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	05/28/2026

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 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure that the comprehensive care plan (a plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs) was revised for one of three sampled residents (Resident 1), when on 5/15/2026, Resident 1 was transferred to the general acute care hospital (GACH) for gastrostomy tube (G-tube, a surgical opening fitted with a device to allow feedings to be administered directly to the stomach common for people with swallowing problems) dislodgement (gastrostomy tube has been partially or completely pulled out of the stomach).This deficient practice had the potential to delay provision of care and services for Resident 1.Findings: During a review of Resident 1's admission Record, the admission Record indicated the facility originally admitted Resident 1 on 11/16/2023 and readmitted on [DATE] with diagnoses including encounter for attention to gastrostomy, bipolar disorder (sometimes called manic-depressive disorder; mood swings that range from the lows of depression to elevated periods of emotional highs), and diabetes mellitus type 2 (DM II-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 5/4/2026, the MDS indicated Resident 1 had intact cognitive functioning (mental processes that enable people to think, understand, make decisions, and complete tasks). The MDS indicated Resident 1 was dependent (helper does all the effort) on facility staff with eating and showers. The MDS indicated Resident 1 required maximal assistance (helper does more than half the effort) from facility staff with oral hygiene and personal hygiene. During a review of Resident 1's Change of Condition (COC -major decline or improvement in a resident's status that will not resolve without intervention) form, dated 5/15/2026, the COC form indicated that on 5/15/2026, Resident 1's G-tube was in the process of dislodgement. The COC form indicated Resident 1's G-tube stoma site had redness and drainage. The COC form indicated that on 5/15/2026 at 10:06 p.m., Resident 1 was transferred to the GACH. During a concurrent interview and record review on 5/27/2026 at 3:22 p.m. with the MDS Coordinator, Resident 1's Care Plan was reviewed. The MDS Coordinator stated Resident 1's Care Plan was not revised to reflect Resident 1's G-tube dislodgement. The MDS Coordinator stated that care plans provide guidance and steps to provide necessary services for Resident 1's G-tube care. The MDS Coordinator stated that the failure to revise Resident 1's Care Plan could delay care and potentially cause complications for Resident 1. During an interview on 5/28/2026 at 11:46 a.m. with the Director of Nursing (DON), the DON stated that Resident 1's Care Plan should have been revised after Resident 1's G-tube dislodgement and GACH transfer. The DON stated Resident 1's care plan should have been reviewed and revised to reflect services necessary to care for Resident 1's G-tube and prevent accidents. The DON stated the failure to revise Resident 1's Care Plan had the potential to lead to disruption of feeding and care of the stoma site, negatively affecting Resident 1's comfort. During a review of the facility provided policy and procedure (P&P) titled, Develop-Implement Comprehensive Care Plans, last reviewed on 1/2026, the P&P indicated, The facility develops a person-centered comprehensive care plan that is culturally competent and trauma-informed, developed and implemented to meet each resident's (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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(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	preferences and goals, and address the resident's medical, physical, mental, and psychosocial needs. Guidelines: 1. The comprehensive care plan describes: a. The services that are to be furnished to attain or maintain the residents' highest practicable physical, mental, and psychosocial well-being.During a review of the facility provided P&P titled, Comprehensive Care Plans-Timing, last reviewed on 1/2026, the P&P indicated, Each resident has a person-centered, comprehensive care plan, developed, reviewed, and revised by the facility interdisciplinary team including the resident and resident representative, if applicable.