

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056429	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/25/2024
NAME OF PROVIDER OR SUPPLIER  Laurel Convalescent Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35183</b></p> <p>ased on interview and record review, the facility failed to protect against physical and verbal abuse for one of three sampled residents (Resident 1) when Resident 1 fell out of bed and a Certified Nursing Assistant (CNA 1) pulled Resident 1 by one arm back onto the bed and Resident 1 ' s hip rubbed against the footrest. The CNA 1 stated to Resident 1 Stop that! you ' re being annoying!</p> <p>This failure caused Resident 1 to suffer physical and verbal abuse.</p> <p>Findings:</p> <p>An unannounced visit was made to the facility on [DATE], at 9:48 AM, to investigate a facility reported incident regarding an allegation of physical and verbal abuse.</p> <p>A review of Resident 1 ' s face sheet (a document that gives a summary of resident ' s information), undated, indicated an initial admitted [DATE]. Resident 1 had diagnoses that included partial paralysis of the left side of the body following a stroke and dementia (a group of thinking and social symptoms that interferes with daily functioning).</p> <p>A review of a Registered Nurse Supervisor ' s (RNS) witness statement, undated, indicated, RN [RNS]: I walked into the room and noticed that resident [Resident 1] had rolled off her bed unto the other mattress, so I said to CNA [CNA 1], ' hold on, let me put on my gloves. ' Unfortunately, she didn't wait, and CNA [CNA 1] pulled resident by one arm onto the bed and the resident rubbed hip against the footrest.</p> <p>The RNS was unavailable for interview.</p> <p>During an interview with Resident 1 on May 21, 2024, at 11:14 AM, Resident 1 stated, I'm sorry I don't feel like talking.</p> <p>During an interview with a Minimum Data Set/Licensed Vocational Nurse (MDS/LVN 1) on May 21, 2024, at 2:14 PM, The MDS/LVN 1 stated she was walking out of her office and overheard CNA 1 say, Stop that! you're being annoying! from Resident 1 ' s room. The MDS/LVN 1 stated she knew CNA 1 well enough to know it had been her voice.</p> <p>(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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with a Licensed Vocational Nurse/Infection Preventionist (LVN/IP) on May 21, 2024, at 2:21 PM, The LVN/IP stated she saw CNA 1 walk into Resident 1's room and heard her state Stop that! you're being annoying!</p> <p>A review of CNA 1 ' s statement, undated, indicated, CNA [CNA 1] Statement: At around 12:00 pm we asked CNA [CNA 1] if she had been a little rough with resident [Resident 1] and she answer ' No. '</p> <p>The CNA 1 was unavailable for interview.</p> <p>During an interview with the Administrator (Admin) on May 21, 2024, at 12 PM, the Admin stated he was the facility ' s abuse coordinator. The Admin stated he was not working as the Administrator at the time of the incident, however, after reviewing the interviews and records from the prior Administrator he determined the facility had failed to protect Resident 1 from verbal and physical abuse. The Admin stated the facility ' s policy and procedure titled, Abuse and Mistreatment of Residents, dated May 3, 2023, had not been followed.</p> <p>A review of the facility ' s policy and procedure titled, Abuse and Mistreatment of Residents, dated May 3, 2023, indicated, Purpose: To uphold a resident ' s right to be free from verbal, sexual, and mental abuse, corporal punishment, neglect, and involuntary seclusion. Prevention Guidelines: Facility shall institute procedures to provide residents, families, and staff information on how and to whom they may report concerns, incidents, and grievance without the fear of retribution. The facility shall also provide feedback regarding the concerns that have been expressed. Facility shall also institute procedures that allow for identification, correction, and intervention in situations in which abuse, neglect, and/or misappropriation of resident property is more likely to occur. Areas of identification, correction, and intervention may include, but are not limited to facility environment, staffing and supervision of staff, identification of residents with potential for behavioral symptoms and manifestations that may lead to conflict or anger through comprehensive assessment, care planning, and monitoring.</p>		