STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555904	A. Building B. Wing	12/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Ellison John Transitional Care Center	43830 10th Street 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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. (continued on next page)

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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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Based on interview and record review, the facility failed to ensure one of three sampled residents (Resident 1) was free of any significant medication error when the facility failed to administer permethrin external cream (treats scabies, a condition caused by tiny insects that irritate your skin. It works by killing the mites and their eggs) as ordered. This deficient practice had the potential to negatively affect Resident 1. Findings:During a review of Resident 1's admission Record (AR), the AR indicated the facility admitted Resident 1 on 8/25/2025 and readmitted the resident on 9/1/2025 with diagnoses including gastrostomy (a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems), attention-deficit hyperactivity disorder (ADHD- is a brain-based condition making it hard to focus, control impulses, and stay still, leading to challenges with organization, attention, and hyperactivity in daily life at home, school, or work), and gastro-esophageal reflux disease (when stomach acid frequently leaks back into your food pipe [esophagus], causing irritation, heartburn, and sometimes a sour taste, because a muscle valve [lower esophageal sphincter] doesn't close properly, allowing stomach contents to come up). During a review of Resident 1's Order Summary Report, dated 11/20/2025, the Order Summary Report indicated:- Contact isolation to rule out scabies every shift.- Generalized body: Monitor skin rashes for increased spread or signs of infection every shift for suspicious rash (suspected scabies) for 14 days. - Please collect sample to rule out scabies (a contagious skin infestation by microscopic mites that burrow into the skin's upper layer, causing intense itching [especially at night] and a pimple-like rash from an allergic reaction to the mites, their eggs, and waste) on right arm and place order in IPPG one time only for scabies rule out for one day. During a review of Resident 1's Order Summary Report, dated 11/25/2025, the Order Summary Report indicated to apply permethrin external cream 5% from the neck down to the toes topically in the evening for prophylactic treatment, one day, apply from the neck down to the toes, leave on for 12 hours, then wash off in the morning. During a review of Resident 1's Insect Identification dated 11/21/2025, the Insect Identification indicated no insect seen. During a review of Resident 1‘s CA Dermatology Institute dated 11/18/2025, the CA Dermatology Institute indicated Resident 1 was diagnosed with irritant contact dermatitis. During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 11/30/2025, the MDS indicated Resident 1 had the ability to sometimes understand and sometimes had the ability to be understood. During a review of Resident 1's Order Summary Report, dated 12/02/2025, the Order Summary Report indicated to apply permethrin external cream 5% to the neck down to the toes topically in the evening for prophylactic treatment, one day, apply from the neck down to the toes, leave on for 12 hours, then wash off in the morning. During a review of Resident 1's Medication Administration Record (MAR - a daily documentation record used by a licensed nurse to document medications and treatments given to a resident) dated 12/2/2025, the MAR indicated permethrin external cream 5% apply to the neck down to toes topically in the evening for prophylactic treatment, one day, apply from the neck down to the toes, leave on for 12 hours, then wash off in the morning. The MAR for 12/2/2025 indicated 9 (other/see nurses notes). During a review of Resident 1's MAR note dated 12/2/2025 at 8:34 p.m. , the MAR note indicated medication not found. Reordered. During an interview on 12/30/2025 at 4:23p.m. with Licensed Vocational Nurse (LVN) 2, LVN 2 stated LVN 2 recalls Resident 1 was suspected to have scabies and was placed on isolation. LVN 2 stated LVN 2 thinks there was an order for scabies cream for Resident 1 but there was no cream. LVN 2 stated she reordered the cream. During a record review and interview on 12/30/2025 at 4:40 p.m. of Resident 1's Order Summary Report with the Director of Nursing (DON), the DON reviewed Resident 1's Order Summary Report and stated permethrin was ordered twice and was given on 11/25/2025. The DON stated at the time of the second dose, the Infection Preventionist (IP) had not gotten the second tube, then LVN 2 reordered the medication. The DON stated the medication was delivered but Resident 1 had been discharged home. The DON stated the doctor agreed to let Resident 1 go home because Resident 1 was negative for scabies and had already gotten the first treatment and could get the other treatment at home. The DON stated if the residents order is disrupted and does not receive the treatment as ordered by the doctor, the resident did not complete the treatment. The DON stated the facility should have the treatment if it was ordered. The DON stated if Resident 1 did not get the second dose and did have scabies the treatment would not be completed and there is a potential for the scabies not to be eradicated. During a review of the Facility Policy and Procedure (P&P) titled, Medication Administration-General Guidelines, last reviewed on 12/10/2025, the P&P indicated medications are