STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555456	A. Building B. Wing	04/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Antelope Valley Care Center	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)
F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. Based on interview and record review, the facility failed to implement its policy and procedure (P&P) titled, Background Screening Investigations, for one of seven sampled staff (Certified Nursing Assistant [CNA] 1) when the facility failed to run a background (a screening process that verifies a person's history [employment, education, credit] to confirm accuracy) and criminal check (a specific type of background check, searches public records for convictions or felony/misdemeanor arrests) prior to staff employment.This deficient practice had the potential to affect the residents' safety.Findings: During a review of CNA 1's Orientation schedule, dated 12/20/2005, the Orientation schedule indicated CNA 1's date of hire was 12/20/2005.During a review of the facility-provided record titled, InfoLink Screening Services Inc., dated 10/26/2006, the InfoLink Screening Services Inc. indicated CNA 1's background and criminal check was received on 10/26/2006 and completed on 10/30/2006. During a concurrent interview and record review on 4/15/2026 at 12:50 p.m. with the Director of Staff Development (DSD), of the CNA 1's employee file the DSD stated CNA 1's hire dated was 12/20/2005 and the background check was done on 10/30/2006. The DSD stated background checks are done prior to staff being hired. The DSD stated the background checks need to be cleared prior to the staff orientation or being scheduled for orientation. The DSD stated if background checks are not done prior to being hired there is potential for criminal background, theft or abuse that can place the residents at risk. During an interview on 4/15/2026 at 4:40 p.m. with the Director of Nursing (DON), the DON stated background checks are done prior to employment. The DON stated if background checks are not done prior to employment there is a potential to not have a clear picture of the employee the facility will not know if the employee has a background that impacts the safety of the residents if they have a criminal background. The DON stated it is the facility's goal to hire staff with clean background records. During a review of the facility's P&P titled, Background Screening Investigations, last reviewed on 5/30/2025, the P&P indicated the facility conducts employment background screening checks, reference checks and criminal convictions investigation checks on all applicants for positions with direct access to residents (direct access employees).2. The director of personnel, or designee, conducts background checks, reference checks and criminal conviction checks (including fingerprinting as may be required by state law) on all potential direct access employees and contractors. Background and criminal checks are initiated within two days of an offer of employment or contract agreement, and completed prior to employment.

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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(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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure one of three sample residents (Resident 1) maintained acceptable parameter of nutritional status when the facility failed to follow up with the Medical Doctor when Registered Dietitian (RD- a credentialed food and nutrition expert who uses evidence-based science to help people improve their health, manage diseases, and create personalized meal plans) made recommendations on 2/17/2026 and 3/18/2026.This deficient practice had the potential for Resident 1 to have an unintentional weight loss. Findings:During a review of Resident 1's admission Record (AR), the AR indicated the facility admitted Resident 1 on 12/30/2025 and readmitted Resident 1 on 1/28/2026 with diagnosis that included diabetes mellitus (DM- a disorder characterized by difficulty in blood sugar control and poor wound healing), dementia (a progressive state of decline in mental abilities), heart failure (a chronic condition where the heart muscle is too weak or stiff to pump blood efficiently, meaning it cannot meet the body's needs for oxygen), and hyperlipidemia (a common condition characterized by abnormally high levels of fats (lipids), such as cholesterol and triglycerides, circulating in the blood).During a review of Resident 1's Order Summary Report (ORS), dated 12/30/2025, the ORS indicated Consistent Carbohydrate (CCHO- a structured eating plan designed to manage blood sugar levels, primarily for people with diabetes [DM-a disorder characterized by difficulty in blood sugar control and poor wound healing] or prediabetes) No Added Salt (NAS), International Dysphagia Diet Standardization Initiative (IDDSI- a global standard that classifies foods and drinks into 8 clear, color-coded levels [0-7] based on thickness and texture) level 6 (Soft & Bite-Sized food designed for people with chewing difficulties), IDDSI 0 thin consistency (the standard consistency for liquids that flow freely and quickly, exactly like water).A review of Resident 1's Weight and Vitals Summary, the Weight and Vital Summary indicated Resident 1 weighed: - 12/31/2025 178 lbs. - 1/6/2026 176 lbs. - 1/15/2026 173 lbs. - 1/21/2026 170 lbs. - 2/5/2026 153 lbs. - 2/17/2026 147 lbs. - 3/4/2026 145 lbs.- 3/11/2026 146 lbs.- 3/18/2026 141 lbs. During a review of Resident 1's OSR dated 1/2/2026, the ORS indicated Boost Glucose Control in the evening for supplement 237 milliliters (ml- a unit of measurement) orally every evening with medication pass. During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 1/6/2026, the MDS indicated Resident 1 had the ability to understand and be understood. The MDS indicated that Resident 1 was dependent (helper does all of the effort) with toileting, and personal hygiene, required substantial assistance (helper does more than half the effort) with upper and lower body dressing, and putting on and taking off footwear, and partial assistance (helper does less than half the effort) with oral hygiene, and required setup or clean-up assistance (helper sets up or cleans up, resident completes activity) with eating.During a review of Resident 1's OSR dated 1/28/2026, the ORS indicated furosemide (used to help the body get rid of unneeded water and salt through increased urination) oral tablet 40 milligrams (mg- a unit of measurement) give one tablet by mouth in the morning for heart failure for 30 days. During a review of Resident 1's OSR dated 2/5/2026, the ORS indicated fortified (are everyday foods that have extra vitamins and minerals added to them during manufacturing to make them more nutritious), CCHO, NAS, IDDSI 6: soft and bite sized texture, IDDSI :0 thin consistency, magic cup (a high-calorie, high-protein frozen nutritional supplement designed to help individuals gain weight or prevent involuntary weight loss due to illness or malnutrition) all meals. During a review of Resident 1's Nutritional Risk assessment dated [DATE], the Nutritional Risk Assessment indicated continue fortified CCHO, NAS, IDDSI 6 texture and thin liquids, add Boost Glucose control once a day and consider appetite stimulant. During a review of Resident 1's OSR dated 2/24/2026, the ORS indicated megestrol acetate suspension 400 mg/10ml give 10 ml by mouth one time a day for appetite stimulant. During a review of Resident 1's Weight Variance assessment dated [DATE], the Weight Variance Assessment indicated Resident 1 had a five lbs. weight loss in one week. The RD's recommendations included continuing with fortified, CCHO, (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	NAS, IDDSI 6 texture and thin liquids, add liquacel (a concentrated liquid protein supplement designed to help people increase their protein intake easily) two times a day continue with magic cup three times a day, continue with boost two times a day, continue appetite stimulant.During a review of Resident 1's OSR dated 3/20/2026, the ORS indicated liquaCel oral liquid give 30 ml by mouth two times a day for supplement.During a concurrent interview and record review on 4/15/2026 at 4 p.m. with the RD of Resident 1's Nutritional Risk assessment dated [DATE] and OSR, the RD reviewed the Nutritional Risk assessment dated [DATE] and the RD stated she (RD) saw Resident 1 on 2/17/2026 and recommended for Resident 1 to consider an appetite stimulant. The RD stated she input her recommendations and provide the recommendations to the Quality Assurance (QA) Nurse (QA 1) at the end of the day. The RD reviewed Resident 1's OSR and the RD stated the appetite stimulant was ordered on 2/24/2026, the RD stated it was ordered a week later. The RD stated the appetite stimulant should have been started when the RD recommended it on 2/17/2026 because there is a potential for Resident 1 not to get the required nutrition and for continued weight loss. The RD stated she (RD) saw Resident 1 on 3/18/2026 Resident 1 had 5 lbs. weight loss then added liquacel, a protein supplement. The RD reviewed OSR and the RD stated the liquacel was ordered on 3/20/2026 there was a delay of 2 days which had the potential for Resident 1 not to meet his recommended nutritional level and risk for weight loss. During an interview on 4/15/2026 at 4:20 p.m. with the QA 1, the QA 1 stated she is the QA nurse for station 3. QA 1 stated she (QA 1) gets the RD recommendations via email. QA 1 reviewed her own emails and stated she (QA 1) received the RD recommendations for Resident 1 on 2/18/2026 to add an appetite stimulant. QA 1 stated Resident 1 had a room change on 2/18/2026 and the RD's recommendations must have been missed due to the room change and was not ordered until 2/24/2026. The QA 1 stated recommendations should be followed up with the Medical Doctor within 24 hours, but we have at least 72 hours to follow up. QA 1 stated the recommendation was not followed up within the 72 hours and had the potential for nutritional deficiency and weight loss and possible delay in the care. During a concurrent interview and record review on 4/15/2026 at 4:40 p.m. of Resident 1's Nutritional Risk assessment dated 2/17 /2026 with the Director of Nursing (DON), the DON reviewed the Nutritional Risk assessment dated [DATE] and stated the Nutritional Risk Assessment indicated to add an appetite stimulant. The DON reviewed Resident 1's OSR and stated the appetite stimulant was ordered one week later, a delay of one week. The DON stated the RD recommendations should be reported to the doctor as soon as possible or within 24 hours after it was communicated and should be ordered. The DON stated there is a potential for a decrease in appetite and weight loss. During a review of the facility's Policy and Procedures (P&P) titled, Weight Assessment and Intervention, last reviewed on 5/30/2025, the P&P indicated resident weight are monitored for undesirable or unintended weight loss or gain. 1. Undesirable weight change is evaluated by the treatment team whether or not the criteria for significant weight change has been met. The Evaluation includes:a. The resident's target weight rangeb. The residents' calorie, protein, and other nutrient needs compared with the resident's current intake;c. The relationship between current medical condition or clinical situation and recent fluctuations in weight; and d. Whether and to what extent weight stabilization or improvement can be anticipated.