

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  03/23/2026
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and record review, the facility failed to ensure the oxygen tubing (a long, flexible plastic tube designed to safely deliver oxygen from a source directly to a patient through a nasal cannula or mask) and the humidifier solution container (a bottle container filled with water that connects to the oxygen supply system to add moisture to the dry medical oxygen) were changed according to the facility's policy and procedures (P&amp;P) for one of three sampled residents (Resident 3). This deficient practice had the potential to result in bacterial and mold growth which could result in Resident 3 developing a respiratory infection. Findings: During a review of Resident 3 admission Record (AR), the AR indicated the facility admitted Resident 3 on 3/11/2026 with diagnoses that included chronic obstructive pulmonary disease (COPD-a chronic lung disease causing difficulty in breathing), pneumonia (an infection/inflammation in the lungs), and asthma (chronic lung condition that makes it difficult to breathe). During a review of Resident 3's Minimum Data Set (MDS - a resident assessment tool), dated 3/18/2026, the MDS indicated Resident 3 had the ability to understand and be understood. During a review of Resident 3's Order Summary Report (ORS), dated 3/23/2026, the ORS indicated oxygen at 2 liters per minute via nasal canula every shift for COPD. During a review of Resident 3's Care plan (CP), dated 3/12/2026, the CP indicated Resident 4 requires the use of continuous oxygen related to shortness of breath with interventions that included to change humidification and oxygen tubing as indicated, change oxygen tubing and label tubing once a week or as needed if damaged or soiled and to observed oxygen precautions. During an observation on 3/23/2026 at 11 a.m. in Resident 3's room observed Resident 3 in bed wearing a nasal cannula (a lightweight, flexible tube used to deliver supplemental oxygen directly into a person's nostrils), oxygen tubing and humidifier solution container noted with no dates. During a concurrent interview and observation on 3/23/2026 at 11:13 a.m. with Unit Clerk (UC) 1, the UC 1 stated the oxygen tubing and humidifier solution concentrator does not have the date of when it was last changed. UC 1 stated the oxygen tubing and humidifier solution concentrator needs to have a date to know it is clean and if there is no date on them, we cannot say it has been changed. UC 1 stated the oxygen tubing and humidifier solution concentrator are changed every Friday. UC 1 stated the oxygen tubing can be dirty and can lead to a risk for infection. During an interview on 3/23/2026 at 3:51 p.m. with the Director of Nursing (DON), the DON stated the policy does not indicate that oxygen tubing needs to be labeled but it is an internal policy that has been changed. The DON stated for oxygen tubing and the humidifier must be labeled with the date it has been changed on the tubing and the concentrator as well as on the bag that the oxygen tubing does in. The DON stated oxygen tubing and humidifier solution concentrator are good for one week to decrease the infection and or bacterial growth they must be changed weekly. The DON stated all oxygen tubing are changed on Friday by the unit clerk. The DON stated if not dated we cannot say it was changed and potential for bacterial growth and if the humidifier is not changed it can be empty and cause redness and irritation for the residents. During a review of the facility's P&amp;P titled, Oxygen Administration, last reviewed on 10/30/2025, the P&amp;P indicated replace oxygen supplies and tubing typically every 7 to 14 days or per manufactures guidelines</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
---	-------	-----------