

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555456	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/22/2025
NAME OF PROVIDER OR SUPPLIER Antelope Valley Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 44567 North 15th St. West 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)
<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43878</p> <p>Based on interview and record review, the facility failed to follow its Policy and Procedures (P&P) titled, Grievances/Complaints, Filing, for three of four sampled residents (Resident 2, Resident 3, Resident 4), when the facility failed to inform Resident 2, Resident 3, and Resident 4 verbally and in writing of the findings of the investigations and the actions that were taken to correct the identified problems.</p> <p>This deficient practice had the potential to violate the rights of Resident 2, Resident 3, and Resident 4.</p> <p>Findings:</p> <p>a. During a review of Resident 2's Admission Record, the Admission Record indicated the resident was admitted on [DATE] with diagnoses including difficult walking, low back pain, and muscle weakness (generalized).</p> <p>During a review of Resident 2's Minimum Data Set (MDS - a resident assessment tool), dated 3/6/2025, the MDS indicated Resident 2 had the ability to understand and be understood. The MDS indicated Resident 2 required substantial assistance (helper does more than half the work) with oral hygiene, toileting, showering, upper and lower body dressing, putting on and taking off clothing, and personal hygiene.</p> <p>During a review of Resident 2's Concern and Grievance Report dated 3/13/2025 at 12:15 p.m., the Concern and Grievance Report indicated the concern party notified on was left blank.</p> <p>b. During a review of Resident 3's Admission Record, the Admission Record indicated the resident was admitted on [DATE] and readmitted on [DATE] with diagnoses including muscle weakness (generalized), shortness of breath, and history of falling.</p> <p>During a review of Resident 3's MDS dated [DATE] indicated Resident 3 had the ability to understand and be understood. The MDS indicated Resident 3 required substantial assistance (helper does more than half the work) with toileting, showering, putting on and taking off clothing, and required partial assistance (helper does less than half the effort) with oral hygiene, upper and lower body dressing and personal hygiene.</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 3's Concern and Grievance Report dated 3/13/2025, the Concern and Grievance Report indicated the concern party notified on was left blank.</p> <p>During a concurrent record review and interview on 4/22/2025 at 1:14 p.m. of Resident 3's Concern and Grievance Report with Resident 3, Resident 3 stated he did have a grievance regarding the care he was being provided. Resident 3 stated no one followed up with him to let him know what the resolution to his grievance was. Resident 3 reviewed Concern and Grievance Report dated 3/13/2025 and stated he was never given a copy of this grievance and no one updated him regarding the grievance. Resident 3 stated the facility should update him because it is important for the facility to update him and if not how will he know it the issue was fixed.</p> <p>c. During a review of Resident 4's Admission Record, the Admission Record indicated the resident was admitted on [DATE] and readmitted on [DATE] with diagnoses including muscle weakness (general), and morbid (severe) obesity due to excessive calories.</p> <p>During a review of Resident 4's MDS dated [DATE] indicated Resident 4 had the ability to understand and be understood. The MDS indicated Resident 4 required substantial assistance (helper does more than half the effort) with toileting, showering, lower body dressing, and putting on and taking off footwear.</p> <p>During a review of Resident 4's Concern and Grievance Report dated 3/25/2025 at 2:30 p.m., the Concern and Grievance Report indicated the concern party notified on was left blank.</p> <p>During a concurrent interview and record review on 4/22/2025 at 1 p.m. of Resident 4's Concern and Grievance Report with Resident 4, Resident 4 reviewed Concern and Grievance Report dated 3/25/2025 and stated that was her grievance she and her sister wrote. Resident 4 stated she did not get a copy of the grievance and was not updated on the resolution or what was done regarding her grievance. Resident 4 stated it is important for the facility to communicate with her because it is her right to know that they are addressing her concerns.</p> <p>During a concurrent interview and record review on 4/22/2025 at 1:22 p.m. of Resident 2, Resident 3, and Resident 4's Concern and Grievance Report with the Social Services Director (SSD), the SSD stated when a resident have a grievance they will file the form then provide it to the specific department and follow up with the resident on the same day to let the resident know it has been addressed with the department. The SSD stated as soon as they get the resolution they will provide an update of the resolution. The SSD stated the update is given to the resident verbally. The SSD reviewed Resident 2, Resident 3 and Resident 4's Concern and Grievance Report and stated based on the records it does not appear the residents were ever given any follow up with the resolution. The SSD should be following up with the residents to ensure they know that the facility is following up with their concerns. The SSD stated if not following up with residents' grievances they may feel like they are being unheard.</p> <p>(continued on next page)</p>		

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 4/22/2025 at 3:30 p.m. of Resident 2, Resident 3, and Resident 4's Concern and Grievance Report with the Director of Nursing (DON), the DON stated if there is a grievance it is presented to the department, and it is being documented with date and time, then do the investigation, speak to the resident or whoever filed the grievance, do in-service and do any correction needed. The DON stated the resolution must be given within the day, the resolution is given verbally to the resident and the following the day they follow up with the resident to ensure the grievance has in fact been resolved. The DON stated is not sure if the facility is giving the resident a copy of the investigation. The DON reviewed Resident 2, Resident 3 and Resident 4's Concern and Grievance Report and stated the grievances should indicate that the residents were notified of the resolution and the dates they were notified of the resolution, must let the residents know so they know something is being done and they know they are being heard and they are comfortable in the facility. The DON stated there is a potential for them to complain because they have not heard any resolution to their grievance and it is part of the customer service. The DON stated residents should be told about resolution of grievance within 24 hours to 72 hours.</p> <p>During a review of the facility's P&P titled, Grievances/Complaints, Filing, last reviewed on 4/26/2024, the P&P indicated residents, and their representatives have the right to file grievances, either orally or in writing, to the facility staff or to the agency designated to hear grievances. 12. The resident, or person filing the grievance and/or complaint on behalf of the resident, will be informed (verbally and in writing) of the findings of the investigation and the actions that will be taken to correct any identified problems.</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43878</p> <p>Based on interview, and record review, the facility failed to provide the necessary treatment and services for one of four residents (Resident 1) at risk for developing pressure ulcers (a localized injury to the skin and/or underlying tissue usually over a bony prominence as a result of pressure, or pressure in combination with shear) received the necessary care and services to prevent pressure ulcers from developing, by failing to follow its Policy and Procedures (P&P) titled, Pressure Injury Risk Assessment, that indicated to do weekly skin assessments for the first four weeks.</p> <p>This deficient practice had the potential for Resident 1's wounds to worsen.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record, the Admission Record indicated the resident was admitted on [DATE] with diagnoses including muscle weakness (generalized), paraplegia (loss of movement and/or sensation, to some degree, of the legs), and end stage renal disease (ESRD- irreversible kidney failure).</p> <p>During a review of Resident 1's Nursing Comprehensive Skin Evaluation and assessment dated [DATE] at 11:15 a.m., the Skin Evaluation indicated Resident 1 had a sacrum (a shield-shaped bony structure that is located at the base of the lumbar vertebrae and that is connected to the pelvis) deep tissue injury (DTI is a type of pressure injury where the skin remains intact, but the underlying soft tissue is damaged due to prolonged pressure) measuring 4 by 4 centimeters (cm- a unit of measurement).</p> <p>During a review of Resident 1's Physician Order Summary Report dated 3/17/2025 indicate sacrum DTI to cleanse with normal saline (salt water), pat dry, apply zinc oxide (a topical medication often used to protect and promote healing in various skin conditions), cover with foam dressing, every day shift for skin care.</p> <p>During a review of Resident 1's Care plan created on 3/17/2025, the Care plan indicated to administer treatment as ordered, and check skin during daily care provisions, notify physician of abnormal findings.</p> <p>During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 3/23/2025 indicated Resident 1 had the ability to understand and be understood. The MDS indicated Resident 1 was dependent (helper does all the effort) with oral hygiene, toileting, showering, lower body dressing and putting on and taking off footwear and requires substantial assistance (helper does more than half the effort) with upper body dressing.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 4/22/2025 at 3:30 p.m. of Resident 1 Comprehensive Skin Evaluations and Assessment with the Director of Nursing (DON), the DON stated for residents who have wounds the wounds are assessed upon admission and then weekly and this included DTIs. The DON reviewed Resident 1's Comprehensive Skin Evaluations and Assessment and stated can only find the initial one that was done on 3/17/2025, there should have been 2 to 3 more weekly skin assessments done on Resident 1. The DON stated the weekly skin assessment are done weekly on Wednesday. The DON stated if the weekly skin assessments are not being done there can be a potential for the wound to get worse.</p> <p>During a review of the facility's P&P titled, Pressure Injury Risk Assessment, last reviewed on 4/26/2024, the P&P indicated, the risk assessment should be conducted as soon as possible after admission, but no later than eight hours after admission is completed. Repeat the risk assessment weekly for the first four weeks, if there is a significant change in condition, or as often as is required based on the resident's condition.</p>