

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>055307</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/24/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>DESERT CANYON POST ACUTE, LLC</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1642 WEST AVENUE J LANCASTER, CA 93534</b>	
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 0686  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to ensure Resident 1 was provided necessary treatment and services to prevent formation of and promote healing of pressure sores (injury to the skin and its underlying tissue due to prolonged pressure) as evidenced by: The Treatment Nurse (TN) failed to assess Resident 1's pressure sore on a consistent and weekly basis, for one of three sampled residents. This failure had the potential to place Resident 1 at risk for experiencing a worsened wound with no provision of timely medical interventions. Findings: A review of the admission record indicated Resident 1 was admitted to the facility, on 3/7/2020, with [DIAGNOSES REDACTED]. A review of Resident 1's Minimum Data Set (MDS - a comprehensive assessment and care screening tool), dated 3/14/2020, indicated Resident 1's cognition skills for daily decision making was intact. MDS indicated Resident 1 required extensive assistance with bed mobility, dressing, toilet use, and personal hygiene. The MDS record indicated Resident 1 had one or more unhealed pressure ulcers/injuries. During an interview and concurrent record review with TN, on 8/12/2020, at 11:59 a.m., the TN stated residents with wounds have weekly wound assessments done until the wound was healed. The TN was unable to find weekly wound assessments for 3/20/2020 and 4/3/2020. The TN stated that the wound care consultant did not come to the facility on [DATE] and 4/3/2020 which was why the nursing weekly assessment was not done. The TN stated she did not do a nursing weekly assessment because she was instructed not to assess/measure the wound when the wound care consultant was not in the facility. The TN further stated weekly wound assessments and measurements should have been done even if the wound care consultant was not in the facility. A review of the facility's policy and procedures titled Wound Management, date revised 11/01/2017, indicated a resident who has a wound will receive the necessary treatment and services to promote healing, prevent infection and prevent new pressure ulcers from developing. The policy further indicated a licensed nurse will perform a skin assessment upon admission, readmission, weekly, and as needed for each resident.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER  
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.