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	05/04/2026

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 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. Based on interview and record review, the facility failed to revise and update the comprehensive care plan to reflect current wound orders for left and right arm gangrenous (tissue in a living body that is dead, decaying, or rotting, usually caused by a severe lack of blood supply) wound and intervention for one of three sampled resident (Resident 1).This deficient practice had the potential to delay care and services that were specific to the Resident 1's needs.Findings:During a review of Resident 1's admission Record, the admission Record indicated the facility initially admitted Resident 1 on 2/5/2026 with diagnoses including encounter for change or removal of surgical wound dressing and diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing).During a review of Resident 1's Minimum Data Set (MDS-a resident assessment tool), dated 3/4/2026, the MDS indicated that Resident 1's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions were intact. The MDS indicated that Resident 1 required dependent assistance from staff for activities of daily living (ADLs- activities such as bathing, dressing and toileting a person performs daily).During a review of Resident 1's Order Summary Report (OSR) dated 2/26/2026, the OSR included the following orders: 1. Left arm gangrenous wound: Cleanse with NS cover with abdominal pad, wrap with rolled gauze every day shift. 2. Right arm gangrenous wound: Cleanse with NS cover with abdominal pad, wrap with rolled gauze every day shift. During a concurrent interview and record review on 5/4/2026 at 10:19 a.m. with Treatment Nurse 2 (TXN 2), Resident 1's care plan report and OSR were reviewed. TXN 2 stated that care plans should be updated and include supplements for wound healing, treatment orders and should be resident-centered. TXN 2 stated that Resident 1's care plan was not updated with the treatment orders for gangrenous left and right arm wounds. During an interview and record review on 5/4/2026 at 12:18 p.m. with the Director of Nursing (DON), Resident 1's care plan was reviewed. The DON stated that treatment nurses are responsible for initiating and updating care plans related to wounds. The DON stated that Resident 1's care plan did not include the wound order from the doctor. The DON further stated that care plans are a guide for nursing staff and if there is no care plan there is no guide for nurses to follow. During a review of facility's policy and procedure (P&P), titled, Care Plan, Comprehensive Person-Centered, dated 5/2024, the P&P indicated, Assessments of resident are ongoing and care plans are revised as information about the residents and resident' condition change. Care plan interventions are chosen only after data gathering, proper sequencing of events, careful consideration of the relationship between the resident's problem areas and their causes, and relevant clinical decision making.

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