the resident. The DONˆstatedˆthe failure of the staff to apply a securement device can lead to trauma to the resident's meatus causing a skin tear creating a portal of entry for infection to set in.ˆ During a review of the facility's recentˆP&PˆtitledˆMale Catheter Insertion, last reviewed on 1/27/2026, the P&Pˆindicatedˆˆ 10. Secure Catheterˆ -Use stabilization deviceˆ -Prevent pulling and urethral traumaˆ c. During a review of Resident 60's AR, the AR indicated that the facility admitted the resident on 1/13/2026, with diagnoses including neuromuscular dysfunction of bladder (dysfunction of nerves causing loss of bladder control), bacteremia (presence of bacteria in the bloodstream), and paraplegia (loss of movement and/or sensation, to some degree, of the legs). During a review of Resident 60's H&P, dated 1/14/2026, the H&P indicated that the resident had the capacity to understand and make decisions. During a review of Resident 60's MDS, dated [DATE], the MDS indicated that the resident was cognitively intact (a person's thinking, learning, and memory abilities are functioning normally and are not impaired) and required supervision or touching assistance from staff with toileting hygiene and personal hygiene and that the resident had an indwelling catheter. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of Resident 60's Treatment Administration Record (TAR) for the month of 4/2026, undated, the TAR indicated unscheduled Other orders for indwelling catheter Size: 16 FR/10 cc (cubic centimeters – a unit of measurement), diagnosis: neuromuscular dysfunction of bladder. During a review of Resident 60's CP focused on at risk for complications with urinary system related to presence of indwelling catheter Fr 16 secondary to neuromuscular dysfunction of bladder, initiated date 1/14/2026, the CP indicated the resident with goals of no complications related to diagnosis and included interventions such as change indwelling catheter as needed (PRN) for dislodgement or non-patency or further complications noted. During a concurrent observation and interview on 4/22/2026 at 8:45 a.m. with CNA 3, inside Resident 60's room, CNA 3 stated that she (CNA 3) applied adult briefs on Resident 60 because the urinary catheter was leaking. CNA 3 stated the urinary catheter label indicated 20 Fr. Resident 60 stated he (Resident 60) had this size 20 Fr for two weeks now and it used to be 16 Fr. CNA 3 stated she (CNA 3) will inform the treatment nurse about the urinary catheter leaking. During a concurrent interview and record review on 4/22/2026 at 1:30 p.m. with Registered Nurse (RN) 3, Resident 60's eINTERACT Situation, Background, Assessment, Recommendation Summary (SBAR- a four-step communication framework) for Providers, dated 4/22/2026 was reviewed. RN 3 stated that she (RN 3) was notified by Treatment Nurse (TN) 1 that Resident 60 was observed with bypassing of his Foley catheter. RN 3 stated TN 1 attempted to reinsert a new Foley catheter but was met with resistance and was unsuccessful. RN 3 stated Resident 60's doctor was notified and received orders to transfer the resident out to a hospital. RN 3 stated bypassing urine in a Foley catheter means the urine leaks around the outside of the tube rather than draining through it. During an interview on 4/22/2026 at 1:49 p.m. with Treatment Nurse (TN) 1, TN 1 stated he (TN 1) provided treatment to Resident 60 today, 4/22/2026. TN 1 stated Resident 60's indwelling urinary catheter size was 20 Fr and replaced it with 16 Fr. TN 1 stated there was resistance when they tried to insert 16 Fr and did not have any urinary output and the resident's doctor was contacted. TN 1 stated they received order to transfer Resident 60 to the hospital. TN 1 stated that he (TN 1) provided treatment to Resident 60 yesterday, 4/21/2026, and the urinary catheter was still 16 Fr. TN 1 stated he (TN 1) does not know who placed the 20 Fr catheter. TN 1 stated the order was to place 16 Fr and it was not followed. TN 1 stated 20 Fr is a bigger size than 16 Fr. TN 1 stated inserting a urinary catheter from a small to a bigger size may cause irritation and pain to the resident. TN 1 stated other signs include hematuria or blood in the urine, sedimentation, discharges, and redness. During a concurrent interview and record review on 4/23/2026 at 10:11 a.m. with the Assistant Director of Nursing (ADON), Resident 60's nursing progress notes and eINTERACT SBAR were reviewed. The ADON stated the licensed nurse can place (insert) a size 20 Fr catheter but there should be a doctor's order for placement (insertion). The ADON stated there was no documentation under the nursing progress notes and eINTERACT SBAR of placing a 20 Fr urinary catheter. The ADON stated the physician order and policy was not followed. During a review of the facility's policy and procedure (P&P) titled, Physician's Medication and Treatment Orders, last reviewed and approved on 1/27/2026, the P&P indicated that Orders for medications and treatments will be consistent with principles of safe and effective order writing. During a review of the facility's P&P titled, Urinary Tract Infections (Catheter-Associated), Guidelines for Preventing, last reviewed and approved on 1/27/2026, the P&P indicated that the purpose of this (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	procedure is to provide guidelines for the prevention of catheter-associated urinary tract infections (CAUTIs). Documentation 1. Document (per facility protocol or as ordered) the following information: a. The continued need for the resident's indwelling catheter; and b. Any signs or symptoms of urinary tract infection.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure respiratory care provided to residents was consistent with professional standards of practice for four of four sampled residents (Residents 22, 235, 5, and 212) reviewed for respiratory care by failing to ensure: 1. Resident 22's suction canister (a rigid or semi-rigid medical container used to collect fluids, blood, and mucus removed from a resident's body during surgery or respiratory care) was labeled with the date and time it was provided. 2. Resident 235's oxygen (O2) via nasal cannula (NC - a simple, two-pronged device that delivers extra oxygen to the nose) tubing was not touching the floor. 3. Resident 5's physician's order for oxygen therapy and care plan was complete, and included parameters for oxygen titration with a specific target saturation range (instructions how to adjust a resident's oxygen levels safely) and pulse oximetry (measuring how much oxygen is in blood) monitoring. 4. Resident 212 received two liters of oxygen continuously according to physician's order. These deficient practices had the potential for residents to develop complications such as shortness of breath and desaturation (low levels of oxygen in the blood) and respiratory infections. Findings: 1. During a review of Resident 22's admission Record (AR - front page of the chart that contains a summary of basic information about the resident), the AR indicated the facility admitted the resident on 3/14/2012, and readmitted the resident on 10/13/2023, with diagnoses including chronic obstructive pulmonary disease (COPD - a chronic lung disease causing difficulty in breathing) and dyspnea (the medical term for shortness of breath or difficulty breathing). During a review of Resident 22's History and Physical (H&P), dated 4/19/2026, the H&P indicated the resident did not have the capacity to understand and make decisions. During a review of Resident 22's Minimum Data Set (MDS - a resident assessment tool), dated 1/31/2026, the MDS indicated the resident rarely/never had the ability to make self-understood and understand others and had severely impaired cognition (a profound, often irreversible loss of mental capacity where an individual can no longer think, reason, remember, or communicate effectively). During a concurrent observation and interview on 4/20/2026 at 11:06 a.m. with Registered Nurse (RN) 8, observed Resident 22's unlabeled suction canister on the suction setup (a medical device used to create a vacuum to remove fluids [mucus, blood, vomit] from a person's mouth, throat, or airway) at the resident's beside. RN 8 stated the suction canister should have been labeled with the date and time it was provided for infection control. RN 8 stated the failure of the staff to label the suction canister with the date and time provided had the potential of using the canister for more than a week causing bacteria and viruses to grow on the canister that when used on the resident can lead to respiratory infections. RN 8 stated they changed the suction canisters every Saturday and if needed (prn). During a concurrent interview and record review on 4/23/2026 at 9:26 a.m. with the Director of Staff Development (DSD), the facility-provided policy and procedure (P&P) titled, Suction Canisters, Labeling, was reviewed. The DSD stated Resident 22's suction cannister should be labeled with the date it was provided to the resident to prevent respiratory infections. The DSD stated the suction canisters should be changed weekly as it grows bacteria and viruses that can cause the resident to get sick. The DSD stated the P&P was not followed. During an interview on 4/24/2026 at 2:51 p.m. with the Director of Nursing (DON), the DON stated Resident 22's suction canister should be labeled with the name and date it was provided for (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	prevention of respiratory infection to the resident. The DON stated it was the responsibility of all staff to ensure the suction canisters were labeled and not used for more than a week. During a review of the facility's recent P&P titled, Suction Canisters, Labeling, last reviewed on 1/27/2026, the P&P indicated all bedside suction canisters must be clearly, accurately, and consistently labeled to prevent cross-contamination, ensure proper infection control. Procedure: 1. Bedside suction canisters should be labeled with resident identifier (room number, resident initials, etc.). 2. During a review of Resident 235's AR, the AR indicated the facility admitted Resident 235 on 9/19/2023 with diagnoses including COPD, congestive heart failure (CHF - a heart disorder which causes the heart to not pump the blood efficiently, sometimes resulting in leg swelling), and generalized muscle weakness. During a review of Resident 235's H&P, dated 10/16/2025, the H&P indicated Resident 235 had the capacity to understand and make decisions. During a review of Resident 235's MDS, dated [DATE], the MDS indicated Resident 235 had an intact cognition (mental action or process of acquiring knowledge and understanding) and was able to understand and make her needs known. The MDS further indicated Resident 235 was independent with eating and oral hygiene; required supervision or touching assistance with upper body dressing, lower body dressing, sit to stand, and transfers; setup or clean up assistance with all other activities of daily living (ADLs - basic tasks that must be accomplished every day for an individual to thrive). The MDS indicated Resident 235 received oxygen therapy while in the facility. During a review of Resident 235's Order Summary Report, dated 4/24/2026, the Order Summary Report indicated a physician's order dated 1/29/2026 for oxygen at two (2) to five (5) liters per minute via NC continuously every shift. During an observation on 4/21/2026 at 8:35 a.m. inside Resident 235's room, observed Resident 235 asleep with the head of the bed elevated at a sitting position, oxygen therapy running at 2 liters per minute via NC with the tubing touching the floor. During a concurrent observation and interview on 4/21/2026 at 8:39 a.m. inside Resident 235's room with CNA 5, CNA 5 stated Resident 235's oxygen tubing was touching the floor. CNA 5 stated that the staff have to make sure that all nasal cannula tubing should be kept off the floor by placing the extra tubing that may touch the floor inside the plastic storage bag always hanging on the side of the oxygen concentrator (a machine that takes in the air in the room and filters out the gases and leaves more concentrated oxygen for residents to breathe) machine prior to leaving the room. CNA 5 stated that the oxygen tubing should not be touching the floor at any time as the floor is dirty as it contaminates the tubing and Resident 235 can get infection from the contaminated tubing. During an interview on 4/21/2026 at 9:01 a.m. with Licensed Vocational Nurse (LVN) 11, LVN 11 stated that the oxygen tubing should not be touching the floor at any time. LVN 11 stated that the floor is dirty even if it is cleaned by the housekeeping staff and can contaminate the tubing. LVN 11 stated that the staff are supposed to make sure that any extra tubing hanging on the side of the (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	oxygen concentrator was not touching the floor prior to leaving the room and was placed inside the plastic storage bag on the side of the machine. LVN 11 stated that Resident 235's oxygen tubing should not have touched the floor. LVN 11 stated that bacteria can go up the tubing, can be inhaled by Resident 235, and placed the resident at risk for getting infection from the contaminated tubing. During an interview on 4/24/2026 at 3:18 p.m., with the DON, the DON stated that Resident 235 stated that the staff should make sure that the oxygen tubing was not touching the floor after rearranging the resident's personal belongings including the oxygen concentrator and prior to leaving the room. The DON stated that any extra tubing hanging should be placed inside the plastic storage bag provided and hanging on the side of the oxygen concentrator. The DON stated that Resident 235's oxygen tubing should not have been touching floor as it was an infection control issue. The DON stated that the floor was dirty and contaminated the tubing which may lead to Resident 235 inhaling the bacteria and may acquire infection from the contaminated oxygen tubing. During a review of the facility's P&P titled Infection Prevention and Control Program (IPCP), last reviewed on 1/27/2026, the P&P indicated the IPCP is established and maintained to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. The P&P further indicate that some of the important facets of infection prevention include identifying possible infections or potential complications or dissemination, instituting measures to avoid complications or dissemination, educating staff and ensuring they adhere to proper techniques and procedures, and communicating the importance of standard precautions and respiratory hygiene. 3. During a review of Resident 5's AR, the AR indicated that the facility admitted Resident 5 on 12/06/2022 with diagnoses including polyneuropathy (a condition where many nerves outside the brain and spinal cord are damaged, often causing numbness, tingling, burning pain, and weakness), hypertension (high blood pressure), chronic pain syndrome (pain that lasts for over three months), COPD. During a review of Resident 5's H&P, dated 8/4/2025, the H&P indicated that Resident 5 has the capacity to make decisions. During a review of Resident 5's MDS, dated [DATE], the MDS indicated Resident 5 was cognitively intact. The MDS indicated Resident 5 was dependent (helper does all of the effort) with lower body dressing, putting on/taking off footwear. The MDS indicated Resident 5 required substantial/maximal assistance (helper does more than half the effort) with toileting hygiene, shower self. During an observation on 4/21/2026 at 8:55 a.m. in Resident 5's room, Resident 5 was receiving oxygen at five liters per minute (LPM - a measuring unit of liquid or gas flowing through a device in one minute) via NC. During a review of Resident 5's Order Summery Report, dated 1/29/2026, the Order Summary Report indicated a physician's order for oxygen therapy at 2-5 LPM via NC continuously every shift. During a concurrent interview and record review on 4/21/2026 at 2:16 p.m. with LVN 3, Resident 5's Care Plan and Order Summary Report were reviewed. LVN 3 stated that oxygen therapy care plan and the physician's order, dated 1/29/2026, indicated oxygen therapy at 2-5 LPM via NC every shift, did not indicate oxygen titration parameters with a specific target saturation level. LVN 3 stated that there was no documentation of pulse oximetry frequency. LVN 3 stated the order was incomplete, and (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	it may potentially lead to improper oxygen administration, inadequate monitoring of oxygen saturation, and increased risk of respiratory compromise. During an interview on 4/24/2026 at 3:25 p.m. with the DON, the DON stated that if the oxygen therapy care plan and the physician's order did not indicate oxygen titration parameters with a specific target saturation level and pulse oximetry frequency, it may result in inadequate respiratory monitoring, improper oxygen administration, and the resident's respiratory needs not being met, potentially leading to respiratory complications. During a review of facility's P&P titled Physician's Medication and Treatment Orders, dated 7/24/2025, the P&P indicated, Orders for medications and treatments will be consistent with principles of safe and effective order writing. The P&P titled, Care Plans, Comprehensive Person-Centered, dated 3/2025, the P&P indicated, comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. 4. During a review of Resident 212's AR, the AR indicated Resident 212 was admitted on [DATE] to the facility with diagnosis including COPD, dysphagia, oropharyngeal phase (starts in the mouth and cannot swallow properly at the beginning, so food or drink does not go down smoothly); generalized muscle weakness (weakness in many muscles throughout the body). During a review of Resident 212's H&P, dated 12/12/2025, the H&P indicated Resident 212 has the capacity to understand and make decisions. During a review of Resident 212's MDS, dated [DATE], indicated Resident 212 had the ability to make self- understood and to understand others. The MDS further indicated that Resident 212 had intact cognitive function (normal thinking). The MDS indicated the resident required partial/ moderate assistance with bed mobility, transfer, dressing, toilet use, and personal hygiene. During a review of Resident 212's Order Summary Report (OSR), dated 4/19/2026, the OSR indicated an order for oxygen at 2 liters per minute via nasal canula (N/C- a small plastic tube with two tips that go in the nose to deliver oxygen from an oxygen source) continuously every shift.^ During a concurrent interview and record review on 4/21/2026 at 10:13 a.m. with LVN 10, observed Resident 212's oxygen concentrator and LVN 10 stated the oxygen was at 4.5 liters per minute. LVN 10 reviewed the OSR which indicated oxygen level to be at 2 liters per minute via nasal canula continuously. LVN 10 stated that the oxygen Resident 212 is receiving is incorrect, the resident should be receiving 2 liters per minute as ordered and not 4.5 liters per minute. LVN 10 adjusted oxygen level to be 2 liters per minute. LVN 10 stated the OSR was not being followed, and the resident could have had oxygen overload. During an interview on 4/24/2026 at 3:15 p.m. with the DON, the DON stated the OSR was not being followed and Resident 212 could have had over oxygenation. During a review of the facility's P&P titled, Oxygen Administration, reviewed on 7/24/25, the P&P indicated, the purpose of this procedure is to provide guidelines for safe oxygen administration. Steps in the Procedure (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	5. Adjust the oxygen delivery device so that it is comfortable for the resident and the proper flow of oxygen is being administered. During a review of the facility's P&P titled, Physician's Medication and Treatment Orders, reviewed on 7/24/25, the P&P indicated, orders for medications and treatment will be consistent with principles of safe an effective order writing. Policy Interpretation and implementation 1. Medications shall be administered only upon the written order of a person duly licensed and authorized to prescribe such medications in this state.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facilityˆfailed toˆsafely use bed rails (metal or plastic bars or guards attached to the sides of a bed to act as a barrier or support) for three of four sampled residents (Resident 11, 22 and 163) by failing to ensure: 1. Resident 11's half (1/2) bed rails (aˆ1/2 (half-length) bed rail is a safety barrier that covers only the top portion of a bed, typically near the user's torso)ˆhad a physician's order and a comprehensive person-centered care plan for its use. 2. Resident 22's and 163's 1/2 bed railsˆhad a physician's order, informed consentˆ(voluntary agreement to accept treatment and/or procedures after receiving education regarding the risks, benefits, and alternatives offered), bedrail assessment, and a care plan on its use.ˆˆ These deficient practices placed the residents at risk for potential accidents such as a body part being caught between the rails, falls if a residentˆattemptsˆto climb over, around, between, or through the rails.ˆ Findings: 1. During a review of Resident 11's admission Records (AR - the front page of the chart thatˆcontainsˆa summary of basic information about the resident), the AR indicated the facility admitted Resident 11 on 11/12/2024, then readmitted on [DATE], with diagnoses including hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body) and hemiparesis (weakness or the inability to move on one side of the body) following cerebral infarction (a type ofˆischemic strokeˆwhere a blockage, cuts off blood supply to part of the brain), type II Diabetes Mellitus (DM - a disorder characterized by difficulty in blood sugar control and poor wound healing), and generalized muscle weakness. During a review of Resident 11's History and Physical (H&P - a document with a resident's medical history and physical examination done by a physician), dated 12/9/2025, the H&P indicated Resident 11 had fluctuating capacity to understand and make decisions. During a review of Resident 11's Minimum Data Set (MDS - a resident assessment tool), dated 3/16/2026, the MDS indicated Resident 11 required Supervision or touching assistance (helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity) with toileting and personal hygiene, shower, lower body dressing. The MDS indicated Resident 11 was independent with rolling left and right (the ability to roll from lying on back to left and right side, and return to lying on back on the bed) and sit to lying (the ability to move from sitting on side of bed to lying flat on the bed). During an observation on 4/21/2026 at 8:26 a.m. in Resident 11's room, observed Resident 11 lying in his bed with bilateral side rails elevated. During a concurrent observation and interview on 4/24/2026 at 9:16 a.m. in Resident 11's room with Certified Nurse Assistant (CNA) 4, observed Resident 11 in bed with bilateral half siderails elevated. CNA 4 stated it was Resident 11's request to have bilateral side rails elevated at all times. CNA 4 stated that Resident 11 was able to move with assistance. CNA 4 added that Resident 11 was using side rails when rolling from side to side. During a concurrent interview and record review on 4/24/2026 at 9:24 a.m. with Registered Nurse (RN) 5, RN 5 stated that side rail use required a resident assessment, an entrapment assessment, resident's or resident representative's (RR) consent, a physician's order and a care plan. RN 5 reviewed Resident 11's Order Summary Report (OSR). RN 5 stated there was no current physician's (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	order for side rail use. RN 5 stated not having physician's order for side rail use could result in the application of an unauthorized devise and could indicate lack of physician's involvement. RN 5 reviewed Resident 11's care plan. RN 5 stated there was no care plan documented for side rail use for Resident 11. RN 5 stated not having a care plan may result in staff not being informed of the purpose, proper use, and required monitoring of the side rails, leading to inconsistent care practices and lack of knowledge regarding how to safely meet the residents' needs. During an interview on 4/24/2026 at 3:11 p.m. with the Director of Nursing (DON), the DON stated that side rail use required assessment for risks and benefits of the use, entrapment assessment, resident's or RR's consent, a physician's order and must be included in the resident's comprehensive, person-centered care plan. The DON stated not having a physician's order and care plan for Resident 11 may result in unsafe use of side rails, lack of staff guidance, and increased risk for injury and harm to Resident 11. 2.a. During a review of Resident 22's AR, the AR indicated the facility admitted the resident on 3/14/2012, and readmitted the resident on 10/13/2023, with diagnoses including Alzheimer's disease (a disease characterized by a progressive decline in mental abilities), contracture (a stiffening/shortening at any joint, that reduces the joint's range of motion) of muscle, and seizures (a sudden, uncontrolled electrical disturbance in the brain which can cause uncontrolled jerking, blank stares, and loss of consciousness). During a review of Resident 22's H&P, dated 4/19/2026, the H&P indicated the resident did not have any capacity to understand and make decisions. During a review of Resident 22's MDS, dated [DATE], the MDS indicated the resident rarely/never had the ability to make self-understood and understand others and had severely impaired cognition (a profound loss of mental capacity where a person can no longer manage their daily life, think clearly, or remember familiar people and places). The MDS indicated the resident had upper and lower extremity impairments and was dependent on mobility and activities of daily living (ADLs - activities such as bathing, dressing and toileting a person performs daily). During a review of Resident 22's OSR, dated 8/7/2025, the OSR indicated an order for padded side rails up times (X) 2 top of quarter (1/4) (a short, roughly 18-inch safety rail attached to the head or foot of a hospital bed) for mobility/enabler (safety) every shift for seizures. During a review of Resident 22's Fall Risk Observation/Assessment (FROA), dated 1/31/2026, the FROA indicated the resident was high risk for falls. During a review of Resident 22's Bed Rail and Entrapment Risk Observation/Assessment (BRERO), dated 1/31/2026, the BRERO indicated an assessment for (1/4) quarter rails. During a concurrent observation and interview on 4/22/2026 at 2:22 p.m. with Licensed Vocational Nurse (LVN) 1, inside Resident 22's room, LVN 1 stated the resident's bed rails were 1/2 length. During a concurrent interview and record review on 4/23/2026 at 10:34 a.m. with the Director of Staff Development (DSD), Resident 22's MDS, OSR, FROA, and BRERO were reviewed. The DSD stated the resident had an order for 1/4 padded side rails/bedrails but no order for 1/2 bed rails, which the resident was on. The DSD stated the BRERO and the consent included in the assessment was for a 1/4 bed rail. The DSD stated the bedrail was only used as an intervention in the care plan but not a (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	primary plan. The DSD stated before a bedrail was applied to a resident they need to have a specific bedrail order, an informed consent, a bedrail assessment, and a care plan for its safe use. The DSD stated the orders should be accurate because the size of the bedrail has different severity of care/intervention, the residents can be entrapped (a dangerous, sometimes fatal, incident where a person becomes caught, trapped, or entangled in gaps between a bed's mattress, frame, or side rails), and the resident could climb over falling on a higher ground, which could cause an injury such as fracture (a broken bone). The DSD stated the purpose of care plan was to make nurses aware on how to care of the resident on a bedrail, it is like a Bible different residents have different care. The DSD also stated it was important to obtain a consent to ensure the resident or representative were aware of the risks and benefits of applying the side rails and they are agreeing to its use. During an interview on 4/24/2026 at 2:51 p.m. with the DON, the DON stated Resident 22's 1/2 padded bed rails should have a physician's order, informed consent from the resident or representative, bedrail assessment, and a care plan on its use. The DON stated it was important to have the correct order, assessments, consent, and care plan on its use because bedrails have different lengths with differing levels of interventions and monitoring needed. 2.b. During a review of Resident 163's AR, the AR indicated the facility admitted the resident on 8/4/2020, and readmitted the resident on 5/16/2022, with diagnoses including hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body) and hemiparesis (weakness or the inability to move on one side of the body, making it hard to perform everyday activities like eating or dressing) following cerebral infarction (a common type of stroke (specifically an ischemic stroke) that occurs when blood flow to part of the brain is blocked), and disorders of bone density (a measurement of the amount of minerals—mainly calcium and phosphorus—contained within a certain volume of your bone) and structure of the left hand. During a review of Resident 163's MDS, dated [DATE], the MDS indicated the resident had the ability to make self-understood and understand others and had intact cognition (means that a person's mental abilities—such as thinking, memory, attention, and language—are working well and have not experienced significant decline or impairment). The MDS indicated the resident was dependent to needing partial assistance on mobility and ADLs. During a review of Resident 163's OSR, dated 2/23/2026, the OSR indicated an order for may have 1/4 side rails up X 2 for mobility aid. During a review of Resident 163's FROA, dated 2/23/2026, the FROA indicated the resident was moderate risk for falls. During a review of Resident 163's Bed Rail Observation/Assessment (BROA), the BROA indicated an assessment for bilateral 1/4 (quarter) bedrail/siderail. During a concurrent interview and record review on 4/23/2026 at 10:34 a.m. with the DSD, Resident 163's MDS, OSR, FROA, and BRERO were reviewed. The DSD stated the resident had an order for 1/4 padded side rails/bedrails but no order for 1/2 bed rails which the resident was on. The DSD stated the BRERO and the consent included in the assessment was for a 1/4 bed rail. The DSD stated the bedrail was only used as an intervention in the care plan but not a primary topic. The DSD stated before a bedrail was applied to a resident they need to have a specific bedrail order, an informed consent, a bedrail assessment, and a care plan for its safe use. The DSD stated the orders should be accurate because the size of the bedrail has different severity of care/intervention, the residents can (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	be entrapped, and the resident could climb over and falling on a higher ground, which could cause an injury such as fracture. The DSD stated the purpose of care plan was to make nurses aware on how to care for the resident on a bedrail and different residents have different care. The DSD stated it was important to obtain a consent to ensure the resident or representative were aware of the risks and benefits of applying the side rails and they are agreeing to its use. During an interview on 4/24/2026 at 2:51 p.m. with the DON, the DON stated Resident 163's 1/2 padded bed rails should have a physician's order, informed consent from the resident or representative, bedrail assessment, and a care plan on its use. The DON stated it was important to have the correct order, assessments, consent, and care plan on its use because bedrails have different lengths with differing levels of interventions and monitoring needed. During a review of the facility's recent policy and procedure (P&P) titled, Bed Safety and Bed Rails, last reviewed on 1/27/2026, the P&P indicated resident beds meet the safety specifications established by the Hospital bed Safety Workgroup. The use of Bed rails is prohibited unless the criteria for use of bed rails have been met. Use of Bed Rails 1.Bed Rails are adjustable metal rigid plastic bars that attach to the bed. They are available in a variety of types, shapes, and sizes ranging from full to one-half, one-quarter, or one-eight lengths. Some bed rails are not designed as part of the bed by the manufacturer and may be installed on or used along the side of a bed. For purpose of this policy bed rails include: a. side rails; b. safety rails; and^ c. grab/assist bars. 3.The use of bed rails or side rails (including temporarily raising the side rails for episodic use during care) is prohibited unless criteria for use of bed rails have been met, including attempts to use alternatives, interdisciplinary evaluation, resident assessment, and informed consent. 5. If attempted alternatives do not adequately meet the resident's needs the resident may be evaluated for the use of bed rails. This interdisciplinary evaluation includes: a. an evaluation of the alternatives to bed rails that were attempted and how these alternatives failed to meet the resident's needs; b. the resident's risk associated with the use of bed rails; c. input from the resident and/or representative; and^ d. consultation with the attending physician. 8. Before using bed rails for any reason, the staff inform the resident or representative about the benefits and potential hazards associated with bed rails and obtain informed consent. The following information will be included in the consent: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	a. The assessed medical needs that will be addressed with the use of bed rails; b. Th resident's risk from the use of bed rails and how these will be mitigated; c. the alternatives that were attempted but failed to meet the resident's needs; and d. The alternatives that were considered but not attempted and the reasons.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based onˆinterview,ˆand record review,ˆthe facility failed to ensure residents were free of any significant medication errorsˆ(means the observed or identified preparation or administration of medications or biologicals which are not in accordance with the prescriber's order, manufacturer's specifications, and accepted professional standards)ˆforˆthreeˆofˆthreeˆsampled residentsˆ(Residentsˆ142,ˆ80, and 1) reviewed for insulin (a hormone that removes excess sugar from the blood, can be produced by the body or given artificially via medication) use by failing to rotate (a method to ensure repeated injections are not administered in the same area) subcutaneous (sq, beneath the skin) insulin administration sites.ˆ The deficient practicesˆhad the potential for adverse effect (unwanted, unintended result) of the same site subcutaneous administration of insulin such as excessive bruising, lipodystrophy (abnormal distribution of fat)ˆand cutaneous amyloidosis (is a condition in which clumps of abnormal proteins called amyloids build up in the skin).ˆ Cross reference F658.Findings:ˆ 1. During a review of Resident 142's admission Record (AR), the AR indicated the facility admitted the resident on 1/5/2024, with diagnoses including type two (2) diabetes mellitusˆ(DM2-ˆa disorder characterized by difficulty in blood sugar control and poor wound healing)ˆand mild protein-calorie malnutritionˆ(a condition where a person is not eating enough food to meet their body's energy and protein needs, leading to minor weight loss, slight muscle loss, or weakened immunity).ˆ During a review of Resident 142's Minimum Data Set (MDS, a resident assessment tool), dated 4/1/2026, the MDS indicated the resident had the ability to make self-understood and understand others and had moderately impaired cognitionˆ(a noticeable decline in memory, thinking, or reasoning that interferesˆwith daily life, requiring assistance with complex tasks like managing finances, medication, or transportation). The MDS indicated the resident was on a high-risk drug class hypoglycemic medicationˆ(a type of medicine used to lower high blood sugar levels, primarily in people with Type 2 diabetes).ˆˆ During a review of Resident 142's Order Summary Report (OSR), the OSR indicated an order for:ˆ 4/1/2026ˆBasaglarˆKwikPenˆSubcutaneous Solution Pen-injectorˆ((a slow-release injection taken once or twice daily to manage blood sugar levels steadily over 24 hours or longer)ˆ100ˆunitsˆ(a standard measure of biological activity (how much it lowers blood sugar), rather than a specific weight)ˆper milliliters (unit/ml,ˆmeasures the concentration or strength of insulin, telling how much medicine is packed into the liquid)ˆ(Insulin Glargine). Inject 23 units subcutaneously in the afternoon for DM management.ˆHold if blood sugar is less than 100ˆmilligrams per deciliter (mg/dl,ˆis the standard measurement in the United States used to measure the concentration of sugar (glucose) inˆtheˆblood). Rotate injection sites.ˆ 3/26/2026 Insulin Lispro Injection Solution (Insulin Lispro-a fast acting insulin). Inject 11 units subcutaneously three times a day for DMˆwith meals. Hold if blood sugar is less than 100. Pls. notify MD/nurse practitioner (NP,ˆa registered nurse with advanced graduate-level training (master's or doctorate) who is qualified to diagnose and treat illnesses, order tests, and prescribe medications)ˆifˆblood sugar (BS)ˆis less than 70 or greater than 350.ˆ 3/26/2026 Insulin Lispro Injection Solution 100ˆunit/mlˆ(Insulin Lispro). Inject as per sliding scaleˆ(a pre-determined, personalized chart that guidesˆaˆlicensed staffˆon how many units of rapid- or short-acting insulin toˆadministerˆbased onˆtheˆcurrent blood sugar level): if 70 - 140 = 0 Units If BS (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	isˆless than (<)ˆ70 giveˆorange juice (OJ)ˆif Responsive and notify MD.; 141 - 180 = 4 Units; 181 - 220 = 6 Units ; 221 - 260 = 8 Units; 261 - 300 = 10 Units; 301 - 350 = 12 Units ; 351 - 400 = 14 Units; 401 - 450 = 16 Units ; 451+ If BS is <451+ Give 18 Units and Notify MD, subcutaneously before meals and at bedtime for Diabetes.ˆRotate injection sites.ˆ During a review of Resident 142's Care Plan (CP) Reportˆregardingˆthe resident had a potential for skin discoloration related to insulin injections, last reviewed on 4/8/2026, the CPˆindicatedˆan intervention to rotate injections sites regularly.ˆ During a review of Resident 142's Location of Administration Reportˆ(LAR)ˆfor Insulin for 3/2026, the LARˆindicatedˆinsulin was subcutaneously administered on:ˆ BasaglarˆKwikPenˆSubcutaneous Solution Pen-injector 100ˆunit/mlˆ 3/1/2026ˆatˆ9:18ˆa.m. on theˆAbdomenˆ–ˆLeft Lower Quadrant (LLQ)ˆ 3/2/2026ˆatˆ9:15ˆa.m. on theˆAbdomen – LLQˆ 3/6/2026ˆatˆ9:49ˆa.m. on theˆAbdomenˆ–ˆLeft Upper Quadrant (LUQ)ˆ 3/7/2026ˆatˆ8:04ˆa.m. on theˆAbdomen – LUQˆ Insulin Aspart Subcutaneous Solution Penˆinjector 100ˆunit/mlˆ 3/18/2026ˆatˆ12:31ˆp.m. on theˆAbdomenˆ–ˆRight Lower Quadrant (RLQ)ˆ 3/18/2026ˆat 5:15ˆp.m. on theˆAbdomen – RLQˆ 3/18/2026ˆatˆ12:29ˆp.m. on theˆAbdomen – LLQˆ 3/18/2026ˆat 9:04ˆp.m. on theˆAbdomen – LLQˆ 3/19/2026ˆat 8:17ˆp.m. on theˆAbdomenˆ–ˆRight Upper Quadrant (RUQ)ˆ 3/20/2026ˆat 3:51ˆp.m. on theˆAbdomen - RUQˆ 3/21/2026ˆat 3:43ˆp.m. on theˆAbdomen – RUQˆ Insulin Lispro Injection Solutionˆ 3/11/2026ˆatˆ8:28ˆa.m. on theˆAbdomen - LLQˆ 3/11/2026ˆat 5:08ˆp.m. on theˆAbdomen – LLQˆ 3/31/2026ˆatˆ6:30ˆa.m. on theˆAbdomen - RUQˆ 3/31/2026ˆat 4:48ˆp.m. on theˆAbdomen – RUQˆ During a concurrent interview and record review on 4/23/2026, at 9:46 a.m., with theˆDirector of Staff (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Development (DSD), Resident 142's OSR, LAR, and CPsˆwere reviewed.ˆThe DSDˆstatedˆthere were three orders for insulin and all of them had orders to rotate insulin administration sites. The DSDˆstatedˆthere were multiple instances that the licensed staff did not rotate the insulin administration sites for Resident 142. The DSDˆstatedˆit was important to rotate the insulin administration sites to prevent bruising and lipodystrophy on residents. The DSDˆstatedˆthe staff gets lazy on opening the history of last administration siteˆof insulinˆon the electronic health record of the resident. The DSD added administering insulin on sites of lipodystrophy willˆhave an effect onˆits absorption causing hypoˆ(low)/hyperglycemiaˆ(high blood sugar)ˆon residents. The DSDˆstatedˆinsulin was a significant medication and not rotating insulin administration sites was a medication error.ˆ During an interview on 4/24/2026, at 2:51 p.m., with theˆDirector of Nursing (DON), the DONˆstatedˆResident 142's insulin administrationˆsites should be rotated to prevent lipodystrophy.ˆThe DONˆstatedˆthat injectingˆinsulinˆonˆtheˆsame site can cause poor absorption leading to hypo/hyperglycemia.ˆThe DONˆstatedˆthe staff did not follow their policy and procedure (P&P) titled Insulin Administration and the Manufacturer's Specifications forˆBasaglarˆand Aspart. The DONˆstatedˆinsulin was a significant medication and not rotating administration sites was considered as a medication error.ˆ 2. During a review of Resident 80's AR, the AR indicated the facility admitted the resident on 8/3/2021, and readmitted the resident on 8/16/2023, with diagnoses including DM2 with diabetic neuropathyˆ(nerve damage caused by long-term high blood sugar (glucose) levels due to diabetes), morbid obesityˆ(nerve damage caused by long-term high blood sugar (glucose) levels due to diabetes), and disease of spleenˆ(a small, fist-sized organ located in the upper left side of the belly, just under the ribs and above the stomach).ˆ During a review of Resident 80's History and Physical (H&P), dated 12/5/2025, the H&Pˆindicatedˆthe resident had the capacity to understand and make decisions.ˆˆ During a review of Resident 80's MDS, dated [DATE], the MDS indicated the resident had the ability to make self-understood and understand others and had intact cognitionˆ(means that a person's mental abilities—such as thinking, memory, attention, and language—are working well and have not experienced significant decline or impairment). The MDS indicated the resident was on a high-risk drug class hypoglycemic medication.ˆˆ During a review of Resident 80's OSR, the OSR indicated an order for:ˆ 12/1/2025ˆNovoLogˆSolution 100 UNIT/ML (Insulin Aspart-a fast acting insulin). Inject 18 unitsˆsubcutaneously before meals for diabetes Rotate insulin site.ˆ 4/3/2026 Lantus Subcutaneous Solution 100ˆunit/mlˆ(Insulin Glargine-aˆlong-actingˆinsulin). Inject 36 unitsˆsubcutaneously in the morning for DM before breakfast, rotate site.ˆ During a review of Resident 80's CP Reportˆregardingˆthe resident had a potential for skin discoloration related to insulin injections, last reviewed on 3/12/2026, the CPˆindicatedˆan intervention to rotate injection sites regularly.ˆ During a review of Resident 80's LAR from 3/2026 to 4/2026, the LARˆindicatedˆinsulin was subcutaneously administered on:ˆ (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	NovoLogˆSolution 100ˆunit/mlˆ 3/13/2026 atˆ7:10ˆa.m. on theˆAbdomen - LLQˆ 3/13/2026ˆatˆ10:11ˆa.m. on theˆAbdomen – LLQˆ 3/27/2026ˆatˆ10:59ˆa.m. on theˆAbdomen - LUQˆ 3/27/2026ˆat 4:47ˆp.m. on theˆAbdomen – LUQˆ 4/6/2026ˆatˆ12:23ˆp.m. on theˆAbdomen – RLQˆ 4/6/2026ˆatˆ12:22ˆp.m. on theˆAbdomen – RLQˆ 4/14/2026ˆatˆ10:23ˆa.m. on theˆAbdomen - RLQˆ 4/14/2026ˆatˆ10:27ˆa.m. on theˆAbdomen – RLQˆ During a concurrent interview and record review on 4/23/2026, at 9:46 a.m., with the DSD, Resident 80's OSR, LAR, and CPs were reviewed. The DSDˆstatedˆthere were three orders for insulin and all of them had orders to rotate insulin administration sites. The DSDˆstatedˆthere were multiple instances that the licensed staff did not rotate the insulin administration sites for Resident 80. The DSDˆstatedˆit was important to rotate the insulin administration sites to prevent bruising and lipodystrophy on residents. The DSDˆstatedˆthe staff gets lazy on opening the history of last administration site on the electronic health record of the resident. The DSD added administering insulin on sites of lipodystrophy willˆhave an effect onˆits absorption causing hypo/hyperglycemia on residents.ˆ During an interview on 4/24/2026, at 2:51 p.m., with the DON, the DONˆstatedˆResident 80's insulin administrationˆsites should be rotated to prevent lipodystrophy.ˆThe DONˆstatedˆthat injectingˆinsulinˆonˆtheˆsame site can cause poor absorption leading to hypo/hyperglycemia.ˆThe DONˆstatedˆthe staff did not follow their policy and procedure (P&P) titled Insulin Administration and the Manufacturer's Specifications forˆBasaglarˆand Aspart.ˆ During a review of the facility's recentˆP&Pˆtitled, Adverse Consequences and Medication Errors, last revised on 1/27/2026, the P&Pˆindicatedˆunder Policy Interpretation and Implementation:ˆ 1.ˆ A medication error is defines as the preparation or administration of drugs or biological which is notˆin accordance withˆprovider's orders, manufacturer's specifications, or accepted professional standards and principles of the professional(s) providing services.ˆ 2. Medication errors are managed according to facility policy.ˆ During a review of the facility's recentˆP&Pˆtitled, Insulin Administration, last reviewed on 1/27/2026, the P&Pˆindicatedˆto provide guidelines for the safe administration of insulin.ˆ General Guidelinesˆ 5. Insulin injections sites are routinely rotated.ˆ (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Steps in the Procedure (Insulin Injections via Syringe)ˆ 13. Select an injection site.ˆ a. Insulin may be injected into the subcutaneous tissue of the upper arm and anterior or lateral areas of the thighs and abdomen. Avoid the area approximately 2 inches around the navel.ˆ b. Injection sites should be rotated, preferably within the same general area (abdomen, thigh, upper arm).ˆ During a review of the facility-providedˆHighlights of Prescribing Information (HPI)ˆon the use ofˆBasaglarˆ(insulin glargine) injection, for subcutaneous use, with initial U.S. approval in 2015, the HPI indicated to rotate injection sites into the abdominal area, thigh, or deltoid to reduce the risk of lipodystrophy and localized cutaneous amyloidosis.ˆ During a review of the facility-provided HPI, on the use of Insulin Aspart injection, for subcutaneous or intravenous use, withˆinitialˆU.S. approval in 2000, the HPI indicated under dosage and administration,ˆ Subcutaneous injection:ˆ -Inject subcutaneously within 5-10 minutes before a meal into the abdominal area, thigh,ˆbuttocksˆor upper arm.ˆ -Rotate injection sites within the same region from one injection to the next to reduce the risk of lipodystrophy and localized cutaneous amyloidosis.ˆ 3. During a review of Residentˆ1's AR, theˆARˆindicated the facility originally admitted the resident onˆ3/18/2016, and readmitted the resident onˆ12/7/2025, with diagnoses including DM2,ˆgeneralized muscle weakness, andˆdementia (a progressive state of decline in mental abilities).ˆ During a review of Residentˆ1's H&P, datedˆ11/4/2025, the H&Pˆindicatedˆthe resident did notˆhaveˆdecision making capacity.ˆ During a review of Residentˆ1's MDS dated [DATE], the MDS indicated the resident hadˆseverely impairedˆcognition (mental action or process ofˆacquiringˆknowledge and understanding) and wasˆusuallyˆableˆtoˆunderstand and make his needs known. The MDS furtherˆindicatedˆthat the resident received insulin.ˆ During a review of Residentˆ1's Order Summary Report, dated 4/24/2026, the Order Summary Reportˆindicatedˆthe following physician's orders:ˆ - 12/7/2025 to 4/16/2026:ˆHumulinˆRˆsolution 100ˆunit per milliliter (unit/ml – a unit of measurementˆ(Insulin Regular Humanˆ-ˆa short acting insulin) inject as per sliding scale: if blood sugar (BS – level of sugar in the blood) is 70 to 149ˆ=ˆzero (0) unit; if BS is less thanˆ(<, a unit of measurement)ˆ70, notify the physician. Give orange juiceˆif the resident is responsive; if 150ˆto199ˆgiveˆone (1) unit; if 200ˆto 249ˆgiveˆthreeˆ(3) units;ˆif 250ˆtoˆ299ˆgiveˆfive (5)ˆunits,ˆifˆ350ˆplusˆgive eight (8) units. Notify the physician,ˆsubcutaneouslyˆthreeˆtimes a day for DM 2 management. Rotate injection sites.ˆ (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- 4/16/2026:ˆHumulin R solution 100 unit per milliliter (unit/ml – a unit of measurement (Insulin Regular Human - a short acting insulin) inject as per sliding scale: if BS is 70 to 149 = zero (0) unit; if BS is < 70, notify the physician. Give orange juice if the resident is responsive; if 150 to199 giveˆone (1)ˆunit; if 200 to 249 giveˆthree (3)ˆunits; if 250 to 299 giveˆfive (5)ˆunits; if 300 to 349 giveˆseven (7)ˆunits, if 350-400 giveˆeight (8)ˆunits. Notify the physician if the BS isˆ>ˆ400 subcutaneouslyˆthreeˆtimes a day for DM 2 management. Rotate injection sites.ˆ - 2/12/2026ˆtoˆ4/4/2026:ˆinsulin glargineˆsubcutaneous solution (a long-acting insulin) 100 unit/mlˆinjectˆeightˆ(8)ˆunits subcutaneouslyˆtwoˆtimes a dayˆfor DM 2.ˆ - 4/4/2026:ˆinsulin glargine subcutaneous solution 100 unit/ml inject 8 units subcutaneouslyˆtwoˆtimes a day for DM 2 and rotate site.ˆ During a review of Residentˆ1's care plan (CP) on diabetes initiated onˆ9/24/2025ˆand last revised on 4/21/2026, the CP indicated to administer medications as ordered as one of the interventions to keep resident free of all signs and symptoms of hypoglycemia (low level of sugar in the blood) or hyperglycemia (high level of sugar in the blood).ˆ During a concurrent interview and record review on 4/24/2026 atˆ1:52ˆp.m.ˆwith the Director of Staff Development (DSD),ˆResidentˆ1's physician's orders, care plan, and location of administration sites forˆHumulin R and insulin glargineˆfor 3/2026ˆand 4/2026ˆwere reviewed.ˆThe DSDˆstatedˆthatˆResidentˆ1ˆhad a physician's order forˆinsulin glargineˆandˆHumulin Rˆand were administered as follows:ˆ - Insulin Glargine Subcutaneous Solution 100 unit/ml:ˆ 3/22/26 8:31 p.m. subcutaneously abdomen -ˆleft lower quadrant (LLQ)ˆˆ 3/23/26 9:26 p.m. subcutaneously abdomen – LLQˆ 4/4/26 9:57 p.m. subcutaneously abdomen –ˆLLQˆ 4/5/26ˆ10:10 p.m.ˆ subcutaneously abdomen – LLQˆ 4/6/26ˆ9:45 p.m. subcutaneously abdomen - LLQˆ 4/15/26ˆ9:18ˆp.m.ˆsubcutaneouslyˆarm - leftˆ 4/16/26ˆ9:16ˆp.m.ˆsubcutaneouslyˆarm – leftˆ - Humulin R 100 unit/ml:ˆ 3/22/26ˆ8:31ˆp.m.ˆsubcutaneouslyˆabdomen - LLQˆˆ 3/23/26 9:26 subcutaneouslyˆabdomen – LLQˆ 4/5/26ˆ4:04 p.m.ˆsubcutaneously abdomen – right lower quadrant (RLQ)ˆ 4/5/26ˆ10:11p.m.ˆ subcutaneouslyˆabdomen – RLQˆ (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The DSDˆstatedˆthat the licensed nurses did not rotate the insulin administration sites.ˆTheˆDSDˆstatedˆthat the administration sites for insulin should be rotated per standards of practice, manufacturer's guidelines, andˆasˆindicatedˆin the physician's orderˆto prevent lumps in the skin which can affect the absorption of insulin.ˆThe DSDˆstatedˆthe location of administration sites for Residentˆ1'sˆinsulin glargine and Humulin Rˆwere not rotated.ˆTheˆDSDˆstatedˆthat Residentˆ1's administration sites should have been rotated to prevent lumps on the resident's skin affecting the absorption of insulin which may lead to hyperglycemia or hypoglycemia.ˆThe DSDˆstatedˆthat not rotating Residentˆ1's insulin administration sites can be considered a medication error by not following the manufacturer's guidelines,ˆprofessional standards of care, and the physician's order.ˆ During a concurrent interview and records review on 4/24/2026 at 8:30 a.m.,ˆwith the Director of Nursing (DON),ˆResidentˆ1's physician's orders, and Location of Administration sites forˆinsulin glargine and Humulin Rˆwereˆreviewed.ˆThe DONˆstatedˆinsulin is considered a significant medication. The DONˆstatedˆthat Residentˆ1'sˆinsulin glargine and Humulin Rˆadministration sites were not rotated for 3/2026ˆand 4/2026. The DONˆstatedˆthat insulin should be administered on the clean sites and rotated to prevent lipodystrophy. TheˆDONˆstatedˆthat if the insulinˆwasˆadministered on the sites with lipodystrophy, the insulin will not be properly absorbed and not be effective which could lead to hypoglycemia or hyperglycemia. The DONˆstatedˆthat not rotating the insulin administration sites can be considered a significant medication error by not following the manufacturer's guidelines,ˆstandards of practice, and the physician's order.ˆˆ During a review of the facility's policy and procedure (P&P) titled,ˆAdverse Consequences and Medication Errors, last revised on 1/27/2026, the P&Pˆindicated:ˆ 1. A medication error is defines as the preparation or administration of drugs or biological which is notˆin accordance withˆprovider's orders, manufacturer's specifications, or accepted professional standards and principles of the professional(s) providing services.ˆ 2. Medication errors are managed according to facility policy.ˆ During a review of the facility providedˆConsumer Medicine Information (CMI) Summaryˆforˆthe use onˆHumulin Rˆinjection,ˆprepared onˆ10/2024, theˆCMI Summaryˆindicated to changeˆtheˆinjection siteˆ(upper arms, thighs,ˆbuttocksˆor abdomen. Use of injection site should be rotatedˆso that the same spot is not used more than once a month. The CMI Summary furtherˆindicated:ˆ - Ifˆ Humulin was injected in the same place, the fatty tissue may shrink (lipoatrophy) or thicken (lipohypertrophy).ˆˆ - Lumps under the skin may also be caused by a buildup of a protein called amyloid (cutaneous amyloidosis).ˆ - To help prevent these skin changes, do not use the same place for injection more often than once a month.ˆ - Humulin may not work very well if injected into a lumpy, shrunken, or thickened area. Avoid injecting into these areas.ˆ - A skin related side effect is lipodystrophy which may include depression on the skin or an (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	enlargement or thickening of the tissue around the injection siteˆand a change in injection technique may solve the problem.ˆ

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. Based on observation, interview, and record review the facility failed to meet the nutritional needs for 38 out of 237 residents who received fortified diet (foods with nutrients added to them) when on 4/20/2026 during lunch service, [NAME] 2 did not follow the menu and used a teaspoon instead of a tablespoon to add melted margarine on the potatoes and vegetables. This deficient practice had the potential to result in an inadequate number of calories and/or protein the residents need which may lead to weight loss. Findings: During a review of the facility's menu spreadsheet (a list containing types and amount of foods of what each diet type would receive) titled Spring Cycle Menu, dated 4/20/2026, Week four (4) Monday, the menu spreadsheet indicated that for the residents on regular diet, the facility would include the following food items on the tray: - Baked hamburger three (3) ounces (oz - a unit of measurement) - [NAME] sauce one (1) oz - Diced fried potatoes 1/2 cup (c. - a household measurement) - Capri blend vegetables 1/2 c - Wheat roll, 1 - Margarine 1 teaspoon (tsp - a household measurement) - Spring fruit crisp 3 inches by two (2) and 1/2 inches, 1 piece - Milk four (4) oz During a review of the facility provided information paper posted at [NAME] 2's station during the trayline (an area where food was assembled) titled, Fortified Diets, undated, the information paper indicated that fortified diets are designed for residents who cannot consume adequate amount s of calories and/or protein to maintain their weight or nutritional status. The goal is to increase the calorie density of foods commonly consumed by residents. The amount of calorie should be approximately 300 - 400 kilocalories per day (kcal/day - a unit of measurement). The information paper further indicated the current fortification plan for lunch: - Add one (1) oz of melted margarine on potatoes, rice, or pasta - Add one (1) oz of melted margarine on hot vegetables During a trayline observation on 4/20/2026 at 11:35 a.m., observed [NAME] 2 used a household teaspoon when adding melted margarine on the diced fried potatoes and capri blend vegetables for the residents on fortified diet. During an interview on 4/20/2026 at 11:43 a.m. with [NAME] 2, [NAME] 2 stated that she (Cook 2) used a household teaspoon to place melted margarine on the potatoes, rice, and vegetables for the residents on fortified diets. During a concurrent observation of trayline for lunch service, interview with the Dietary Supervisor (DS), and review of information paper on fortified diets posted on [NAME] 2's station on 4/20/2025 at 11:45 a.m., the DS stated the information paper on fortified diets indicated to add one oz of melted margarine on potatoes, rice, pasta, and hot vegetables to increase nutrients or calories for the residents who are consuming enough amount of calories. The DS stated that one oz is equivalent 30 milliliters (ml - a unit of measurement). The DS stated that [NAME] 2 should have used the correct scoop or ladle measuring 30 ml. The DS stated that the addition of melted margarine in fortified diets was to increase the calorie density of foods commonly consumed by residents and was equivalent to at least 300-400 kcal/day. During a follow up interview on 4/22/2026 at 3:15 p.m. with [NAME] 2, [NAME] 2 stated that she (Cook 2) had used the household teaspoon a few times and she (Cook 2) had only used one- two tsp of the melted margarine for fortified diets. [NAME] 2 stated that she (Cook 2) should have used the correct scoop or ladle when adding the melted margarine to make sure the residents are getting the correct number of calories they need. During a follow up interview with the DS on 4/24/2026 at 1:30 p.m., the DS stated that [NAME] 2 did not use the correct scoop when adding melted margarine during trayline lunch service on 4/20/2026 for the residents on fortified diets. The DS stated that the addition of melted margarine in fortified diets was to increase the calorie density of foods commonly consumed by residents and was equivalent to at least 300-400 kcal/day. The DS stated that if [NAME] 2 did not add the correct amount of melted margarine on the potatoes and vegetables, it placed the 38 residents who received fortified diets from the kitchen at risk weight loss due to decreased calorie density in their food. During a concurrent interview and record review on 4/24/2026 at 3:30 p.m., with the Director of Nursing (DON), the information paper the kitchen cooks use as a reference on Fortified Diets was reviewed. The DON stated that the (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	information on Fortified Diets indicated to add one oz of melted margarine on potatoes, rice, pasta, and hot vegetables to increase the calorie density of foods commonly consumed by residents and was equivalent to at least 300 - 400 kcals/day. The DON stated that the kitchen staff, especially the cooks, were supposed to follow and prepare and serve the residents' meals as indicated in the menu. The DON stated that using the appropriate scoops or ladles will ensure the residents receive the correct number of calories and nutrients they need. The DON stated that [NAME] 2 should have used the correct scoop or ladle when adding the melted margarine instead of a household teaspoon during lunch service on 4/20/2026 as it placed the 38 residents who received fortified diets from the kitchen at risk for weight loss due to inadequate amount calories received. During a review of the facility's policy and procedure (P&P) titled, Menus, last reviewed on 1/27/2026, the P&P indicated menus are developed and prepared to meet resident choices including religious, cultural and ethnic needs while following established national guidelines for nutritional adequacy. The P&P further indicated menus meet the nutritional needs of residents in accordance with the recommended dietary allowances. During a review of the facility's P&P titled, Therapeutic Diets, last reviewed on 1/267/2026, the P&P indicated that therapeutic diets are prescribed by the attending physician to support the resident's treatment and plan of care and in accordance with his ir her goals and preferences. The P&P further indicated: - Diet will be determined in accordance with the residents' informed choices, preferences, treatment goals and wishes. - A therapeutic diet is considered a diet ordered by a physician, practitioner or dietitian as part of treatment for a disease in clinical condition, to modify specific nutrients in the diet, or to alter the texture of a diet.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to ensure safe and sanitary food storage and food preparation practices in the kitchen by: 1. Failing to ensure eight (8) meal trays were stacked and still wet in the drying area section next to the dishwashing area and two (2) clear food storage bins were stacked and still wet in the dried food storage bins area. 2. Failing to discard four (4) sprouted onions, and 4 onions with brown and dark gray discoloration inside a brown box. 3. Failing to discard one (1) dented can of fruit cocktail. 4. Failing to ensure 4 plastic bags of hotdog buns and 2 plastic bags of hamburger buns were labeled with an open date. 5. Failing to indicate an open date for 1 container of soy milk, 1 container of almond milk, and 1 container of liquid non-dairy creamer. These failures had the potential to result in harmful bacterial growth and cross-contamination (transfer of harmful bacteria from one place to another) that could lead to foodborne illness (a disease caused by consuming food or drinks that are contaminated by germs or chemicals) in 237 out of 242 medically compromised residents who received food from the kitchen. Findings: During an initial kitchen tour on 4/20/2026 at 7:57 a.m. with [NAME] 1, observed the following items on a multilayered bin with breads next to the tray line area: 1. 4 plastic bags of hotdog bun with a white sticker dated 4/15/2026 2. 2 plastic bags of hamburger buns with a white sticker dated 4/15/2026 [NAME] 1 stated that the date on the white sticker attached to the bag was the date the products were received. [NAME] 1 stated that the bags did not indicate the date of when they were opened. [NAME] 1 stated that the staff assigned in the grill area should have indicated of when the bags were opened so the other kitchen staff would know that the buns were not old or spoiled. During a tour of the dry food storage room on 4/20/2026 at 8:12 a.m. with Dietary Manager (DM) 1, observed the following: 1. 4 pieces of onions that had greens sprouts and 4 onions with brown and dark gray discoloration and soft to touch inside a brown box. 2. 1 can of fruit cocktail with dent with non-dented cans. DM 1 stated that there were 4 onions that had greens sprouts and 4 onions with brown and dark gray discoloration and soft to touch inside a brown box and there was 1 dented can of fruit cocktail mixed in with the non-dented cans. DM 1 stated that the kitchen has a designated person to receive deliveries on delivery days. The policy on using the canned food items is the first in first out policy or first one delivered will be the first one to be used. DM 1 stated the dented should have been removed from the non-dented care storage area and placed in the designated area for dented cans. DM 1 stated that the sprouted onions and onions with brown and dark gray discoloration have been there in the brown box and should have been discarded. DM 1 stated that the onions cannot be used anymore and there are signs of spoilage. During a tour of the walk-in refrigerator on 4/20/2026 at 8:22 a.m. with the Dietary Supervisor (DS), observed the following inside the walk-in refrigerator: 1. 1 container of soy milk with no open date 2. 1 container of almond milk with no open date 3. 1 liquid non-dairy creamer with no open date The DS stated that 1 container of soy milk, 1 container of almond milk, and 1 container of liquid non-dairy creamer did not indicate an open date. The DS stated that the kitchen staff should label the containers of soy milk, almond milk, and liquid non-dairy creamer when they were opened so the staff would know that it was not old. The DS stated that the facility follows the Refrigerated Food Storage Guidelines for the expiration date. During a follow up observation and interview on 4/21/2026 at 11:40 a.m. inside the dishwashing area with the DS, 8 meal trays observed in the drying area stacked and still wet and 2 clear plastic storage bins stacked and still wet in the dried storage area. The DS stated that any dishes, meal trays, food storage bins, pots, and pans should not be stacked while still wet. The DS stated that there should be a gap between meal trays and food storage bins while drying and should be air dried before stacking in the storage room. During a follow-up interview with the DS on 4/24/2026 at 2:36 p.m. with the DS, the DS stated that all food items in the kitchen should be labeled with the date when they were opened so the staff would be aware of when those food items were opened and to ensure the residents were not served food that (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	are not good anymore. The DS stated that any cans that are dented should not be mixed with non-dented cans. The DS stated that the seal on the has already been broken and there is a risk of bacteria going into the can thru the dent and placed the residents at risk for food borne illnesses. The DS stated the sprouted onion with brown and dark gray discoloration and soft to touch were already showing signs of spoilage and should not be mixed with other items inside the box and should have been discarded and also placed the residents at risk for foodborne illnesses. The DS stated that the meal trays and plastic food storage bins should have been air dried first prior to stacking as bacteria can grow due to moisture and can also cause food borne illnesses. During a review of the facility's policy and procedure (P&P) titled, Labeling and Dating of Food, last reviewed on 1/27/2026, the P&P indicated that all food item in the storeroom, refrigerator, and freezer to be labeled and dated. The P&P further indicated that newly opened food items will need to be closed and labeled with an open date and used by the date that follows that various storage guidelines. During a review of the facility provided Refrigerated Food Storage Guidelines, dated 2020, the Refrigerated Food Storage Guidelines indicated that mature onions should be kept in the refrigerator with recommended maximum storage temperature of 38 degrees Fahrenheit (F - a unit of measurement) to 41 degrees F) for 30 days. The Refrigerated Food Storage Guide indicated the non-dairy creamer can be stored for 1 week or longer per manufacturer's date. During a review of the facility's P&P titled, Food Receiving and Storage, last reviewed on 1/27/2026, the P&P indicated that foods shall be received and stored in a manner that complies with safe food handling practices. The P&P further indicated: - Policy Interpretation and Implementation: - Potentially Hazardous Food (PHF) or Time/Temperature Control for Safety (TCS) Food means food that requires time/temperature control for safety to limit growth of pathogens such as bacterial or viral organisms capable of causing a disease or toxin formation. - Dry Food Storage: - Dry foods and goods are handled and stored in a manner that maintains the integrity of the packaging until they are ready to use. - Refrigerated/Frozen Storage: - All foods stored in the refrigerator or freezer are covered, labeled and dated (use by date). - Refrigerated foods are labeled, dated, and monitored so they are used by their use by date, frozen, or discarded. During a review of the facility's P&P titled, Dietary, Air Drying, last reviewed on 1/27/2026, the P&P indicated that to ensure all washed reusable dishware and equipment such as cups, plates, utensils, pitchers are air-dried in a sanitary manner to prevent contaminations and transmission of infection. All reusable dishware and equipment shall be air-dried only. Towel drying or stacking while wet is strictly prohibited due to risk of contamination. The P&P further indicated: - Position items to allow maximum air circulation. - Do not stack items while wet. - Air drying supports infection prevention by eliminating contaminated contact surfaces and reducing microbial transfer risk. During a review of Food Code 2022, the Food Code 2022 indicated, 3-501.17 Commercially processed food, open and hold cold, (B) except specified in (E) - (G) of this section, refrigerated, ready-to-eat time/temperature control for food safety food prepared and packed by a food processing plant shall be clearly marked, at the time the original container is opened in a food establishment and if the food is held for more than 24 hours, to indicate the date or day by which the food shall be consumed on the premises, sold, or discarded, based on the temperature and time combinations specified in (A) of this section and (1) The day the original container is opened in the food establishment shall be counted as Day 1; and (2) The day or date marked by the food establishment may not exceed a manufacture's use-by- date if the manufacturer determined the use-by date based on food safety. During a review of Food Code 2017 indicated 3-101.11 Safe Unadulterated, and Honestly Presented. Food shall be safe, unadulterated, and, as specified under 3-601.12, honestly presented. 3-201.11 Compliance with Food Law. A primary line of defense ensuring that food meets the requirements of S3-101.11 is to obtain food from approved sources, the implications of which are discussed below. However, it is also critical to monitor food products to ensure that, after harvesting, processing, they do not fail victim to conditions that endanger their safety, make them adulterated, or compromise their honest presentation. The regulatory community, industry, and consumers should exercise vigilance in controlling the conditions (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	to which foods are subjected and be alert to signs of abuse. FDA considers food in hermetically sealed containers that are swelled or leaking to be adulterated and actionable under the Federal Food, Drug, and Cosmetic Act. Depending on the circumstances, rusted, and pitted or dented cans may also present a serious potential hazard. During a review of Food Code 2017 indicated 4-901.11 Equipment and Utensils, air-drying required. After cleaning and sanitizing equipment and utensils: (A) Shall be air-dried or used after adequate draining. (B) May not be cloth dried.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Implement a program that monitors antibiotic use. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to implement its antibiotic stewardship program (a coherent set of actions which promote using antimicrobials responsibly) that includes antibiotic (ATB - a medicine that fights bacterial infections by killing bacteria or stopping them from multiplying) use protocols and a system to monitor antibiotic use for three of four sampled residents (Residents 168, 22, 28) reviewed for antibiotic use by failing to ensure: 1. Resident 168's Augmentin (a powerful, prescription-only antibiotic used to treat a wide range of bacterial infections) had a monitoring for adverse effects (a harmful, unwanted, or unexpected reaction caused by a medication, medical treatment, or procedure) of its use. 2a. Resident 22's Hiprex Oral Tablet (acts as a urinary antiseptic) for urinary tract infection (UTI - an infection in the bladder/urinary tract) prevention had an end date and had monitoring for adverse effects of its use. 2b. Resident 22's Cefuroxime Axetil Oral Tablet (an oral, second-generation antibiotic designed to kill bacteria by stopping them from forming the protective cell walls they need to survive) had an appropriate indication and had monitoring for adverse effects of its use. 3. Resident 28's Daptomycin (a type of antibiotic) had monitoring for adverse side effects of its use. These deficient practices had placed the residents at risk for adverse effects and multidrug resistant organisms (MDRO - are types of bacteria or germs that have developed the ability to withstand multiple, common antibiotics that used to kill them) resistance (when a germ, like a bacteria or fungus, has evolved to a point where multiple drugs that once killed it are no longer effective) to antibiotics. Findings: 1. During a review of Resident 168's admission Record (AR), the AR indicated the facility admitted the resident on 2/13/2026, with diagnoses including chronic pulmonary edema (a dangerous condition where fluid builds up in the air sacs of the lungs, making it very difficult to breathe) and emphysema (a chronic lung disease where the tiny air sacs [alveoli] in the lungs are damaged and lose their stretch, making it hard to breathe). During a review of Resident 168's Minimum Data Set (MDS - a resident assessment tool), dated 3/31/2026, the MDS indicated the resident had the ability to make self-understood and understand others and had intact cognition (means that a person's mental abilities—such as thinking, memory, attention, and language—are working well and have not experienced significant decline or impairment). The MDS indicated the resident was on a high-risk drug class antibiotic. During a review of Resident 168's Order Listing Report (OLR), dated 3/25/2026, the OLR indicated an order for Augmentin Oral Tablet 500-125 milligrams (mg - a unit of weight) (Amoxicillin & Pot Clavulanate). Give one (1) tablet by mouth 1 time a day for bacterial pleural effusion (an abnormal buildup of infected fluid between the thin membranes lining the lungs and chest cavity, usually caused by bacterial pneumonia) for 10 days. During a review of Resident 168's Care Plan (CP) Report regarding the resident was on antibiotic therapy related to bacterial pleural effusion on Augmentin Oral tablet 500-125 mg (Amoxicillin & Pot Clavulanate), resolved on 4/9/2026, the CP indicated any antibiotic may cause diarrhea (loose, watery stool), nausea (feeling of sickness or discomfort in the stomach that may come with an urge to vomit [forceful, involuntary emptying of stomach contents through the mouth]), vomiting, anorexia (a serious mental health condition and eating disorder), and hypersensitivity/allergic reactions (a mistaken overreaction of your body's immune system to a harmless substance [like food, pollen, or pet dander]). Monitor every (q)-shift for adverse reaction. During a concurrent interview and record review on 4/23/2026 at 10:41 a.m. with the Director of Staff Development (DSD), Resident 168's OLR, CP, P&P, and Manufacturer's Specifications were reviewed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The DSD stated the resident had an order for Augmentin Oral Tablet that was discontinued on 3/31/2026. The DSD stated the CP indicated to monitor for adverse effects of the antibiotic q shift. The DSD stated the monitoring for adverse effects of antibiotics were documented on the electronic health records Progress Notes every shift. The DSD reviewed the Progress Notes and found the following dates with no monitoring for adverse effects of the antibiotics: 3/30/2026, 4/1/2026, 4/2/2026, 4/3/2026, and 4/4/2026. The DSD stated the monitoring for adverse effects were not even consistently monitored every shift. The DSD stated it was important to monitor for adverse effects of the antibiotic (Augmentin) to know if the resident was having adverse effects and to immediately stop the medication and intervene on a timely manner lessening the patient discomforts brought about by its adverse effects. The DSD stated the facility did not follow their policy and procedure (P&P) titled, Antibiotic Stewardship, Adverse Consequences and Medication Errors, and the facility-provided Highlights of Prescribing Information (HPI) on the use of Augmentin (amoxicillin and clavulanate potassium) for oral suspension. During an interview on 4/24/2026 at 2:51 p.m. with the Director of Nursing (DON), the DON stated the adverse effects of the use of Augmentin for Resident 168 should be monitored at least every shift while on antibiotics. The DON stated there was a possibility of reaction to medication and timely intervening for adverse effects relieves the resident from undue discomforts and unnecessary suffering. The DON stated the Physician will need to be notified as soon as they identify adverse reactions for prompt intervention. 2. During a review of Resident 22's AR, the AR indicated the facility admitted the resident on 3/14/2012, and readmitted the resident on 10/13/2023, with diagnoses including obstructive and reflux uropathy (problems with how urine flows through the body) and chronic embolism (a long-term, persistent blockage in a blood vessel caused by a blood clot that did not dissolve or go away as it should have) and thrombosis (a long-term blood clot that has formed in a deep vein (usually in the leg) and has remained there for at least a month) of unspecified vein. During a review of Resident 22's History and Physical (H&P), dated 4/19/2026, the H&P indicated the resident did not have the capacity to understand and make decisions. During a review of Resident 22's MDS, dated [DATE], the MDS indicated the resident rarely to never had the ability to make self-understood and understand others and had severely impaired cognition (a broad term for when a person has trouble with mental tasks, including memory, learning, concentration, or decision-making). During a review of Resident 22's Order Summary Report (OSR), dated 6/27/2025, the OSR indicated an order for Hiprex Oral Tablet 1 gram (gm - a unit of weight) (Methenamine Hippurate). Give 1 tablet via gastrostomy tube (G-Tube - a small feeding tube placed directly into the stomach through a tiny opening in the belly) two times a day for UTI Prevention. During a review of Resident 22's OLR, dated 4/16/2026, the OLR indicated an order for Cefuroxime Axetil Oral Tablet 250 mg (Cefuroxime Axetil). Give 1 tablet via G-Tube every 12 hours for left (L) hand swelling for 1 Week. During a review of Resident 22's CP Report regarding the resident was on UTI prophylaxis (strategies used to prevent frequent, recurring urinary tract infections (UTIs) before they start) for Hirpex Oral Tablet 1 gm, last reviewed on 3/12/2026, the CP indicated an intervention to monitor antibiotic adverse side effects (ASE); nausea, vomiting, diarrhea. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of Resident 22's CP Report regarding the resident was on antibiotic therapy related to left hand swelling, on Cefuroxime Axetil Oral Tablet 250 mg, last reviewed on 3/12/2026, the CP indicated an intervention of any antibiotic may cause diarrhea, nausea, vomiting, anorexia, and hypersensitivity/allergic reactions. Monitor q-shift for adverse reaction. During a concurrent interview and record review on 4/23/2026 at 8:43 a.m. with the DSD, Resident 22's OSR, OLR, Progress Notes, and CP were reviewed. The DSD stated the Hiprex order does not have the duration of use. The DSD stated that without the duration of the antibiotic there was a potential for MDRO resistance. The DSD stated there was no documentation of the reason for prolonged Hiprex use nor a documentation from the Infection Preventionist (IP) if it was clarified with the ordering physician. The DSD stated they need to monitor for side effects/adverse effects on the use of Hiprex to ensure safe use, and the DSD stated there was no evidence of monitoring for adverse effects of Hiprex every shift. The DSD stated a licensed staff should have called the doctor to ask for monitoring for adverse effects. The DSD stated with regards to Cefuroxime-Axetil, the indication placed was a symptom and the indication should be a diagnosis, and it should be cellulitis (a common, potentially serious bacterial infection of the deeper layers of the skin and the tissue underneath). The DSD stated she cannot find any documentation from the attending physician if the left-hand swelling was a cellulitis. The DSD stated that the monitoring for adverse effects were missing from 4/16/2026 to 4/20/2026 and was not monitored every shift consistently.ˆThe DSD stated it was important to have an end date on the use of antibiotics to prevent MDRO resistance.ˆ The DSD sated the antibiotics order should be written to indicate what diagnosis they were treating for. The DSD stated it was important to monitor for ASE of antibiotics to stop the medication and inform of the physician of the adverse effect to mitigate and intervene for any discomforts the resident was experiencing. During an interview on 4/24/2026 at 2:51 p.m. with the DON, the DON stated a complete physicians order for antibiotics should include the drug name, dose, frequency, and indication in the form of a diagnosis, and the duration of treatment. The DON stated the order for Resident 22's Hiprex was missing an end date and the Cefuroxime-Axetil did not have the proper indication as they used signs and symptoms instead of a diagnosis. The DON stated both medications were not consistently monitored for ASE, as there were missing monitoring documentations on the Progress Notes. The DON stated it was important to have end dates on the use of the antibiotics to prevent MDRO resistance on residents and to have actual diagnosis to know that they were treating the resident for. The DON stated the licensed staff should consistently monitor for the antibiotic adverse effects to prevent serious antibiotic reactions such as anaphylaxis (a severe, rapid-onset, and potentially life-threatening allergic reaction that affects the entire body) that can lead to death and to intervene in a timely manner. During a review of the facility's recent P&P titled, Antibiotic Stewardship, last reviewed on 1/27/2026, the P&P indicated under Policy Interpretation and Implementation: 1. The purpose of our antibiotic stewardship program is to monitor the use of antibiotics in our residents. 2. Orientation, training and education of staff will emphasize the importance of antibiotic stewardship and will include how inappropriate use of antibiotics affects individual residents and the overall community. 3. Training and education will include emphasis on the relationship between antibiotic use and: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	a. gastrointestinal disorders; b. opportunistic infections c. medication interactions; and^ d. the evolution of drug-resistant pathogens. During a review of the facility's recent P&P titled, Orders for Antibiotics, last reviewed on 1/27/2026, the P&P indicated antibiotics will be prescribed and administered to residents under the guidance of the facility's Antibiotic Stewardship Program and in conjunction with the facility's general policy for Medication Utilization and prescribing. Policy Interpretation and Implementation 2. If an antibiotic is indicated, prescribers will complete antibiotic orders including the following elements: a. Drug name; b. Dose; c. Frequency of administration; d. Rout of administration; and^ e. Indications for use. During a review of the facility's recent P&P titled, Adverse Consequences and Medication Errors, last reviewed on 1/27/2026, the P&P indicated under Policy Interpretation and Implementation: 1. An adverse consequence refers to an unwanted, uncomfortable, or dangerous effect a drug may have, such as a decline in mental or physical condition, or functional or psychosocial status. An adverse consequence may include: a. adverse drug/medication reaction; b. side effect; c. medication-medication interaction; or d. medication-food interaction. During a review of the facility-provided Highlights of Prescribing Information (HPI) on the use of Augmentin (amoxicillin and clavulanate potassium) for oral suspension, with initial U.S. approval in 1984, the HPI indicated warnings and precautions: -Serious (including fatal) hypersensitivity reactions: Discontinue AUGMENTIN if a reaction occurs. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Severe Cutaneous Adverse Reactions (SCAR): Monitor closely. Discontinue if rash progresses. -Drug-induced enterocolitis syndrome (DIES) has been reported with use of Amoxicillin, a component of Augmentin. If this occurs, discontinue AUGMENTIN and institute appropriate therapy. -Hepatic dysfunction and cholestatic jaundice: Discontinue if signs/symptoms of hepatitis occur. Monitor liver function tests in patients with hepatic impairment. -Clostridioides difficile-associated diarrhea (CDAD): Evaluate patients if diarrhea occurs. -Patients with mononucleosis who receive AUGMENTIN develop skin rash. Avoid AUGMENTIN use in these patients. -Overgrowth: The possibility of superinfections with fungal or bacterial pathogens should be considered during therapy. During a review of the facility-provided HPI on the use of Cefuroxime Axetil tablets, for oral use, with initial U.S. approval in 1987, the HPI indicated Warnings and Precautions: -Serious hypersensitivity (anaphylactic) reactions: In the event of a serious reaction, discontinue cefuroxime axetil and institute appropriate therapy. -Clostridioides difficile-associated diarrhea (CDAD): If diarrhea occurs, evaluate patients for CDAD.^ Adverse Reactions: The most common adverse reactions (>3%) for cefuroxime axetil tablets are diarrhea, nausea/vomiting, Jarisch-Herxheimer reaction, and vaginitis (early Lyme disease) During a review of the facility-provided Information on the use of Methenamine Hippurate Tablets, USP, undated, the Information indicated to reduce the development of drug-resistant bacteria and maintain the effectiveness of methenamine hippurate and other antibacterial drugs, methenamine hippurate tablets USP should be used only to treat or prevent infections that are proven or strongly suspected to be caused by bacteria. When culture and susceptibility information are available, they should be considered in selecting or modifying antibacterial therapy. Precautions Prescribing methenamine hippurate in the absence of a proven and strongly suspected bacterial infection or a prophylactic indication is unlikely to provide benefit to the patient and increases the risk of the development of drug-resistant bacteria. 2. In a few instances in one study, the serum transaminase levels were slightly elevated during treatment but returned to normal while the patients were still taking methenamine hippurate. Because of this report, it is recommended that liver function studies be performed periodically on patients taking the drug, especially those with liver dysfunction.^ 3. During a review of Resident 28's AR, the AR indicated the facility originally admitted the resident on 1/14/2021 and readmitted in the facility on 3/21/2026 with diagnoses including methicillin resistant (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	staphylococcus aureus (MRSA - a bacteria that does not respond to antibiotics) infection in the blood, osteoarthritis (a progressive disorder of the joints, caused by a gradual loss of cartilage) left ankle and foot, and major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest) . During a review of Resident 28's H&P, dated 3/24/2026, the H&P indicated the resident had fluctuating capacity to understand and make decisions. During a review of Resident 28's MDS, dated [DATE], the MDS indicated Resident 28 had an intact cognition and was able to understand others and make her needs known. The MDS indicated Resident 28 received antibiotic. During a review of Resident 28's OSR, dated 4/24/2026, the OSR indicated the following physician's order dated 3/21/2026: -Daptomycin intravenous (thru the vein) solution reconstituted (Daptomycin) use 700 milligrams (mg – a unit of measurement) intravenously every 24 hours for MRSA for eight (8) weeks. During a review of Resident 101's CP on antibiotic therapy related to MRSA infection initiated on 3/23/2026 and last revised on 4/21/2026, the CP indicated to administer medication as ordered and monitor for adverse reaction every shift such as nausea, diarrhea, vomiting, anorexia, and allergic reactions as a few of the interventions implemented to keep Resident 28 free of any discomfort or adverse side effects of antibiotic therapy. During a review of Resident 28's progress notes in the electronic health record (EHR), from 3/21/2026 to 4/23/2026, the progress did not indicate aby monitoring for adverse side effects for the use of daptomycin. During an interview on 4/21/2026 at 9:23 a.m. with Resident 28, Resident 28 stated she is currently taking antibiotic for an infection in the blood. Resident 28 stated it had been 1 month since she had received the antibiotic for a total of 8 weeks. During an interview on 4/23/2026 at 7:30 a.m. with Licensed Vocational Nurse (LVN) 2, LVN 2 stated if residents are on antibiotic therapy, licensed nurses (LNs) are supposed to monitor the residents for adverse side effects every shift for the duration of the therapy and documented in the progress notes as the residents could have adverse reactions. LVN 2 stated that each station has a binder for antibiotic charting and listed the residents on antibiotic therapy. LVN 2 stated it was important that the residents are not monitored every shift for adverse reactions as it could result in a delay in notifying the physician and result to a delay in resident care. During a concurrent interview and record review on 4/24/2026 at 8:27 a.m. with the IP, Resident 28, physician's order, CP, and progress notes were reviewed. The IP stated that Resident 28 had an order for the daptomycin every 24 hours for 8 weeks for MRSA in the blood, the CP indicated to monitor Resident 28 monitor adverse side effects every shift, and that the progress notes did not indicate that Resident 28 was monitored for any adverse side effects since 3/21/2026. The IP stated if residents are on antibiotic therapy, the LNs are supposed to monitor the residents for adverse side effects every shift for the duration of the therapy plus another three days and document in the progress notes as the residents could develop adverse reactions. The IP stated there is a binder at every nurse's station and had a list of residents that required monitoring every shift for monitoring of adverse side (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	effects. The IP stated that if the residents are not monitored every shift for adverse reactions and develop adverse side effects, it could result in a delay in notifying the physician which could result to the resident receiving the care needed. The IP stated the LNs should have monitored Resident 28 every shift for adverse side effect for the use of daptomycin as it placed Resident 28 at risk for developing adverse side effects that the LNs did not know and could result in a delay in notifying the physician and delay in providing the care Resident 28 needed. During an interview on 4/24/2026 at 3:38 p.m. with the DON, the DON stated that the LNs are supposed to monitor the residents every shift for any adverse side effects with the use of antibiotic such as nausea, vomiting, diarrhea, or allergic reactions for the duration of the antibiotic and document in the progress notes. The DON stated the importance of monitoring for adverse side effects was so that the staff can detect immediately and notify the physician right away so the necessary treatment can be provided to the resident. The DON stated that the LNs should have monitored Resident 28 for development of any adverse side effects every shift and document in the progress notes since 3/21/2026. The DON stated that if Resident 28 was not monitored every shift, Resident 28 could develop adverse side effects without the staff being aware which could lead to a delay in notifying the physician and providing the necessary care for Resident 28. During a review of the facility's P&P titled, Antibiotic Stewardship, last reviewed on 1/27/2026, the P&P indicated that the purpose of the antibiotic stewardship program is to monitor the use of antibiotics on the residents. The P&P further indicated: -Orientation, training, and education of staff will emphasize the importance of antibiotic stewardship and will include how inappropriate use of antibiotics affects individual residents and the overall community. -Training and education will include emphasis on the relationship between antibiotic use and: a. Gastrointestinal disorders b. Opportunistic infections c. Medication interactions d. The evolution of drug resistant pathogens During a review of the facility's P&P titled, Charting and Documentation, last reviewed on 1/27/2026, the P&P indicated that 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 P&P further indicated: The following information is to be documented in the resident's medical record: a. Objective observations b. Medications administered c. Treatments or services performed (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	d. Changes in the resident's condition e. Events, incidents or accidents involving the resident f. Progress toward or changes in the care plan goals and objectives. Documentation of procedures and treatments will include care-specific details, including: a. The date and time the treatment/procedure was provided b. The name and title of the individual(s) who provided the care c. The assessment date and/or any unusual findings obtained during the procedure/treatment d. How the resident tolerated the procedure/treatment e. Whether the resident refused the procedure/treatment f. Notification of family, physician, or other staff, if indicated g. The signature and title of the individual documenting

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Keep all essential equipment working safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to maintain the electricalˆandˆresident care equipment in safe operating condition forˆfourˆofˆ sixˆsampled residents (Residentsˆ49, 136, 3, and 41) reviewed under the environmental task by failing toˆensureˆthere were no frayed wires on Resident 49,136, and 3's bed remote control and the call light (a button or pull-cord used in nursing homes that allows a resident to instantly alert staff when they need assistance) was properly functioning for Resident 41.ˆˆ These deficient practices had the potential for Residents 49, 136, and 3 to sustain accidents such as electrical shockˆand physical discomfort and to place Resident 41 at risk for unmet needs and delayed responses to emergencies. Findings:ˆ 1. During a review of Resident 49's admission Record (AR), the AR indicated the facility admitted the resident on 9/30/2025, with diagnoses including difficulty in walking, muscle weakness, and spondylopathyˆ(is a broad, umbrella medical term for any disease, disorder, or suffering of the vertebrae (the bones that make up the spine)ˆof lumbosacral regionˆ(is the very bottom part of your back, acting as the junction where your lower spine meets your pelvis).ˆ During a review of Resident 49's History and Physical (H&P), dated 10/1/2025, the H&Pˆindicatedˆtheresident had the capacity to understand and make decisions.ˆ During a review of Resident 49's Minimum Data Set (MDS - a resident assessment tool), dated 2/10/2026, the MDS indicated the resident usually had the ability to make self-understood and understands others and had severe cognitive impairmentˆ(is a profound loss of mental capacity—such as memory, reasoning, and judgment—that makes it impossible for a person to live independently). The MDS indicated the resident was dependent to needing set upˆassistanceˆon mobility andˆactivities of daily livingˆ(ADLs -ˆactivities such as bathing, dressing and toileting a person performs daily).ˆ During a review of Resident 49's Care Plan (CP) Report titled, Resident in an older facility building, which is well-maintained; however potential environmental issues., last reviewed on 2/16/2026, the CP indicated an intervention to immediately report any hazards (leaks, odors, structural issues, malfunctioning equipment) to maintenance and charge nurse.ˆ During a concurrent observation and interview on 4/20/2026 at 10:39 a.m. withˆRestorative Nursing Assistant (RNA)ˆ3, inside Resident 49's room,ˆobservedˆResident 49's bed remote control with peeling wires that were frayed and exposed. RNA 3ˆstatedˆthe bed remote controls should have no exposed wires to ensure the resident cannot suffer from an accident such as electrocution. During a concurrent interview and record review on 4/23/2026 at 9:31 a.m. with theˆDirector of Staff Development (DSD), the policy and procedure (P&P) titled, Maintenance Service, Facility and Equipment, was reviewed. The DSDˆstatedˆResident 49's bed remote control should have no exposed wires near the control pad. The DSDˆstatedˆit was the responsibility of all staff to report the hazards they areˆidentifyingˆwhen they are doing their environmental safety rounds. The DSDˆstatedˆthe failure of the staff toˆidentifyˆand report the issue had the potential for resident to suffer from an accident such as electrocution. The DSDˆstatedˆthe P&P titled,ˆMaintenance Service, Facility and Equipment,ˆwas not followed by the staff.ˆ During an interview on 4/24/2026 at 2:51 p.m. with theˆDirector of Nursing (DON), the DONˆstatedˆResident 49's bed remote control should have no exposed wires as it poses a threat to (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	the resident of electrocution. The DONˆstatedˆthe staff should haveˆidentifiedˆthe issue when they are doing their environmental safety rounds and should have been reported to Maintenance for replacement.ˆ 2. During a review of Resident 136's AR, the AR indicated the facility admitted the resident on 6/17/2023, with diagnoses including major depressive disorderˆ(a mood disorder that causes a persistent feeling of sadness and loss of interest), generalized anxiety disorderˆ(a mental health condition characterized by excessive, uncontrollable, and persistent fear or worry that interferes with daily life, rather than just occasional stress), and restlessness and agitation.ˆ During a review of Resident 136's H&P, dated 1/25/2026, the H&Pˆindicatedˆthe resident did not have the capacity to understand and make decisions.ˆ During a review of Resident 136's MDS, dated [DATE], the MDS indicated the residentˆusually had the ability to make self-understood and usually understands others and had severe cognitive impairment. The MDS indicated the resident was dependent to needing supervisionˆassistanceˆon mobility and ADLs.ˆˆ During a review of Resident 136's Fall Risk Observation/Assessment (FROA), dated 3/11/2026, the FROA indicated the resident wasˆhigh riskˆfor falls.ˆ During a review of Resident 136's CP Reportˆregardingˆthe resident requiring a safe, homelike environment, last reviewed on 3/17/2026, the CPˆindicatedˆa goal of preventing injury and illness through a clean, comfortable, and hazard-free environment.ˆ During a concurrent observation and interview on 4/20/2026 at 12:07 p.m. withˆCertified Nursing Assistant (CNA)ˆ12, inside Resident 136's room,ˆobservedˆResident 136's bed remote had peeling and exposed wires near the remote-control pad. CNA 12ˆstatedˆthere should be no exposed electrical wires on the resident's environment as they could suffer from accidents such as electrocution.ˆˆ During a concurrent interview and record review on 4/23/2026 at 9:31 a.m. with the DSD, the P&P titled, Maintenance Service, Facility and Equipment, was reviewed. The DSDˆstatedˆResident 136's bed remote control should have no exposed wires near the control pad. The DSDˆstatedˆit was the responsibility of all staff to report the hazards they areˆidentifyingˆwhen they are doing their environmental safety rounds. The DSDˆstatedˆthe failure of the staff toˆidentifyˆand report the issue had the potential for resident to suffer from an accident such as electrocution. The DSDˆstatedˆthe P&P titledˆMaintenance Service, Facility and Equipment,ˆwas not followed by the staff.ˆ During an interview on 4/24/2026 at 2:51 p.m. with the DON, the DONˆstatedˆResident 136's bed remote control should have no exposed wires as it poses a threat to the resident of electrocution. The DONˆstatedˆthe staff should haveˆidentifiedˆthe issue when they are doing their environmental safety rounds and should have been reported to Maintenance for replacement.ˆ 3. During a review of Resident 3's AR, the AR indicated the facility admitted the resident on 3/29/2024, and readmitted the resident on 12/31/2025, with diagnoses including pressure ulcer of sacral region stage fourˆ(full-thickness skin and tissue loss with exposed muscle, tendon, ligament, cartilage, or bone), paraplegiaˆ(loss of movement and/or sensation, to some degree, of the legs), and major depressive disorder.ˆ (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of Resident 3's H&P, dated 1/3/2026, the H&Pˆindicatedˆthe resident did not have the capacity to understand and make decisions.ˆ During a review of Resident 3's MDS, dated [DATE], the MDS indicated the resident had the ability to make self-understood and understand others and had moderately impaired cognitionˆ(a noticeable decline in memory, thinking, or language skills that goes beyond normal aging, often making daily tasks—like managing finances or keeping appointments—more challenging or slower). The MDS indicated the resident was dependent to needing set upˆassistanceˆon mobility and ADLs.ˆˆ During a review of Resident 3's CP Report regarding the resident having a neurological disorderˆ(any medical condition involving dysfunction in the brain, spinal cord, or nerves throughout the body)ˆand is at risk for complications related to diagnosis of seizure prophylaxisˆ(the preventative use of medication to stop seizures from happening in people who are at high risk, even if they haven't had a seizure yet), last reviewed on 3/20/2026, the CP indicated an intervention to maintain a safe, hazard free environment.ˆ During a concurrent observation and interview on 4/20/2026 at 12:45 p.m. with CNA 6, inside Resident 3's room,ˆobservedˆResident 3's bed remote control with frayed and exposed wires near the remote-control pad. CNA 6ˆstatedˆthere should be no exposed electrical wires on the resident's environment to prevent accidents such as electrocution. CNA 6 tried to use the bed-remote control to elevate the bed to provide care to theˆresident,ˆbut the bed-remote control was not working. During a concurrent interview and record review on 4/23/2026 at 9:31 a.m. with the DSD, the P&P titled, Maintenance Service, Facility and Equipment, was reviewed. The DSDˆstatedˆResident 3's bed remote control should have no exposed wires near the control pad. The DSDˆstatedˆit was the responsibility of all staff to report the hazards they areˆidentifyingˆwhen they are doing their environmental safety rounds. The DSDˆstatedˆthe failure of the staff toˆidentifyˆand report the issue had the potential for resident to suffer from an accident such as electrocution. The DSDˆstatedˆthe P&P titledˆMaintenance Service, Facility and Equipment,ˆwas not followed by the staff.ˆ During an interview on 4/24/2026 at 2:51 p.m. with the DON, the DONˆstatedˆthe bed remote control of Resident 3 should have no exposed wires as it poses a threat to the resident of electrocution. The DONˆstatedˆthe staff should haveˆidentifiedˆthe issue when they are doing their environmental safety rounds and should have been reported to Maintenance for replacement.ˆ During a review of the facility's recent P&Pˆtitled, Maintenance Service, Facility and Equipment, last reviewed on 1/27/2026, the P&Pˆindicatedˆmaintenance service shall be provided to all areas of the building, grounds, and equipment.ˆ Policy Interpretation and Implementationˆ 1. The Maintenance Departmentˆis responsible forˆmaintainingˆthe buildings, ground, and equipment in a safe and operable mannerˆat all times.ˆ 3. The Maintenance Directorˆis responsible forˆdeveloping andˆmaintainingˆa schedule of maintenance service to assure that the buildings, grounds, and equipment areˆmaintainedˆin a safe operable manner. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	4. During a review of Resident 41's AR, the AR indicated the facility admitted Resident 41 on 3/3/2026, with diagnoses including hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side (also known as a stroke, blocked blood flow in the brain caused by damage in the brain, leading to either weakness or complete loss of movement on the left side of the body); essential (primary) hypertension (high blood pressure with no known specific cause); morbid (severe) obesity due to excess calories (extremely over weight in a way that can seriously harm health due to eating more calories than the body needs). A review of Resident 41's MDS, dated [DATE], the MDS indicated Resident 41 was able to make self-understood and able to understand others. The MDS further indicated Resident 41 has moderate cognitive impairment (has some trouble with memory and thinking but can still function with support). The MDS indicated that the resident needs maximal assistanceˆwith mobility and ADLs. During a concurrent interview and observation of Resident 41on 4/20/2026 at 11:44 a.m., Resident 41 stated the resident had been calling to be changed, but no one would go to the room. Resident 41 pushed the call light and the light on outside of the door was not lighting up or ringing at nurse's station.ˆ During an observation on 4/20/2026 at 11:50 a.m. with CNA 7 and Assistant Director of Nursing (ADON) 2, observed Resident 41 press the call light and the light outside Resident 41's room would not turn on. During an interview on 4/20/2026 at 12:20 p.m. with CNA 7, CNA 7 stated that CNA 7 observed the call light was not working in the morning. CNA 7 stated if the call light is not working then the resident would not be able to call. CNA 7 stated the resident can fall, choke, or have a life-or-death situation, and the resident would not be able call for assistance. During an interview on 4/22/2026 at 8:18 a.m. with ADON 2, ADON 2 stated Resident 41's call light was not working 4/20/2026. ADON 2 stated if Resident 41 needed something, Resident 41 would not be able to call for help. During a review of the facility's P&P titled, Call System, Residents, last reviewed on 1/27/2026, the P&P indicated residents are provided with a means to call staff for assistance through a communication system that directly calls a staff member or a centralized work station. Policy Interpretation and Implementation 1. Each resident is provided with a means to call staff directly for assistance from his/her bed, from toileting/bathing facilities and from the floor. 2. Call system communication may be audible or visual. The system may be wired or wireless. 3. The resident call system remains functional at all times. If audible communication is used, the volume is maintained at an audible level that can be easily heard. If visual communication is used, the lights remain functional.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to treat residents with dignity and respect for two of two sampled residents (Residents 3 and 287), by failing: 1. To ensure Resident 3 did not sit on hisˆstool (feces) on the resident's incontinence brief while eating his lunch on 4/20/2026, observed during lunch time dining observation. The resident already verbalized to Certified Nursing Assistant (CNA) 6 that he cannot eat with a stool in his bottom. This deficient practice violated Resident 3's dignity and respect by failing to provide a sanitary environment while eating. 2. To ensure Resident 287's privacy curtains were closed by (LVN) 4 while administering medications via gastrostomy tube ([G-tube] - a small tube surgically placed directly into the stomach through the skin of the belly to deliver food, liquids, and medications). This failure had the potential to cause emotional distress and affect Resident 287's self-esteem and cause a loss of dignity and decline in psychosocial wellbeing. Findings: 1. During a review of Resident 3's admission Record (AR), the AR indicated the facility admitted the resident on 3/29/2024, and readmitted the resident on 12/31/2025, with diagnoses including pressure ulcer of sacral region (a triangular-shaped bone located at the very base of the spine, situated between the lower back (lumbar spine) and the tailbone (coccyx)), stage 4 (full-thickness skin and tissue loss with exposed muscle, tendon, ligament, cartilage, or bone), paraplegia (loss of movement and/or sensation, to some degree, of the legs), and major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest). During a review of Resident 3's History and Physical (H&P), dated 1/3/2026, the H&P indicated the resident did not have the capacity to understand and make decisions. During a review of Resident 3' Minimum Data Set (MDS, a resident assessment tool), dated 3/14/2026, the MDS indicated the resident had the ability to make self-understood and understand others and had moderate cognitive impairment (a stage between normal aging and dementia, where a person experiences noticeable memory or thinking issues, such as forgetting appointments, repeating questions, or having trouble planning, but they can still manage daily self-care tasks independently). The MDS indicated Resident 3 was dependent to needing set up assistance on mobility and activities of daily living (ADLs, activities such as bathing, dressing and toileting a person performs daily). The MDS indicated Resident 3 was frequently incontinent of stool (feces). The MDS indicated Resident 3 was at risk for developing pressure injuries and had one unhealed pressure injury. During a review of Resident 3's Care Plan (CP) Report regarding the resident having paraplegia related to spinal injury (History (Hx): Intraspinal abscess (is a dangerous infection that creates a pocket of pus—a buildup of germs, white blood cells, and dead tissue—within the spinal canal, often pressing against the spinal cord or nerve roots) and granuloma (a small, usually harmless,, and non-cancerous lump or spot of inflammation that forms when the immune system tries to wall off foreign substances it cannot easily remove)), last revised on 12/16/2025, the CP indicated a goal of to maintain optimal status and quality of life within limitations imposed by paraplegia through review date and an intervention for bowel/bladder program to improve or maintain continence if needed (PRN). During an observation on 4/20/2026, at 1:40 p.m., observed CNA 6 serving the lunch tray and overheard Resident 3 telling CNA 3 that he needed to be cleaned first before eating his lunch. CNA 3 told Resident 3 to eat first, and CNA 3 will clean him after. Resident 3 stated he cannot eat with feces (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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	in his incontinence brief. CNA 3 continued to reposition Resident 3 and elevated the head of the bed and prepared the lunch tray for eating. During a concurrent observation and interview on 4/20/2026, at 1:54 p.m., with the Director of Staff Development (DSD), inside Resident 3's room, observed Resident 3 eating in his bed with incontinence brief not changed and Resident 3 verbalized that he told CNA 3 to change his incontinence brief first before eating but was told he will be changed after he had eaten. The DSD stated CNA 3 should have changed the incontinence brief of the resident with feces because it was a dignity issue. During an interview and record review on 4/23/2026, at 10:49 a.m., with the DSD, reviewed Resident 3's CP, and Policies and Procedures (P&P). The DSD stated CNA 3 should have changed Resident 3's incontinence brief before eating because the resident might feel uncomfortable while eating with a stool in his incontinence brief and his dignity was not upheld. The DSD stated the resident can feel not being heard and the P&Ps titled Dignity and Resident's Rights were not followed by the staff. During an interview on 4/24/2026, at 2:51 p.m., with the Director of Nursing (DON), the DON stated CNA 3 should have changed Resident 3's incontinence brief prior to serving the lunch tray to the resident because it affects the resident's dignity. The DON stated the failure of the staff to change the incontinence brief of the resident prior to eating could lead to loss of appetite and weight loss. 2. During a review of Resident 287's admission Record, the admission Record indicated that the facility admitted Resident 287 on 4/15/2026, with diagnoses including hydrocephalus (a condition where too much cerebrospinal fluid (CSF) builds up inside the brain's hollow spaces), hypertension (high blood pressure), encephalopathy (any brain disease, damage, or malfunction that alters brain function or structure), and dysphagia (difficulty swallowing). During a review of Resident 287's MDS, dated [DATE], the MDS indicated Resident 287's cognition (the mental process of acquiring knowledge and understanding through thought, experience, and the senses) was severely impaired. The MDS indicated Resident 287 was dependent (helper does all of the effort) with all ADLs. The MDS indicated Resident 287 had a feeding tube (a flexible plastic tube used to deliver liquid nutrition, fluids, and medications directly into the stomach or small intestine). During a concurrent observation and interview on 4/22/2026 at 10:05 a.m. in Resident 287's room, observed LVN 4 leaving the privacy curtain fully open while administering Resident 287's medications via G-tube, leaving Resident 287 exposed and visible from the hallway. LVN 4 stated not closing privacy curtain left Resident 287 exposed and visible, violated Resident 287's privacy and dignity, potentially causing Resident 287 feeling ashamed and embarrassed.^ During an interview on 4/24/2026 at 3:25 p.m. with Director of Nursing (DON), the DON stated that resident privacy curtains must be closed when LVN 4 was administering medications via G-tube, to ensure resident privacy and dignity. The DON stated that the lack of privacy protection violated residents' rights of dignity, potentially causing discomfort and embarrassment.^ During a review of the facility's recent P&P titled, Dignity, last reviewed on 1/27/2026, the P&P indicated each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life, and feelings of self-worth and self-esteem. Policy Interpretation and Implementation^ (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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	1. Residents are treated with dignity and respect at all times. 2. The facility culture supports dignity and respect for residents by honoring resident's goals, choices, preferences, values and beliefs. This begins with the initial admission and continues throughout the resident's facility stay. 3. When assisting with care, residents are supported in exercising their rights. 4. Staff promote, maintain and protect resident privacy, including bodily privacy during assistance with personal care and during treatment procedures. During a review of the facility's recent P&P titled, Resident Rights, last revised on 1/27/2026, the P&P indicated employees shall treat all residents with kindness, respect, and dignity.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 - Few	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 homelike environment for one of one sampled resident (Resident 2) by not maintaining functional closet drawers. This deficient practice violated Resident 2's rights to a safe, clean, sanitary, and homelike environment. Findings: During a review of Resident 2's admission Records (the front page of the chart thatˆcontainsˆa summary of basic information about the resident), the admission Records indicated that the facility admitted Resident 2 on 2/21/2025, and readmitted on [DATE], with diagnoses including metabolic encephalopathy (a temporary, reversible brain dysfunction caused by chemical imbalances in the body), type two Diabetes Mellitus (DM - a disorder characterized by difficulty in blood sugar control and poor wound healing), and dysphagia (difficulty swallowing). During a review of Resident 2's Minimum Data Set (MDS- a resident assessment tool) dated 3/2/2026, the MDS indicated that the resident`s cognitive skills (brain's ability to think, read, learn, remember, reason, express thoughts and make decisions) for daily decision making was severely impaired (never/rarely made decisions).The MDS indicated that Resident 2 was dependent (helper does all of the effort) to staff with toileting hygiene, shoer self, lower body dressing, putting on/taking off footwear, chair/bed-to-chair transfer, tub/shower transfer. During a concurrent observation and interview on 4/22/2026 at 8:51 a.m. with Registered Nurse (RN) 1, RN 1 stated Resident 2's closet drawer was broken and hanging down. RN 1 stated the drawer had a broken handle and was nonfunctional. RN 1 stated that broken drawers should be addressed promptly to ensure residents maintain a homelike environment, dignity and ability to safely store and access personal belongings.ˆ During an interview on 4/24/2026 at 3:25 p.m. with Director of Nursing (DON), the DON stated that when broken furniture is identified, it needs to be addressed to maintenance department immediately. The DON stated that having nonfunctioning furniture can negatively affect resident's mood and psychosocial wellbeing, potentially leading to feeling frustration, decreased independence, and reduced quality of life. During a review of facility's Policies and Procedures (P&P), titled Homelike Environment, dated 7/24/2025, 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. Based on interview and record review, the facility failed to ensure residents were free from unnecessary psychotropic medication (medications that affect the mind, emotions, and behavior) and the use of chemical restraints (any drug that is used for discipline or staff convenience and not required to treat medical symptoms) for one of five sampled residents (Resident 175) reviewed for unnecessary medications by failing to ensure lorazepam (an anti-anxiety medication) was monitored for specific, measurable behavioral manifestations and adverse effects (negative outcomes or effects that result from a particular action or event). This deficient practice had the potential to result in the administration of unnecessary psychotropic medication and placed Resident 175 at increased for adverse effects related to psychotropic medication therapy, such as drowsiness, dizziness, or slurred speech. Findings: During a review of Resident 175's admission Record (AR), the AR indicated that the facility admitted the resident on 9/3/2024 with diagnoses including dementia (a progressive state of decline in mental abilities), anxiety disorder (a condition characterized by persistent and excessive worries that interfere with daily activities), and Type II diabetes mellitus (DM - a disorder characterized by difficulty in blood sugar control and poor wound healing). During a review of Resident 175's History and Physical (H&P), dated 9/24/2025, the H&P indicated that the resident has fluctuating capacity to understand and make decisions. During a review of Resident 175's physician order, dated 4/20/2026, the physician order indicated lorazepam oral concentrate two (2) milligram (mg - a unit of measurement)/milliliter (ml - a unit of measurement), Give 0.5 ml sublingually (placing medication under the tongue to dissolve) every four (4) hours as needed for anxiety manifested by increased restlessness leading to shortness of breath for 14 days. The physician order further indicated Provide NPI [Non-pharmacological interventions] before administration 1. Relaxation 2. Deep breathing 3. Meditation 4. Distraction 5. Adjust room temp. 6. Redirection 7. Offer food/fluids 8. Massage 9. Hot/Cold. Give if ineffective. During a concurrent interview and record review on 4/23/2026 at 9:50 a.m., with the Assistant Director of Nursing (ADON), Resident 175's physician orders and Care Plans were reviewed. The ADON stated there was no care developed for the use of lorazepam and monitoring on the black box warning for its adverse effects. The ADON stated the black box warning is a warning for the medication's potential adverse effects. The ADON stated the adverse effects to be monitored include drowsiness, slurred speech, dizziness, nausea, aggressive/impulsive behavior. The ADON stated this should be care planned for the healthcare staff to be aware of the risks, medication dependence, and withdrawal reactions of Resident 175. The ADON stated there was no order for monitoring for adverse effects and no behavioral monitoring anxiety manifested by increased restlessness leading to shortness of breath. The ADON stated the monitoring of behavior and adverse effects is monitored through the electronic medication administration record and per shift. The ADON stated the purpose for the behavior monitoring so they know if they need to adjust the medication and depend on the resident's monitored behavior if it has increased or decreased if the medication was effective or not. The ADON stated when the resident's behavior is not monitored they, would not know if the medication was effective or needs adjustment. The ADON stated not monitoring the side effects they would not be able to tell if the resident is experiencing any side effects of the medication and the delivery of care would be affected. During a review of the facility's policy and procedure (P&P) titled, Psychotropic Medication Use, last reviewed and approved on 1/27/2026, the P&P indicated that Residents do not receive psychotropic medications that are not clinically indicated and necessary to treat a specific condition documented in the medical record. 1. Medications in the following categories are considered psychotropic medications and are subject to prescribing, monitoring, and review requirements specific to psychotropic medications:. c. Anti-anxiety medications;. Monitoring and Adverse Consequences. 2. Residents receiving psychotropic medication are monitored and the response to treatment is (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	documented. 3. Monitoring may include lab results, vital signs, progress notes, behavior flow sheets, medication administration records, and the drug regimen review from the consultant pharmacist.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. Based on interview and record review, the facility failed to report an unwitnessed fall with an injury of unknown origin to the State Survey Agency (SA) immediately but no later than two (2) hours of allegation for one (1) of three (3) sampled residents (Resident 23). This failure had the potential to lead to delayed investigation and intervention of possible abuse or neglect, placing the resident at risk of ongoing harm. Findings: During a review of Resident 23's admission Record (the front page of the chart thatˆcontainsˆa summary of basic information about the resident), the admission Record indicated the facility admitted Resident 23 on 12/14/2023 with diagnoses including displaced comminuted fracture of shaft of left fibula (a serious break in the smaller bone of your lower left leg), Alzheimer's disease (a disease characterized by a progressive decline in mental abilities), osteoporosis (weak and brittle bones due to lack of calcium and Vitamin D). During a review of Resident 23's Minimum Data Set (MDS - a resident assessment tool), dated 3/23/2026, the MDS indicated Resident 23 had a BIMS (Brief Interview for Mental Status - an assessment tool used by facilities to screen and identify memory, orientation, and judgement status of the resident) score of 00 (BIMS score 00 - severe impaired cognitive [the mental processes involved in gaining knowledge and understanding] skills for daily decision making). The MDS indicated Resident 23 was dependent (helped does all of the effort) with toileting hygiene, lower body dressing, putting on/taking off footwear. The MDS indicated Resident 23 required partial/moderate assistance (helper does less than half the effort) with oral and personal hygiene, upper body dressing, rolling left and right (the ability to roll from lying on back to left and right side, and return to lying on back on the bed) and sit to lying (the ability to move from sitting on side of bed to lying flat on the bed). During a review of Resident 23's Fall Risk Assessment, dated 3/23/2026, the Fall Risk Assessment indicated Resident 23's fall risk score was 20, placing Resident 23 at high risk for falls. During a review of Resident 23's SBAR Summary (Situation-Background-Assessment-Recommendation - a structured communication framework used primarily in healthcare to provide concise, accurate, and rapid information sharing between professionals) for change of condition (COC), dated 4/11/2026, the SBAR Summary indicated Resident 23 was observed on the floor laying on her back next to her (Resident 23) bed. The SBAR Summary indicated Resident 23 was bleeding from her (Resident 23) face. The SBAR summary indicated that Primary Care Provider (PCP) responded with an order to transfer Resident 23 to General Acute Care Hospital (GACH). During a review of Resident 23's Progress Notes (PN), dated 4/11/2026, signed by Registered Nurse (RN) 3, the PN indicated RN 3 was paged (called) to Resident 23's room on 4/11/2026 at 8:14 a.m. The PN indicated RN 3 found Resident 23 laying on the floor, on her (Resident 23) back, with blood on her (Resident 23) face. The PN indicated RN 3 observed a bump, skin discoloration, and skin tear on the left side of Resident 23's forehead, a skin tear on the top of the nose bridge, and a skin tear above the right eyebrow. The PN indicated staff called 911 (emergency services) on 4/11/2026, at 8:21 a.m., and at 8:43 a.m. EMTs (Emergency Medical Technicians - a healthcare professional trained to provide basic, immediate medical care and transportation for sick or injured people in emergency situations) transferred Resident 23 to the GACH. During a review of Resident 23's GACH Emergency Department (ED) Physician Note, dated 4/11/2026, the GACH ED Physician Note indicated Resident 23 was transferred to ED following an unwitnessed fall. The GACH ED Physician Note indicated laceration repair procedures provided to Resident 23 on following locations: 1. Forehead, four (4) cm (centimeters - metric unit of measurement for length). Skin was closed with five (5) sutures. 2. Bridge of nose, 1 cm. Skin was closed with 2 sutures. 3. Right eyebrow, 2 cm. Skin was closed with 4 sutures. During an interview on 4/22/2026 at 2:58 p.m. with RN 3, RN 3 stated on 4/11/2026 at 8:14 a.m. she (RN 3) received a page to assess Resident 23's condition in Resident 23's room. RN 3 stated she (RN 3) saw Resident 23 lying on the floor supine (lying flat on the back) next to the right side of Resident 23's bed, (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	accompanied by Licensed Vocational Nurse (LVN) 5 and Certified Nurse Assistant (CNA) 11. RN 3 stated she (RN 3) observed blood on Resident 23's face. RN 3 further stated after cleaning Resident 23's face, she (RN 3) observed a bump on Resident 23's forehead and a skin tear on Resident 23's bridge of nose. RN 3 stated staff called 911 and EMTs transferred Resident 23 to GACH. During an interview on 4/22/2026 at 3:14 p.m. with LVN 5, LVN 5 stated on 4/11/2026, at around 8:10 a.m., CNA 11 called LVN 5 to Resident 23's room, stating she (CNA 11) observed Resident 23 laying on the floor at that moment, when passing by Resident 23's room. LVN 5 stated she (LVN 5) found Resident 23 lying on her (Resident 23) back on the floor. LVN 5 stated she (LVN 5) saw blood on Resident 23's face and called the RN supervisor to assess Resident 23. LVN 5 stated that she (LVN 5) notified the PCP, who ordered to transfer Resident 23 to GACH. During an interview on 4/23/2026 at 11:50 a.m. with Director of Nursing (DON), the DON stated on 4/11/2026, at around 11:00 a.m., RN 3 reported that Resident 23 sustained an unwitnessed fall in Resident 23's room, on 4/11/2026, around 8:05 a.m. The DON stated she (DON) did not report Resident 23's alleged unwitnessed fall in the facility, who sustained lacerations with stitches on her (Resident 23) forehead and bridge of nose. The DON stated Resident 23 was found on the floor within minutes of the incident. The DON further stated that no staff directly observed how the injuries occurred. During a concurrent interview and record review on 4/24/2026 at 10:40 a.m. with the DON, the facility's policies and procedures (P&P) titled, Abuse, Neglect, Exploitation or Misappropriation - Reporting and Investigating, last reviewed 1/27/2026, was reviewed. The DON stated unobserved/unexplained lacerations with or without bleeding were required to be reported. The DON stated the P&P indicated, If resident abuse, neglect, exploitation, misappropriation of resident property or injury of unknown source is suspected, the suspicion must be reported immediately to the administrator and to other officials according to state law. The DON stated the facility failed to report the incident to the SA.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the nursing staff failed to revise a care plan to reflect a change in the physician's order for oxygen therapy for one (1) of one (1) sampled residents (Resident 212). This deficient practice has the potential to result in inconsistent care and staff not following the most current physician orders. Findings: During a review of Resident 212's admission Records (AR), the AR indicated Resident 212 was admitted on [DATE] to the facility with diagnosis including chronic obstructive pulmonary disease, unspecified (COPD- a chronic lung disease causing difficulty in breathing); dysphagia, oropharyngeal phase (starts in the mouth and cannot swallow properly at the beginning, so food or drink does not go down smoothly); muscle weakness (generalized)(weakness in many muscles throughout the body). During a review of Resident 212's History and Physical (H&P), dated 12/12/2025, the H&P indicated Resident 212 has the capacity to understand and make decisions. During a review of Resident 212's Minimum Data Set (MDS - a resident assessment tool), dated 3/19/2026, the MDS indicated Resident 212 had the ability to make self- understood and to understand others. The MDS further indicated that Resident 212 had intact cognitive function (normal thinking). The MDS indicated the resident required partial/ moderate assistance with bed mobility, transfer, dressing, toilet use, and personal hygiene. During a record review of Resident 212's Order Summary Report (OSR), dated 4/19/2026, the OSR indicated an order for oxygen at two (2) liters (a unit of measurement for volume) per minute via nasal canula (N/C - a small plastic tube with two tips that go in the nose to deliver oxygen from an oxygen source) continuously, every shift.^ During a review of Resident 212's Care Plan (CP) Report titled, [Resident 212] requires the use of continuous oxygen at four (4) liters via nasal cannula related to Chronic Obstructive Pulmonary Disease (COPD), revised on 12/12/2025, the CP indicated the goal included Resident 212 will have effective airway exchange as evidenced by no chest congestion or increased shortness of breath with an intervention administer oxygen at 4L via nasal cannula. During a concurrent interview and record review on 4/24/2026 at 10:00 a.m. with Registered Nurse (RN) 5, Resident 212's OSR, dated 4/19/2026, and the CP, dated 12/12/2026, were reviewed. RN 5 stated the care plan needed to match the OSR and for Resident 212 the care plan does not match the OSR. RN 5 stated the care plan needed to be revised to administer 2 liters per minute of oxygen. RN 5 stated care plan is the guide to providing care to the residents. During an interview on 4/24/2026 at 3:15 p.m. with Director of Nursing (DON), the DON stated the purpose of a care plan is to determine what care should be provided to the residents. The DON stated a care plan needed to follow OSR and if incomplete then cannot be able to meet resident needs. During a review of the facility's policy and procedure (P&P) titled, Care Plans, Comprehensive Person-Centered, revised on 3/2025 indicated a comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychological and functional needs is developed and implemented for each resident. Policy Interpretation and Implementation 10. Assessments of the residents are ongoing, and care plans are revised as information about the residents and the residents' conditions change.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, the facility's licensed nursing staff failed to provide care in accordance with professional standards of care to two of three sampled residents (Residents 142 and 80) reviewed for insulin (a hormone that removes excess sugar from the blood, can be produced by the body or given artificially via medication) use by failing to rotate (a method to ensure repeated injections are not administered in the same area) subcutaneous (sq, beneath the skin) insulin administration sites. The deficient practice had the potential for adverse effect (unwanted, unintended result) of the same site subcutaneous administration of insulin such as excessive bruising, lipodystrophy (abnormal distribution of fat) and cutaneous amyloidosis (is a condition in which clumps of abnormal proteins called amyloids build up in the skin). Cross reference F760. Findings: 1. During a review of Resident 142's admission Record (AR), the AR indicated the facility admitted the resident on 1/5/2024, with diagnoses including type two (2) diabetes mellitus (DM, a disorder characterized by difficulty in blood sugar control and poor wound healing) and mild protein-calorie malnutrition (is a serious health condition caused by not getting enough protein, calories (energy), or both in the diet). During a review of Resident 142's Minimum Data Set (MDS, a resident assessment tool), dated 4/1/2026, the MDS indicated the resident had the ability to make self-understood and understand others and had moderately impaired cognition (a noticeable decline in thinking, memory, or reasoning that interferes with daily life, requiring assistance with tasks like managing finances, medication, or transportation). The MDS indicated the resident was on a high-risk drug class hypoglycemic medication (a type of medicine used to lower high blood sugar levels, primarily in people with Type 2 diabetes). During a review of Resident 142's Order Summary Report (OSR), the OSR indicated an order for: 4/1/2026 Basaglar KwikPen Subcutaneous Solution Pen-injector (a slow-release injection taken once or twice daily to manage blood sugar levels steadily over 24 hours or longer) 100 units per milliliter (unit/ml, measures how concentrated insulin is, showing how many tiny doses of insulin are packed into a one mL vial or pen) (Insulin Glargine). Inject 23 units subcutaneously in the afternoon for DM management Hold if blood sugar is less than 100 milligrams per deciliter (mg/dl, measures the concentration of sugar (glucose) in the blood). Rotate injection sites. 3/26/2026 Insulin Lispro Injection Solution (Insulin Lispro-a fast acting insulin). Inject 11 units (a standardized measurement of how much work the insulin does to lower blood sugar) subcutaneously three times a day for DM with meals. Hold if blood sugar is less than 100. Pls. notify MD/nurse practitioner (NP, a registered nurse with advanced graduate-level training (master's or doctorate) who is qualified to diagnose and treat illnesses, order tests, and prescribe medications) if BS is less than 70 or greater than 350. 3/26/2026 Insulin Lispro Injection Solution 100 unit/ml (Insulin Lispro). Inject as per sliding scale (a pre-set chart used to determine rapid or short-acting insulin dosage based on blood sugar levels measured just before meals or at bedtime): if 70 - 140 = 0 Units If blood sugar (BS) is less than (<) 70 give orange juice (OJ) if Responsive and notify MD.; 141 - 180 = 4 Units; 181 - 220 = 6 Units ; 221 - 260 = 8 Units; 261 - 300 = 10 Units; 301 - 350 = 12 Units ; 351 - 400 = 14 Units; 401 - 450 = 16 Units ; 451+ If BS is < 451+ Give 18 Units and Notify MD, subcutaneously before meals and at bedtime for Diabetes. Rotate injection sites. During a review of Resident 142's Care Plan (CP) Report regarding the resident had a potential for skin discoloration related to insulin injections, last reviewed on 4/8/2026, the CP indicated an intervention to rotate injections sites regularly. During a review of Resident 142's Location of Administration Report (LAR) for Insulin for 3/2026, the LAR indicated insulin was subcutaneously administered on: Basaglar KwikPen Subcutaneous Solution Pen-injector 100 unit/ml 3/1/2026 at 9:18 a.m. on the Abdomen - Left Lower Quadrant (LLQ) 3/2/2026 at 9:15 a.m. on the Abdomen - LLQ 3/6/2026 at 9:49 a.m. on the Abdomen - Left Upper Quadrant (LUQ) 3/7/2026 at 8:04 a.m. on the Abdomen - LUQ Insulin Aspart Subcutaneous Solution Pen injector 100 unit/ml 3/18/2026 at 12:31 p.m. on the Abdomen - Right Lower Quadrant (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	(RLQ) 3/18/2026 at 5:15 p.m. on the Abdomen - RLQ 3/18/2026 at 12:29 p.m. on the Abdomen - LLQ 3/18/2026 at 9:04 p.m. on the Abdomen - LLQ 3/19/2026 at 8:17 p.m. on the Abdomen - Right Upper Quadrant (RUQ) 3/20/2026 at 3:51 p.m. on the Abdomen - RUQ 3/21/2026 at 3:43 p.m. on the Abdomen - RUQ Insulin Lispro Injection Solution 3/11/2026 at 8:28 a.m. on the Abdomen - LLQ 3/11/2026 at 5:08 p.m. on the Abdomen - LLQ 3/31/2026 at 6:30 a.m. on the Abdomen - RUQ 3/31/2026 at 4:48 p.m. on the Abdomen - RUQ During a concurrent interview and record review on 4/23/2026, at 9:46 a.m., with the Director of Staff Development (DSD), Resident 142's OSR, LAR, and CP were reviewed. The DSD stated there were three orders for insulin and all of them had orders to rotate insulin administration sites. The DSD stated there were multiple instances that the licensed staff did not rotate the insulin administration sites for Resident 142. The DSD stated it was important to rotate the insulin administration sites to prevent bruising and lipodystrophy on residents. The DSD stated the staff gets lazy on opening the history of last administration site of the insulin on the electronic health record of the resident. The DSD added administering insulin on sites of lipodystrophy will have an effect on its absorption causing hypo (low)/hyperglycemia (high blood sugar) on residents. During an interview on 4/24/2026, at 2:51 p.m., with the Director of Nursing (DON), the DON stated Resident 142's insulin administration sites of should be rotated to prevent lipodystrophy. The DON stated that injecting insulin on the same site can cause poor absorption leading to hypo/hyperglycemia. The DON stated the staff did not follow their policy and procedure (P&P) titled Insulin Administration and the Manufacturer's Specifications for Basaglar and Aspart. 2. During a review of Resident 80's AR, the AR indicated the facility admitted the resident on 8/3/2021, and readmitted the resident on 8/16/2023, with diagnoses including DM with diabetic neuropathy (a type of nerve damage caused by long-term high blood sugar (glucose) levels due to diabetes), morbid obesity (a chronic, severe health condition defined by having a Body Mass Index (BMI) of 40 or higher, or a BMI of 35 or higher along with obesity-related health conditions), and disease of spleen (a fist-sized, soft organ located in the upper left side of the abdomen, tucked under the ribcage behind the stomach). During a review of Resident 80's History and Physical (H&P), dated 12/5/2025, the H&P indicated the resident had the capacity to understand and make decisions. During a review of Resident 80's MDS, dated [DATE], the MDS indicated the resident had the ability to make self-understood and understand others and had intact cognition (means that a person's mental abilities-such as thinking, memory, attention, and language-are working well and have not experienced significant decline or impairment). The MDS indicated the resident was on a high-risk drug class hypoglycemic medication. During a review of Resident 80's OSR, the OSR indicated an order for: 12/1/2025 NovoLog Solution 100 unit/ml (Insulin Aspart-a fast acting insulin). Inject 18 units subcutaneously before meals for diabetes Rotate insulin site. 4/3/2026 Lantus Subcutaneous Solution 100 unit/ml (Insulin Glargine-a long-acting insulin). Inject 36 units subcutaneously in the morning for DM before breakfast, rotate site. During a review of Resident 80's CP Report regarding the resident had a potential for skin discoloration related to insulin injections, last reviewed on 3/12/2026, the CP indicated an intervention to rotate injection sites regularly. During a review of Resident 80's LAR from 3/2026 to 4/2026, the LAR indicated insulin was subcutaneously administered on: NovoLog Solution 100 unit/ml 3/13/2026 at 7:10 a.m. on the Abdomen - LLQ 3/13/2026 at 10:11 a.m. on the Abdomen - LLQ 3/27/2026 at 10:59 a.m. on the Abdomen - LUQ 3/27/2026 at 4:47 p.m. on the Abdomen - LUQ 4/6/2026 at 12:23 p.m. on the Abdomen - RLQ 4/6/2026 at 12:22 p.m. on the Abdomen - RLQ 4/14/2026 at 10:23 a.m. on the Abdomen - RLQ 4/14/2026 at 10:27 a.m. on the Abdomen - RLQ During a concurrent interview and record review on 4/23/2026, at 9:46 a.m., with the DSD, reviewed Resident 80's OSR, LAR, and CP. The DSD stated there were three orders for insulin and all of them had orders to rotated insulin administration sites. The DSD stated there were multiple instances that the licensed staff did not rotate the insulin administration sites for Resident 80. The DSD stated it was important to rotate the insulin administration sites to prevent bruising and lipodystrophy on residents. The DSD stated the staff gets (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	lazy on opening the history of last administration site of insulin on the electronic health record of the resident. The DSD added administering insulin on sites of lipodystrophy will have an effect on its absorption causing hypo/hyperglycemia on residents. During an interview on 4/24/2026, at 2:51 p.m., with the DON, the DON stated Resident 80's insulin administration sites of should be rotated to prevent lipodystrophy. The DON stated that injecting insulin on the same site can cause poor absorption leading to hypo/hyperglycemia. The DON stated the staff did not follow their policy and procedure (P&P) titled Insulin Administration and the Manufacturer's Specifications for Basaglar and Aspart. During a review of the facility's recent P&P titled, Insulin Administration, last reviewed on 1/27/2026, the P&P indicated to provide guidelines for the safe administration of insulin. General Guidelines 5. Insulin injections sites are routinely rotated. Steps in the Procedure (Insulin Injections via Syringe) 13. Select an injection site. a. Insulin may be injected into the subcutaneous tissue of the upper arm and anterior or lateral areas of the thighs and abdomen. Avoid the area approximately 2 inches around the navel. b. Injection sites should be rotated, preferably within the same general area (abdomen, thigh, upper arm). During a review of the facility-provided Highlights of Prescribing Information (HPI) on the use of Basaglar (insulin glargine) injection, for subcutaneous use, with initial U.S. approval in 2015, the HPI indicated to rotate injection sites into the abdominal area, thigh, or deltoid to reduce the risk of lipodystrophy and localized cutaneous amyloidosis. During a review of the facility-provided HPI, on the use of Insulin Aspart injection, for subcutaneous or intravenous use, with initial U.S. approval in 2000, the HPI indicated under dosage and administration, Subcutaneous injection: -Inject subcutaneously within 5-10 minutes before a meal into the abdominal area, thigh, buttocks or upper arm. -Rotate injection sites within the same region from one injection to the next to reduce the risk of lipodystrophy and localized cutaneous amyloidosis.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0685 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assist a resident in gaining access to vision and hearing services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure that one of three sampled residents (Resident 53) had received proper treatment after the Ophthalmology appointment. This deficient practice had the potential to result in Resident 53's vision to deteriorate and possibly cause an infection. Findings: During a review of Resident 53's admission Record (AR), the AR indicated that the facility admitted the resident on 05/11/2022, and readmitted on [DATE], with diagnoses including diabetes mellitus (DM, a disorder characterized by difficulty in blood sugar control and poor wound healing), difficulty walking, and depression (loss of interest in life). During a review of Resident 53's History and Physical (H&P), dated 8/15/2025, the H&P indicated that Resident 53 has fluctuating capacity to understand and make decisions. During a review of Resident 53's Minimum Data Set (MDS, a resident assessment tool), dated 3/01/2026, the MDS indicated that Resident 53 has moderate cognitive impairment. The MDS also indicated that Resident 53 needs partial to moderate assistance with activities of daily living (ADLs, routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves). During a review of Resident 53's Care Plan (CP), titled Vision/Eyes initiated on 8/15/2024, the CP indicated Resident has eye glasses due to impaired vision, with goal indicating resident will be free from eye discomfort/pain and will not experience a decline in visual acuity related to disease process to extent possible, interventions including monitor eyes for irritation, redness or increased dryness and notify physician. The CP initiated on 4/18/2025, revised on 1/26/2026, indicating that the resident has impaired visual function related to (r/t) Diabetes with goal indicating the resident will have no indications of acute eye problems throughout the review, and interventions including arrange consultation with eye care practitioner as required, identify/record factors affecting visual function including Physiological (glaucoma, {.}, light sensitivity, dry eyes). During an observation and interview on 4/20/2026 at 11:19 a.m. inside Resident 53's room, Resident 53 was complaining of dryness to his left eye for 7 weeks. Resident 53 stated a description of the dryness be like a scratch on his skin, while the resident observed gesturing a scratch to his arm. Resident 53 stated that he had eye surgery in the past and was using eye drops but could not recall when he stopped using it. Resident 53 stated that he complained about the dryness on his left eye to multiple staff on different occasions. Resident 53 stated that he requested an eye drop to relieve the discomfort and further stated that he felt ignored. During a concurrent interview and record review on 4/21/2026 at 11:00 a.m. inside Resident 53's room with Licensed Vocational Nurse 9 (LVN 9), LVN 9 observed asking Resident 53 when the dryness to his left eye started and Resident stated that it has been seven weeks and further stated that he had informed multiple staff regarding his complaint, that nothing was done about it. Resident 53 observed stated to LVN 9 a request for eye drops to help with the dryness. LVN 9 stated that she will inform the medical doctor to get an order for the eye drops. Upon record review with LVN 9, LVN 9 stated that Resident 53 had an appointment with Ophthalmologist (eye doctor) on 4/07/2026. LVN 9 stated that the result of the appointment was not available. LVN 9 stated that it should have been uploaded and there should have been a visit note from the doctor. LVN 9 stated that she does not know what happened or if there was any recommendation ordered by the doctor. LVN 9 stated that there was no order of any eyedrops for Resident 53. During a review of Visit Note dated 4/07/2026, provided by the Social Services Director (SSD) on 4/21/2026 AT 11:30 a.m., the Visit Note indicated that Resident 53 had a chief complaint of Pain OU (OU in Latin stands for oculus uteque meaning each eye or both eyes), is being seen for a chief complaint of Pain OU. Pt states he has CAT SX 6 years can not remember name of DR. Pt seeing floaters, blurry vision, and pain. Has been having symptoms for 6 months now and not getting better. Pt using dry eye drops over the counter. States he is not diabetic. During an interview and record review on 4/22/2026 at 8:45 a.m., with the Social Services Director (SSD), the SSD stated that LVN Charge on the day of the appointment on 4/07/2026 made a (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0685 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	documentation that Resident 53 was leaving for an eye exam, the SSD stated that there was no documentation that Resident 53 came back from his appointment and stated that there should have been a documentation. The SSD stated that it is licensed nurses' responsibility to make sure that there was documentation as they are responsible for assessing the residents and checking if there are any new orders that need to be carried out. The SSD further stated that he did not know what the result of his appointment was. During an interview and record review on 4/22/2026 at 9:17 a.m. with LVN 13, LVN 13 stated that she has been working in the facility since 12/2024. LVN 13 stated that on 4/07/2026, she made a documentation that Resident 53 was leaving for an Ophthalmology appointment at 1:00 p.m., LVN further stated that Resident 53 did not complain of any pain when he left for his appointment. LVN 13 stated that there was no documentation that Resident 53 came back from his appointment. LVN 13 stated that documentation is required when residents depart to or return from their appointments. LVN 13 stated that prior to residents going to an appointment, a packet is provided with resident's face sheet inside an envelope. LVN 13 further stated that the envelope needs to be brought back to the facility with some documents or an after-visit summary from the appointment as a form of communication to identify if there are new orders or clarifications needed to be carried out. LVN 13 stated that when Resident 53 came back from his doctor's visit, no documentation was made. Upon presented with the Visit Note dated 4/07/2026, LVN 13 stated that there should have been a documentation on change of condition due to Resident's chief complaint, and to call MD for new orders. LVN 13 stated that Resident 53's needs were not addressed and stated that if the complaints are not addressed timely, Resident 53's eyes could worsen, continues to have pain, blurry vision, and irritation which could lead to an infection. During an interview on 4/24/2026 at 2:50 p.m. with the Director of Nursing (DON), the DON stated that licensed nurses and the SSD are the ones responsible for receiving and documenting when residents have arrived back at the facility from their appointments. The DON stated that the SSD is also responsible for making a follow-up on the residents' appointments, to be able to carry out new orders. The DON stated that Resident 53's eyesight could deteriorate and failure to follow-up on change of condition or new orders could affect resident's quality of life. During a review of the facility's Policy and Procedure (P&P), titled Ancillary Services (Dental, Podiatry, Hearing, Vision), revised on 12/2013, the P&P indicated, Upon conducting an ancillary examination, a resident needing ancillary services will be promptly referred to a personal doctor or facility's consulting provider. During a review of the facility's P&P, titled Change in a Resident's Condition or Status, revised on 6/26/2025, the P&P indicated, Our facility promptly notifies the resident, his or her attending physicians, and the resident representative of changes in the resident's medical/mental condition and/or status (e.g., changes in the level of care, billing/payments, resident rights, etc.). 1. The nurse will notify resident's attending physician or physician on call when there has been a(an): a. Changes in the resident's condition declined and improved. 2. Regardless of the resident's current mental or physical condition, a nurse or healthcare provider will inform the resident of any changes in his/her medical care or nursing treatments. 3. The nurse will record in the resident's medical record information relative to changes in the resident's medical/mental condition or status.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. Based on interview and record review, the facility failed to provide services to one of three sampled residents (Resident 93) reviewed under position, mobility care area who had limited range of motion (ROM - full movement potential of a joint) by failing to: 1. Notify Resident 93's physician when Resident 93 had constant refusals for right hand and right elbow splints. 2. Assess Resident 93 after constant refusals with the Restorative Nurse Assistant (RNA) application of right hand and right elbow splints.ˆ These deficient practices had the potential to have decline in Resident 93's ROM and mobility due to delayed treatments and a potential for delayed identification of ROM and mobility decline. Findings: During a review of Resident 93's admission Record (AR), the AR indicated that the facility originally admitted the resident on 8/3/2025 with diagnoses including hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body) and hemiparesis (weakness on one side of the body) following cerebral infarction (damage to tissues in the brain due to a loss of oxygen to the area), seizure (a sudden, uncontrolled electrical disturbance in the brain which can cause uncontrolled jerking, blank stares, and loss of consciousness), and anemia (a condition where the body does not have enough healthy red blood cells). During a review of Resident 93's History and Physical (H&P), dated 8/4/2025, the H&P indicated that the resident had fluctuating capacity to understand and make decisions. During a review of Resident 93's Minimum Data Set (MDS - a resident assessment tool), dated 2/9/2026, the MDS indicated the resident had clear speech, usually makes self understood, and usually had the ability to understand others. The MDS indicated Resident 93 required staff assistance with activities of daily living (ADL - activities such as bathing, dressing and toileting a person performs daily) with substantial/maximal assistance with mobility including rolling left and right and sitting to lying. During a review of Resident 93's Order Summary Report (OSR), dated 8/25/2025, the OSR indicated the following: - RNA to apply right resting hand splint every day five times per week for 4 to 6 hours (hrs- a unit of measurement) per day or as tolerated for contracture management of the right upper extremity (RUE). Please monitor for signs of redness, skin irritation or discomfort. - RNA to apply right elbow splint every day 5 times per week for 4 to 6 hrs per day or as tolerated for contracture management of the RUE. Please monitor for signs of redness, skin irritation or discomfort. During a review of Resident 93's Care Plan (CP) Report focused on risk for decline and/or complications with ROM in joint., dated 8/25/2025, the CP Report indicated goals to prevent or reduce the risk of deformity or contracture including the following interventions: - RNA to apply right resting hand splint every day 5 times per week for 4 to 6 hrs per day or as tolerated for contracture management of the RUE. Please monitor for signs of redness, skin irritation or discomfort. - RNA to apply right elbow splint every day 5 times per week for 4 to 6 hrs per day or as tolerated for contracture management of the RUE. Please monitor for signs of redness, skin irritation or discomfort. During an observation on 4/20/2026 at 9:29 a.m., inside Resident 93's room, Resident 93 was observed without any splints on his right elbow and right hand. During an interview on 4/22/2026 at 8:33 a.m. with RNA 1 and RNA 2, RNA 1 stated Resident 93's ROM exercises were already done. RNA 2 stated she provided the exercises sometimes before 8 a.m. this morning before breakfast. RNA 2 stated Resident 93 refuses to wear the splints because he says it is painful for him to wear. RNA 2 stated Resident 93 has refused to wear splints on his right elbow and right hand for a long-time and the charge nurses are aware of his refusal to wear splints. During a concurrent interview and record review on 4/23/2026 at 8:33 a.m. with the Assistant Director of Nursing (ADON), reviewed Resident 93's nursing progress notes, RNA Weekly Summaries, eINTERACT Situation Background Assessment Request (SBAR - a communication tool used to provide concise, clear, and effective information regarding a resident's condition) from 8/25/2025 to 4/23/2026, the ADON stated there was no SBAR documentation done for Resident 93's refusal to wear splints. The ADON stated the licensed nurses complete the SBAR and it includes an assessment including pain assessment and the body system. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The ADON stated it includes mental, functional, behavioral, function status, evaluation, notification to the clinician/doctor, description of the resident's change in condition, notification of the family/resident representation, and any orders for intervention. The ADON stated the notification of the doctor is to ensure they are aware of the resident's condition and interventions needed to revise the plan of care. The ADON stated when the SBAR is not done the resident could have functional decline and contractures for not wearing splints. The ADON stated interventions included the charge nurse/licensed nurse to offer pain medication and also non-pharmacological interventions as needed. The ADON stated the following RNA Weekly Summary (WS): - On 8/12/2025, the RNA WS indicated Resident 93 was able to tolerate the splints. - On 8/19/2025, the RNA WS indicated Resident 93 was not able to tolerate splints and Resident 93 refused to wear the splints and verbalized that they are painful to him and has not allowed the [RNAs] to put them on. The ADON stated there should have been an SBAR completed on 8/19/2025, but there was none. During a review of the facility's policy and procedure (P&P) titled, Restorative Nursing Services, dated 1/27/2026, the P&P indicated that Residents will receive restorative nursing care as needed to help promote optimal safety and independence. 3. Restorative goals and objectives are individualized and resident-centered, and are outlined in the resident's plan of care. 5. Restorative goals may include, but are not limited to supporting and assisting the resident in: a. adjusting or adapting to changing abilities; b. developing, maintaining or strengthening his/her physiological and psychological resources; c. maintaining his/her dignity, independence and self-esteem; and d. participating in the development and implementation of his/her plan of care.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. Based on interview and record review, the facility failed to recognize, evaluate, and address the needs of residents at risk or already experiencing impaired nutrition and hydration for one of two sampled residents (Resident 3) by failing toˆperform weight loss assessments (a systematic evaluation conducted by health professionals to measure, track, and interpret changes in an individual's body weight over time) asˆestablishedˆby the interdisciplinary team (IDT, a coordinated group of health professionals from different specialties who work together to manage a resident's total care) on the first of the month.ˆ The deficient practice had predisposed the resident to unrecognized weight loss without intervention leading to poor nutrition of the resident. Findings: During a review of Resident 3's admission Record (AR), the AR indicated the facility admitted the resident on 3/29/2024, and readmitted the resident on 12/31/2025, with diagnoses including gastro-esophageal reflux disease (GERD, a chronic, more severe form of acid reflux), major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest), and pressure ulcer of sacral region stage 4 (Full-thickness skin and tissue loss with exposed muscle, tendon, ligament, cartilage, or bone). During a review of Resident 3's History and Physical (H&P), dated 1/3/2026, the H&P indicated the resident did not have the capacity to understand and make decisions. During a review of Resident 3's Minimum Data Set (MDS, a resident assessment tool), dated 3/14/2026, the MDS indicated the resident had the ability to make self-understood and understand others and had moderately impaired cognition (a noticeable decline in memory, thinking, or reasoning that goes beyond normal aging, making everyday tasks harder to manage independently). The MDS indicated the resident required set up assistance on eating. The MDS indicated the resident had 5% or more in the last month or loss of 10% or more in last 6 months and was not on physician-prescribed weight-loss regimen. During a review of Resident 3's Order Summary Report (OSR), dated 2/25/2026, the OSR indicated an order for Registered Dietician (RD) consult. During a review of Resident 3's Weights and Vitals Summary (WVS) indicated the following weights: 4/16/2026 162 pounds (lbs., a standard unit used to measure how heavy an object is (weight/mass) (Hoyer - a specialized machine designed to help caregivers safely move a person with limited mobility-such as from a bed to a wheelchair, toilet, or bath) 3/19/2026 151 lbs. (Hoyer) 1/15/2026 166.2 lbs. (Hoyer) 10/23/2025 151.7 lbs. (Hoyer) Weight Loss Calculation: 1st Month 7.28% (gain) 3rd Month (-13 %) (loss) 6th Month 6.47% (gain) During a review of Resident 3's Care Plan (CP) Report titled, Weight loss: Resident is at risk for weight loss, Resident has an actual significant weight loss of 5% in one month, and 10% in six months related to dialysis (a specialized machine designed to help caregivers safely move a person with limited mobility-such as from a bed to a wheelchair, toilet, or bath) with accompanying fluid shifts, last revised on 4/20/2026, the CP indicated a goal of will have no significant weight change of 5% or more per month, and an intervention of RD to evaluate as indicated and weekly weights and report significant weight changes to physician. During a review of Resident 3's Dietary Note (DN), dated 4/21/2026, the DN indicated that prior to hospital transfer, IDT reviewed Resident for 19 lbs. weight loss/3 months = 11.4% Height (Ht.)- 69 Weight (Wt.)- 151.5# body mass index (BMI, a simple, quick screening tool that uses a person's height and weight to estimate if they have a healthy amount of body fat)- 22.4 Diet- Consistent Carbohydrate Diet (CCHO, a meal plan designed to keep your blood sugar levels stable by eating roughly the same amount of carbohydrates at the same meals every day) Renal (a specialized eating plan designed to protect kidney health and slow damage by reducing the workload on the kidneys) double portions International Dysphagia Standardization Initiative (IDDSI, a specialized eating plan designed to protect kidney health and slow damage by reducing the workload on the kidney) level 7 (specifically Easy to Chew (black), refers to normal, everyday foods that are soft, tender, and moist): regular texture: IDDSI level 0 (drinks with the consistency of water that flow freely and quickly): thin liquids; sugar free (SF) Renal snack at night (HS); Fluid restriction of 1200 milliliters per day (ml/day, measures the total (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	volume of liquid a person consumes or receives over a 24-hour period) - Dietary providing 240 cc. During a concurrent interview and record review on 4/23/2026, at 2:02 p.m., with the RD, Resident 3's WVS, DN, and CP were reviewed. The RD stated she did a weight loss calculation on 4/21/2026 and identified the resident's 11.4 % weight loss in 3 months and provided recommendations on her note. The RD stated she did not update the previous care plan to reflect the resident's current weight loss in the last 3 months. The RD stated that she updates the care plan when the resident was present, the resident was out, she should have updated the care plan even though the resident was not in the facility. The RD stated they do monthly weight loss assessment on the first of the month including calculations of weight loss and gains, after 72 hours they should have created the Dietary Notes and updated the care plan to prevent potential further weight loss of the resident. During an interview and record review on 4/24/2026, at 2:51 p.m., with the Director of Nursing (DON), reviewed the facility-provided policy and procedure (P&P) titled, Weight Assessment, Intervention and Management. The DON stated the RD should have performed her monthly assessment on the 1st of April and updated the care plan immediately to ensure the resident will not sustain potential further weight loss. During a review of the facility's recent P&P titled, Weight Assessment, Intervention and Management, last reviewed on 1/27/2026, the P&P indicated resident weights are monitored for weight loss or gain. Weight Assessment 1. Residents are weighed upon admission and at intervals established by the interdisciplinary team. 3. Unless notified of significant weight change, the dietician will review the unit weight record monthly to follow individual weight trends over time. Care Planning 1. Individualized care plans shall address, to the extent possible: a. the identified causes of weight loss; b. goals and benchmarks for improvement; and c. time frames and parameters for monitoring and reassessment.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0790 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide routine and 24-hour emergency dental care for each resident. Based on observation, interview, and record review, the facility failed toˆfollow up a resident'sˆrequest for dentures for one of two sampled residents (Resident 80). Resident 80 was seen by the dentist on 12/12/2025 with treatment recommendations of new dentures/partials, and teethˆextractions (removal of a tooth). This deficient practice had the potential to result in the inability to effectively chew foods, weight loss, lack of energy, and loss of muscle mass for Resident 80. Findings: During a review of Resident 80's admission Record (AR), the AR indicated that the facility admitted the resident on 8/3/2021, and readmitted the resident on 8/16/2023, with diagnoses including morbid obesity (means that a person's mental abilities-such as thinking, memory, attention, and language-are working well and have not experienced significant decline or impairment), type two (2) diabetes mellitus (DM, a disorder characterized by difficulty in blood sugar control and poor wound healing), and disease of spleen (a fist-sized, fist-shaped organ located in the upper left side of your abdomen under the ribs, acting as a blood filter and a crucial part of the immune system). During a review of Resident 80's History and Physical (H&P), dated 12/5/2025, the H&P indicated the resident had the capacity to understand and make decisions. During a review of Resident 80's Minimum Data Set (MDS, a resident assessment tool), dated 2/23/2026, the MDS indicated the resident had the ability to make self-understood and understand others and had intact cognition (means that a person's mental abilities-such as thinking, memory, attention, and language-are working well and have not experienced significant decline or impairment). The MDS indicated that the resident needed setup or clean-up assistance on eating. During a review of Resident 80's Order Summary Report (OSR), dated 11/12/2023, the OSR indicated an order for dental consultation as needed. During a review of Resident 80's Onsite Mobile Dental (OMB) form, dated 11/21/2025, the OMB form indicated the resident wanted teeth. The treatment recommendations from the dentist were teeth extractions, and new dentures/partials. During a review of Resident 80's OMB form, dated 12/12/2025, the OMB did not indicate a patient chief complaint and x-rays taken 12 posteroanterior (PA's, a standard, upright chest imaging technique where the X-ray beam enters your back (posterior) and passes through to the front (anterior), exiting at a detector). There were no treatment recommendations on the OMB form. During a concurrent interview and record review on 4/22/2026, at 2:37 p.m., with the Social Services Assistant (SSA), Resident 80's OMB forms were reviewed. The SSA stated Resident 80 had two OMB forms, on 11/21/2025, the resident expressed desire to have teeth, and the dentist saw the resident and placed a recommendation for teeth extractions and new dentures/partials. While on 12/12/2025, the resident had 12 PA x-rays. The SSA stated there was no follow up after 12/12/2025. The SSA stated she (SSA) was responsible to ensure that the dental complaints of the resident were addressed and she (SSA) overlooked them. The SSA stated it was not acceptable that up to now the resident did not have dentures fitted on him. The SSA stated her failure to follow up the resident's need for dentures had predisposed the resident for poor nutrition related to difficulty in eating. During an interview on 4/23/2026, with the Director of Staff Development (DSD), the DSD stated that they have dental services in the building. The DSD stated the process was to inform social services if the resident had a complain regarding dental issues. There was a log in the Social Services Department to place the name of the resident in the schedule to be seen by the dentist who comes to the facility every month. The DSD stated the SSA should have followed up the teeth extraction and after the x-ray they should have relayed the result of the x-ray to the dentist to facilitate fitting of the dentures. The DSD stated it was not appropriate to wait for four (4) months to have a denture fitted to the resident. The DSD stated there was a potential for Resident 80 for weight loss due to difficulty in eating. The DSD stated the SSA did not follow the policy and procedure (P&P) titled Dental. During an interview on 4/24/2026, at 2:51 p.m., with the Director of Nursing (DON), the DON stated the SSA should have followed on Resident 80`s request within the same month the 12 PA x-rays were done. The DON stated the failure of the SSA to follow up for tooth extraction and denture fitting had the (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0790 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	potential for weight loss, poor mastication (the technical, medical term for chewing food), and can affect the dignity of the resident. During a review of the facility's recent P&P titled, Dental, last reviewed on 1/27/2026, the P&P indicated oral healthcare and dental services will be provided to each resident. Policy Interpretation and Implementation 3. Social Services will be responsible for making necessary dental appointments. 4. All requests for routine and emergency dental services should be directed to social services to assure that appointments can be made in a timely manner.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 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 and maintain an infection control program for one (1) of 1 sampled residents (Resident 153), during a random observation, by failing to ensure Resident 153 did not touch and^pour a cup of water from the water pitcher on top of the Medication Cart (Med Cart) 1 used for medication pass in the presence of multiple staff sitting at Station 2 desk. This deficient practice had the potential to spread infections and illnesses among other residents and staff. Findings: During a review of Resident 153's admission Record (AR - front page of the chart that contains a summary of basic information about the resident), the AR indicated the facility originally admitted Resident 153 on 10/31/2024 with diagnoses including urinary tract infection (UTI - an infection in the bladder/urinary tract), bacteremia (presence of bacteria in the blood caused by a variety of bacterial organisms), and pneumonia (an infection/inflammation in the lungs). During a review of Resident 153's History and Physical (H&P), dated 2/25/2026, the H&P indicated Resident 153 had the capacity to understand and make decisions. During a review of Resident 153's Minimum Data Set (MDS - a resident assessment tool), dated 2/7/2026, the MDS indicated Resident 153 had an intact cognition (mental action or process of acquiring knowledge and understanding) and was able to understand and make his needs known. The MDS further indicated Resident 153 required setup or clean-up assistance with shower/bathing and tub/shower transfers and was independent with all other activities of daily living (ADLs - activities such as bathing, dressing and toileting a person performs daily). During an observation on 4/21/2026 at 11:01 a.m. in front of Station 2 desk, observed Med Cart 1 parked in front of the Station 2 desk on the right side and Med Cart 2 parked in front of Station 2 desk on the left side next to Med Cart 1. Observed Licensed Vocational Nurse (LVN) 2 sitting behind the Station 2 desk on the right side with Med Cart 1 directly across, LVN 12 sitting behind the Station 2 desk on the left side with Med Cart 2 directly across, and Registered Nurse (RN) 1 standing in front of Med Cart 2 next to Med Cart 1. Observed Resident 153 pour a cup of water from Med Cart 1, drank from the cup, threw the cup in a trash bin on Med Cart 1 and left. Observed LVN 2, LVN 12, and RN 1 did not educate Resident 153 regarding pouring a cup of water without asking for permission from the staff. During an interview on 4/21/2026 at 11:03 a.m. with LVN 2 and LVN 12, LVN 2 stated that she did not observe Resident 153 pour a cup of water from Med Cart 1 as the computer screen was blocking her view. LVN 12 and RN 1 stated that they did not notice Resident 153 pour a cup of water and was unable to tell the reason that they did not observe the act. RN 1, LVN 2, and LVN 12 stated that residents are not supposed to pour any liquid from the medication carts as it was infection control issue and could contaminate items on top of medication carts, the residents could be on fluid restriction, or the resident may not be appropriate to consume thin liquids. LVN 12 stated that the pitchers of juice and water on top of Med Cart 1 were used by the licensed nurses during medication administration. LVN 12 stated that she should have educated Resident 153 about asking for permission regarding using the pitchers of liquids on top of Med Cart 1. During an interview on 4/22/2026 at 10:30 a.m. with the Infection Preventionist (IP), the IP stated that residents were not supposed to touch anything on top of the medication carts and pour any liquids. The IP stated that it was an infection control issue and any resident that touches any item in the cart can contaminate the item touched. The IP stated that it can also be a safety issue as the residents may not be appropriate to drink thin liquids or have fluid restrictions. The IP stated that LVN 2, LVN 12, and RN 1 should have called Resident 153's attention and educated Resident 153 regarding not touching anything on top of Med Cart 1 as it can contaminate the items on the top which were used by the licensed nurse during medication administration. The IP stated that it had the potential to spread infection among other residents or staff. During an interview on 4/24/2026 at 3:48 p.m. with the Director of Nursing (DON), the DON stated that residents are not supposed to be touching anything on top pf the medication carts as those are being used for medication administration and should be maintained clean. The DON stated that the licensed nurses are supposed (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056039	A. Building B. Wing	04/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mirage Post Acute	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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	to ensure that the medication carts are secure and no residents were pouring any liquid or consuming anything on top of the medication carts. The DON stated that either RN 1, LVN 2, or LVN 12 should have called Resident 153's attention and educate Resident 153 about not touching anything on top of Med Cart 1as it can contaminate the items on the top which were used by the licensed nurse during medication administration. The DON stated it had the potential to spread infection among other residents and/or staff. During a review of the facility's P&P titled, Infection Prevention and Control Program (IPCP), last reviewed on 1/27/2026, the P&P indicated the IPCP is established and maintained to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. The P&P further indicated that some of the important facets of infection prevention include identifying possible infections or potential complications or dissemination, instituting measures to avoid complications or dissemination, educating staff and ensuring they adhere to proper techniques and procedures, and communicating the importance of standard precautions and respiratory hygiene.