

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 05A137	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/22/2024
NAME OF PROVIDER OR SUPPLIER Laurel Park Behavioral Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1425 Laurel Avenue Pomona, CA 91768	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44027</p> <p>Based on interview and record review, the facility failed to ensure one of two sampled residents (Resident 1) was free from physical abuse (willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish) according to the facility's policies and procedure (P&P), when Resident 2 hit Resident 1 on Resident 1's arm.</p> <p>This deficient practice resulted in Residents 1 to experience physical abuse while in the care of the facility.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record (AR), the AR indicated Resident 1 was admitted to facility on 4/6/2023 with multiple diagnoses including schizophrenia (a disorder that affects a person's ability to think, feel, and behave clearly), hypertension (high blood pressure), and anxiety disorder (mental health disorder characterized by feelings of worry, anxiety, or fear that are strong enough to interfere with one's daily activities).</p> <p>During a review of Resident 1's Minimum Data Set (MDS, standardized assessment and care-screening tool), dated 4/19/2024, the MDS indicated the resident had no impairment in cognitive skills (ability to make daily decisions). Resident 1 was independent (no help or staff oversight at any time) of staff for transfers, dressing, personal hygiene, and toilet use.</p> <p>During a review of Resident 2's AR, the AR indicated Resident 2 was admitted to facility on 5/12/2017 with multiple diagnoses including schizophrenia (a disorder that affects a person's ability to think, feel, and behave clearly), hypertension (high blood pressure), and autistic disorder (a developmental disorder that impairs the ability to communicate and interact).</p> <p>During a review of Resident 2's MDS, dated [DATE], the MDS indicated Resident 2 was moderately impaired in cognitive skills (ability to make daily decisions). Resident 2 was independent (no help or staff oversight at any time) on staff for transfers, dressing, personal hygiene, and toilet use. The MDS indicated Resident 2 exhibited physical behavioral symptoms (e.g., hitting, kicking, pushing, scratching, grabbing, abusing others sexually) directed toward others.</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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NAME OF PROVIDER OR SUPPLIER Laurel Park Behavioral Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1425 Laurel Avenue Pomona, CA 91768	
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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 on 5/22/2024 at 8:52 AM with Resident 1, Resident 1 stated Resident 2 hit Resident 1 on Resident 1's arm and knocked over Resident 1's drink that Resident 1 was holding. Resident 1 stated Resident 2 intentionally hit Resident 1. Resident 1 stated that Resident 1 started cussing at Resident 2 and staff intervened and separated Resident 1 and Resident 2. Resident 1 stated Resident 1 and Resident 2 were walking past each other, and Resident 2 swung his arm out at Resident 1. Resident 1 stated Resident 2 does weird things and acts aggressive toward Resident 1.</p> <p>During a review of Resident 1's Change in Condition Evaluation (COC), dated 5/12/2024, the COC indicated, on 5/12/2024, Resident 1 experienced physical aggression from a peer.</p> <p>During a concurrent telephone interview and record review on 5/22/2024 at 11:02 AM with Licensed Vocational Nurse (LVN) 1, Resident 2's Witness Interview Record (Interview), dated 5/12/2024 was reviewed. The Interview indicated, 1 (Resident 2) hit him (Resident 1) because he (Resident 1) bumped into me (Resident 2). LVN 1 stated LVN 1 was working the day (5/12/2024) Resident 2 hit Resident 1. LVN 1 stated Resident 2 said Residents 1 and 2 were walking in opposite directions in the hallway and Resident 1 accidentally bumped into Resident 2. LVN 1 stated Resident 2 said Resident 2 hit Resident 1 because Resident 1 accidentally bumped into Resident 2. LVN 1 stated Resident 2 said Resident 2 hit Resident 1 on purpose. LVN 1 stated Resident 2 said Resident 2 hit Resident 1 with Resident 2's open hand.</p> <p>During a review of Resident 2's Progress Notes, dated 5/22/2024, the Progress Notes indicated a resident reported to staff that Resident 2 struck another resident on the resident's arm which knocked the cup of water from the resident's grasp. The Progress Notes indicated PC 1 asked Resident 2 if Resident 2 hit the other resident and Resident 2 admitted to striking the resident.</p> <p>During a review of Resident 2's COC, dated 5/12/2024, the COC indicated, on 5/12/2024, Resident 2 exhibited a behavior of physical aggression toward another resident.</p> <p>During a review of Resident 2's care plan titled, Resident exhibits aggression ., initiated 1/16/2024, the care plan indicated on 5/12/2024, Resident 2 struck another resident on the resident's arm.</p> <p>During a review of the facility's P&P titled, Abuse Prohibition Policy and Procedure, dated 2/23/21, the P&P indicated, HealthCare Centers prohibit abuse, mistreatment, neglect, misappropriation of resident property, and exploitation for all residents . The P&P indicated, The Center will implement an abuse prohibition program through the following: . Prevention of occurrences . The P&P indicated, Abuse is defined as the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, injury, or mental anguish . The P&P indicated, Physical abuse includes hitting, slapping .</p>		