STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056429	A. Building B. Wing	04/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Laurel Convalescent Hospital	7509 N Laurel Ave Fontana, CA 92336

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40171 Based on interview, and record review, the facility failed to ensure staff reported an allegation of abuse to outside agencies in the timeframe specified by the facility's policy and procedures (P&P) and as required by federal regulations. This failure resulted in an allegation of abuse to not be reported timely which had the potential to place Resident 1 at risk for ongoing abuse or mistreatment due to a delay in the reporting and investigation of the alleged incident. Findings: A review of Resident 1's Admission Record (contains medical and demographic information), indicated Resident 1 was initially admitted to the facility on [DATE], with diagnoses which included heart failure, major depressive disorder, schizophrenia (a serious mental disorder in which people interpret reality abnormally), and monoplegia of upper limb affecting left dominant side (paralysis of the left arm). During an interview on February 27, 2024, at 2:55 PM, with Social Worker 1 (SW 1), SW 1 stated the facility reported an allegation of abuse towards Resident 1 regarding an incident which occurred between two residents on February 9, 2024. SW 1 stated Resident 1 reported the incident to Licensed Vocational Nurse 1 (LVN 1) on February 10, 2024, and LVN 1 believed the incident was alleged abuse. The DSD further stated the incident was not reported to outside agencies until February 12, 2024 (2 days after facility staff was made aware of the allegation). During an interview on February 27, 2024, at 3:35 PM, with SW 1, SW 1 stated the incident was not reported until Monday, February 12, 2024, because the incident occurred on a weekend and the staff who usually report and investigate abuse incidents was not at the facility on the weekend. The SW 1 stated the incident should have been reported immediately or within 2 hours from the time LVN 1 suspected abuse. SW 1 further stated Resident 1 was sent to the emergency room for evaluation per instructions received from the resident's physician. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056429	A. Building B. Wing	04/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Laurel Convalescent Hospital	7509 N Laurel Ave Fontana, CA 92336

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of Resident 1's clinical record, a change of condition nurses note titled, COC [change of condition]/Interact Assessment Form (SBAR) [Situation, Background, Assessment, Recommendation] with an incident date of February 21, 2024 (LVN stated this was an incorrect date and should have been February 10, 2024), entered by Licensed Vocational Nurse 1 (LVN 1), the COC indicated, .0800 [8:00 AM] pt [name of Resident 1] claims resident [name o Resident 2] hit her on R [right] shoulder during activities the previous day [February 9, 2024] and now her front R shoulder hurts. Pt [Resident 1] is assessed by this lvn [Licensed Vocational Nurse] and is sent toER on Dr [doctor] recommendation . During a review of Resident 1's physicians orders, an order dated February 10, 2024, indicated, Pt [patient] transported to ER [emergency room] .via gurney .for R [right] shoulder pain due to physical altercation with another pt. During a review of Resident 1's clinical record, an emergency room document titled, ED [emergency department] in [name of hospital] Emergency, dated February 10, 2024, indicated, .77 yo [years old] F [female] brought in from outside nursing facility after being punched by another resident in the right arm. Patient complains of R [right] shoulder, L [left] shoulder R arm pain .She is mad at the other patient who hit her . During an interview on February 27, 2024, at 3:57 PM, with the Director of Staff Development (DSD), the DSD stated the alleged abuse incident should have been reported immediately but states there was miscommunication regarding the incident which caused confusion. During an interview on April 12, 2024, at 1:50 PM, with LVN 1, stated on February 10, 2024, Resident 1 informed her that Resident 2 had hit her on the shoulder while in activities. LVN 1 further stated she assessed Resident 1 who was in a lot of pain. LVN 1 stated she informed the doctor and was instructed to send Resident 1 to the hospital for evaluation. LVN 1 stated she did not inform anyone else about the incident and was unable to interview Resident 2 regarding the incident because she was non-verbal (did not talk) when she attempted to discuss the incident with her. LVN 1 stated she did not inform anyone else regarding the incident and did not contact the facility's abuse prevention coordinator (APC). LVN 1 stated at the time of the incident she was not aware of the process for reporting abuse on the weekends. During a review of the facility's job description for Licensed Vocational Nurse, dated January 27, 2022, the job description indicated, .Nursing Care - Reports .condition changes, and incidents, etc., in a timely manner to physicians and family members/responsible parties as needed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056429	A. Building B. Wing	04/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Laurel Convalescent Hospital	7509 N Laurel Ave Fontana, CA 92336

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the facility's policy and procedure titled, Abuse, Neglect, Exploitation or Misappropriation - Reporting and Investigating, revised September 2022, the policy indicated, All reports of resident abuse . neglect, exploitation, or theft/misappropriation of resident property are reported to local, state and federal agencies (as required by current regulations) and thoroughly investigated by facility management .If a resident abuse, neglect, exploitation, misappropriation of resident property or injury of unknown source is suspected, the suspicion must be reported immediately to the administrator and to other officials according to state law .2. The administrator or the individual making the allegation immediately reports his or her suspicion to the following persons or agencies: a. The state licensing/certification agency responsible or surveying/licensing the facility; b. The local/state ombudsman; c. The resident's representative; d. Adult protective services (where state law provides jurisdiction in long-term care); e. law enforcement officials; f. The resident's attending physician; and g. the facility medical director .3. Immediately is defined as: a. Within two hours of an allegation involving abuse or result in serious bodily injury; or b. within 24 hours of an allegation that does not involve abuse or result in serious bodily injury . During a review of the facility's policy and procedure titled, Abuse, Neglect, Exploitation and Misappropriation Prevention Program, revised April 2021, the policy indicated, .The resident abuse, neglect and exploitation prevention program consists of a facility-wide commitment and resource allocation to support the following objectives: .9. Investigate and report any allegations within timeframes required by federal requirements .