

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555904	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/05/2026
NAME OF PROVIDER OR SUPPLIER The Ellison John Transitional Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on interview and record review, the facility failed to follow professional standards of nursing practice for one of three sampled residents (Resident 1) by failing to: 1. Ensure licensed nurses appropriately monitored Resident 1 for hypoglycemia (a condition in which the blood sugar level is lower than the standard range). The record revealed Resident 1's blood sugar was not monitored every four hours according to the physician orders for 21 days. 2. Ensure Resident 1's blood sugar level during a documented change of condition (COC) related to hypoglycemia on 12/21/2025 was documented in the Medication Administration Record (MAR). These deficient practices had the potential to result in the failure to identify hypoglycemic episodes, thereby placing Resident 1 at risk for adverse health outcomes and compromised safety. Findings: During a review of Resident 1's undated admission Record, the admission Record indicated the facility admitted the resident on 3/24/2018 with diagnoses including type 2 diabetes mellitus (a disease that occurs when the blood sugar level is too high), major depressive disorder (a serious, common mood disorder characterized by persistent sadness, low energy, and loss of interest in activities), and essential hypertension (high blood pressure that is not due to another medical condition). During a review of Resident 1's Physician Orders, dated 4/7/2023, the Physician Orders indicated licensed nurses were to monitor the resident's blood glucose (blood sugar) every four hours. During a review of Resident 1's Physician Orders, dated 9/9/2025, the Physician Orders indicated to monitor the resident for signs and symptoms of hypoglycemia such as sweating, tremors, increased heart rate, pallor, nervousness, confusion, slurred speech, lack of coordination, and staggering gait. The Physician Orders indicated to document the presence or absence of signs and symptoms in Resident 1's medical record every shift. During a review of Resident 1's Care Plan on hypoglycemic medications (medications used to lower the blood sugar level), last revised on 9/9/2025, the Care Plan indicated the resident was at risk for complications associated with hypoglycemic medications. The Care Plan Interventions indicated to monitor Resident 1's blood sugar according to the physician orders and to monitor for signs and symptoms of hypoglycemia which included confusion and altered level of consciousness. During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 10/24/2025, the MDS indicated Resident 1's cognitive (conscious mental activities including thinking, reasoning, understanding, learning, and remembering) skills for daily decision making was severely impaired. During a review of Resident 1's Care Plan on type 2 diabetes mellitus, last revised on 12/17/2025, the Care Plan Goal indicated the resident will have a decreased sign and symptoms of hypoglycemia. The Care Plan Interventions and Tasks indicated for the licensed nurses to provide Resident 1's diabetes medication according to the physician orders. The Care Plan Interventions further indicated to monitor, document, and report to the signs and symptoms of hypoglycemia. During a review of Resident 1's Situation, Background, Assessment, and Recommendation (SBAR) Communication for COC form, dated 12/21/2025, the COC form indicated Resident 1 was observed with labored breathing, with altered level of consciousness, and a blood sugar level of 45 milligrams per deciliter (mg/dL - unit of measurement) at 4:50 a.m. on 12/21/2025. The COC form indicated Resident 1 received glucagon intramuscular (a fast-acting medication, injected into the muscle, used to treat severe low blood sugar) one milligram (mg - unit of measurement) and glucose gel (a fast-acting (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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555904	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/05/2026
NAME OF PROVIDER OR SUPPLIER The Ellison John Transitional Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>medication, given by mouth, used to treat hypoglycemia) 40 percent (% - unit of measurement). The COC form further indicated that Registered Nurse (RN) 1 and the paramedics were not able to get an intravenous (IV - access into a vein) line on Resident 1. Resident 1 was transferred to General Acute Care Hospital (GACH) 1. During a review of Resident 1's Physician Orders, dated 12/21/2025, the Physician Orders indicate to transfer the resident to GACH 1 for further evaluation related to the resident's hypoglycemia. During an interview on 3/5/2026 at 1:36 p.m. and concurrent record review of Resident 1's medical records, reviewed with Licensed Vocational Nurse (LVN) 2, LVN 2 stated Resident 1 had a COC related to hypoglycemia on 12/21/2025. LVN 2 stated Resident 1's MAR, dated 12/1/2025 to 12/31/2025, indicated there was no documented evidence that the resident's blood sugar was monitored every four hours for 21 days. Resident 1's MAR indicated on 12/20/2025 during the night shift (11 p.m. to 7 a.m.) there were no hypoglycemia signs and symptoms observed on the resident. LVN 2 stated Resident 1's Blood Sugar Summary, dated 12/1/2025 to 12/21/2025, indicated the resident's blood sugar level was taken and documented four times a day instead of every four hours (six times a day). LVN 2 stated that care not documented was considered not provided. During an interview on 3/5/2026 at 2:50 p.m. with the Director of Nursing (DON), the DON stated Resident 1's blood sugar should be monitored according to physician orders. The DON stated there was no documented evidence of blood sugar monitoring every four hours. The DON stated Resident 1's signs and symptoms of hypoglycemia during the resident's COC on 12/21/2025 was not documented in the MAR. The DON stated that monitoring not documented was considered not done. The DON stated failure to monitor the resident's blood sugar level, and the signs and symptoms of hypoglycemia could result in missed trends of resident's health decline. The DON acknowledged and stated the facility failed to ensure Resident 1's health status was monitored according to the physician orders and documented in the resident's medical records. During a review of the facility's policy and procedure (PnP) titled, Diabetes Clinical Protocol, last reviewed on 12/10/2025, the PnP indicated the purpose to provide staff with clinical practice guidelines to care for residents with diabetes. The Assessment section of the PnP indicated the nurse may evaluate and document/report the .c. level of consciousness, change in orientation. e. resident's blood sugar history as requested by the physician. f. usual pattern of blood sugar over recent months. The PnP indicated the resident shall be monitored to identify complications or risk of complications associated with diabetes. The Monitoring section of the PnP indicated the physician. may order blood glucose parameters to monitor the resident's blood glucose status. The staff will incorporate parameters into the medication administration record and note parameters as ordered to the resident's care plan. The staff will identify and report changes in condition such as hypoglycemia to the physician for further guidance.: During a review of the facility's PnP titled, Documentation Policy, last reviewed on 12/10/2025, the PnP indicated it is the policy of this facility to document relevant findings in the clinical record.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555904	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/05/2026
NAME OF PROVIDER OR SUPPLIER The Ellison John Transitional Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>Based on interview and record review, the facility failed to ensure one of three sample residents (Resident 1) was free from significant medication errors by failing to: 1. Ensure licensed nurses document in Resident 1's Medication Administration Record (MAR) the glucagon intramuscular (a fast-acting medication, injected into the muscle, used to treat severe low blood sugar) one milligram (mg - unit of measurement) and glucose gel (a fast-acting medication, given by mouth, used to treat hypoglycemia [a condition in which the blood sugar level is lower than the standard range]) 40 percent (% - unit of measurement) given to Resident 1 during the resident's change of condition (COC) on 12/21/2025. 2. Ensure Resident 1 had a physician order for glucose gel 40% before the medication was given to the resident on 12/21/2025. These deficient practices had the potential to cause Resident 1's medical condition to worsen. Findings: During a review of Resident 1's undated admission Record, the admission Record indicated the facility admitted the resident on 3/24/2018 with diagnoses including type 2 diabetes mellitus (a disease that occurs when the blood sugar level is too high), major depressive disorder (a serious, common mood disorder characterized by persistent sadness, low energy, and loss of interest in activities), and essential hypertension (high blood pressure that is not due to another medical condition). During a review of Resident 1's Physician Orders, dated 1/15/2019, the Physician Orders indicated to discontinue the resident's glucose gel 40%. During a review of Resident 1's Physician Orders, dated 5/11/2024, the Physician Orders indicated glucagon 1 mg intramuscularly for hypoglycemia. The Physician Orders indicated to give glucagon 1 mg for blood sugar level of less than 70 milligrams per deciliter (mg/dL - unit of measurement) and to notify the physician. During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 10/24/2025, the MDS indicated Resident 1's cognitive (conscious mental activities including thinking, reasoning, understanding, learning, and remembering) skills for daily decision making was severely impaired. During a review of Resident 1's Care Plan on type 2 diabetes mellitus, last revised on 12/17/2025, the Care Plan Goal indicated the resident will have a decreased sign and symptoms of hypoglycemia. The Care Plan Interventions and Tasks indicated for the licensed nurses to provide Resident 1's diabetes medication according to the physician orders. The Care Plan Interventions further indicated to monitor, document, and report to the signs and symptoms of hypoglycemia. During a review of Resident 1's Situation, Background, Assessment, and Recommendation (SBAR) Communication for COC form, dated 12/21/2025, the COC form indicated Resident 1 was observed with labored breathing, with altered level of consciousness, and a blood sugar level of 45 mg/dL at 4:50 a.m. on 12/21/2025. The COC form indicated Resident 1 received glucagon intramuscular 1 mg and glucose gel 40%. The COC form indicated Resident 1 was transferred to General Acute Care Hospital (GACH) 1 via emergency transportation. During a telephone interview on 3/5/2026 at 12:54 p.m. with Registered Nurse (RN) 1, RN 1 stated she witnessed Licensed Vocational Nurse (LVN) 1 gave Resident 1 glucose gel 40% and glucagon 1 mg during the resident's COC related to hypoglycemia on 12/21/2025. During an interview on 3/5/2026 at 1:36 p.m. and concurrent record review of Resident 1's medical records, reviewed with LVN 2, LVN 2 stated Resident 1 had a COC related to hypoglycemia on 12/21/2025. LVN 2 stated Resident 1's Physician Orders indicated glucose gel 40% was ordered on 5/31/2018 and was discontinued on 1/15/2019. LVN 2 stated Resident 1 was given glucose gel 40% without an active physician order. LVN 2 stated Resident 1's COC form, dated 12/21/2025, indicated the resident was given glucagon 1 mg intramuscularly. Resident 1's MAR, dated 12/1/2025 to 12/31/2025, indicated there was no documented administration of glucagon on 12/21/2025. LVN 1 stated that care not documented was considered not provided and may cause confusion amongst the care team. During an interview on 3/5/2026 at 2:50 p.m. with the Director of Nursing (DON), the DON stated physician orders were required before administering medications to residents. The DON stated medications given to residents should be documented in the residents' MAR after the medication was administered. The (continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555904	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/05/2026
NAME OF PROVIDER OR SUPPLIER The Ellison John Transitional Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>DON stated failure to document medications given to residents could result in medication errors and resident overdose. The DON acknowledged and stated the facility failed to ensure Resident 1's medications had physician orders before administering to the resident and medications given to the resident were documented in the MAR. During a review of the facility's policy and procedure (PnP) titled, Medication Administration - General Guidelines, last reviewed on 12/10/2025, the PnP indicated medications are administered in accordance with written orders of the prescriber. The PnP indicated the individual who administers the medication dose records the administration on the resident's MAR directly after the medication is given. when PRN (as needed) medications are administered, the following documentation is provided. date and time of administration, dose, route of administration, and if applicable, the injection site.</p>