

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 06/18/2025
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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>Based on interview and record review, the facility failed to ensure resident's pain was managed as indicated in the facility's Pain Assessment and Management policy for one of six sampled residents (Resident 6) by failing to:</p> <ol style="list-style-type: none"> 1. Ensure Resident 6's pain medication, morphine sulfate extended release (medication to manage moderate to severe pain) scheduled every 12 hours for pain management, was administered according to the physician order. 2. Ensure Resident 6's pain medication, oxycodone with acetaminophen (medication to manage severe pain) 10-325 milligrams (mg - unit of measurement), scheduled every four hours as needed, was administered according to the physician order. 3. Ensure Resident 6's pain medication, oxycodone with acetaminophen (medication to manage moderate pain) 5-325 mg, scheduled every four hours as needed, was administered according to the physician order. 4. Ensure Resident 6's pain medication, acetaminophen (medication used to treat mild pain and to reduce fever) 325 mg, scheduled every four hours as needed, was administered according to the physician order. <p>These deficient practices resulted in Resident 6's unnecessary pain experienced during daily activities and had the potential to lead to a decline in Resident 6's quality of life.</p> <p>Findings:</p> <p>During a review of Resident 6's admission Record, the admission Record indicated the facility admitted Resident 6 on 9/27/2024 with diagnoses including fistula of vagina to large intestine (an abnormal connection or hole between the vagina and rectum), malignant neoplasm (term for a cancerous tumor) of rectum, and cutaneous abscess (a localized collection of pus in the skin) of buttock.</p> <p>During a review of Resident 6's Physician Orders, dated 11/25/2024, the Physician Orders indicated acetaminophen 325 mg two tablets every four hours as needed for mild pain (one to three on the numeric pain scale).</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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 6's Minimum Data Set (MDS - a standardized assessment and care screening tool), dated 3/31/2025, the MDS indicated the resident's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions was intact. The MDS indicated Resident 6 received as scheduled and as needed pain medications for the resident's occasional pain. The MDS indicated Resident 6 did not receive non-medication intervention for pain.</p> <p>During a review of Resident 6's Physician Orders, dated 4/14/2025, the Physician Orders indicated morphine sulfate extended release 15 mg tablet every 12 hours for pain management.</p> <p>During a review of Resident 6's Physician Orders, dated 4/14/2025, the Physician Orders indicated oxycodone with acetaminophen 5-325 mg tablet every four hours as needed for moderate pain (four to six on the numeric pain scale).</p> <p>During a review of Resident 6's Physician Orders, dated 5/6/2025, the Physician Orders indicated oxycodone with acetaminophen 10-325 mg tablet every four hours as needed for severe pain (seven to ten on the numeric pain scale).</p> <p>During an interview on 6/18/2025 at 3:22 p.m. and concurrent review of Resident 6's Medication Administration Record (MAR), dated 6/1/2025 to 6/30/2025, and Pain Level Summary, dated 6/1/2025 to 6/18/2025, reviewed with Licensed Vocational Nurse (LVN) 2, LVN 2 stated Resident 6's MAR and Pain Level Summary indicated the following:</p> <p>a. On 6/15/2025 at 9 a.m., Resident 6's morphine sulfate extended release 15 mg was not given and indicated it was not available.</p> <p>b. On 6/15/2025 at 9:08 a.m., Resident 6 had five out of ten on the numeric pain scale. LVN 2 stated Resident 6's oxycodone with acetaminophen 5-325 mg was not given.</p> <p>c. On 6/16/2025 at 9 a.m., Resident 6's morphine sulfate extended release 15 mg was not given. LVN 2 stated Resident 6's morphine sulfate extended release 15 mg was not available.</p> <p>d. On 6/16/2025 at 10:24 a.m., Resident 6 had eight out of ten on the numeric pain scale. Resident 6's oxycodone with acetaminophen 10-325 mg was not available and was not given.</p> <p>e. On 6/16/2025 at 6:39 p.m., Resident 6 had seven out of ten on the numeric pain scale. Resident 6 received oxycodone with acetaminophen 5-325 mg instead of oxycodone with acetaminophen 10-325 mg.</p> <p>f. On 6/17/2025 at 6:30 a.m., Resident 6 had five out of ten on the numeric pain scale. LVN 2 stated Resident 6's oxycodone with acetaminophen 5-325 mg was not given.</p> <p>g. On 6/17/2025 at 8:27 a.m., Resident 6 had seven out of ten on the numeric pain scale. LVN 2 stated Resident 6's oxycodone with acetaminophen 10-325 mg was not available and was not given.</p> <p>h. On 6/17/2025 at 9 a.m., Resident 6's morphine sulfate extended release 15 mg was not given. LVN 2 stated Resident 6's morphine sulfate extended release 15 mg was not available.</p> <p>i. On 6/17/2025 at 2:06 p.m., Resident 6 had eight out of ten on the numeric pain scale. Resident 6 received acetaminophen 325 mg instead of oxycodone with acetaminophen 10-325 mg.</p> <p>(continued on next page)</p>		

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