STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05A137	A. Building B. Wing	10/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Laurel Park Behavioral Health Center	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)
F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. 38108 Based on interview and record review the facility failed to designate a registered nurse (RN, a nurse who has graduated from a college's nursing program or from a school of nursing and has passed a national licensing exam) to serve as a full-time Director of Nursing (DON, an RN who leads and supervises the care of all patients at a health care facility) to oversee nursing service personnel that included six of six Registered Nurses (RNs) for September and October 2024. This deficient practice left the facility without oversight for nursing care provided for all residents residing at facility. This failure placed the residents at risk for harm due to lack of clinical oversight. Findings: During a review an email titled Resignation, from the former Director of Nursing (FDON) to the Administrator (ADM), dated 5/23/2024, timed at 9:49 AM, the email indicted the FDON resigned (quit) from the position of Director of Nursing (DON). During review of the facility's RN Schedule - 8 Hour Shifts, from September 1, 2024 to September 30, 2024, the schedule did not indicate a DON was on duty. The schedule indicated three RNs were scheduled to work at the facility. During a review of the facility's RN Schedule - 8 Hour Shifts, from October 1, 2024 to October 31, 2024, the schedule did not indicate a DON was on duty. The schedule indicated five RNs were scheduled to work at the facility. During an interview with Licensed Psychiatric Technician 1 (LPT 1, a mental health professional normally working under the direction of physicians and the DON) on 10/30/2024 at 1 pm, the LPT stated the facility did not have a DON [employed]. LPT stated it was important to have a DON to help work function smoothly, to assess residents, and to help the nursing staff feel safer due to someone being there to assist when needed. During an interview with RN 1 on 10/30/2024 at 1:20 pm, RN 1 stated the facility has not had a DON for at least four weeks, this was the time RN 1 had been working at the facility. RN 1 stated it was helpful to have a DON to [help] oversee and the catch any mistakes staff made as a whole. (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
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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 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview and a concurrent record review of the RN Schedule - 8 Hour Shifts for September 2024 and October 2024, with the ADM on 10/30/2024 at 1:24 pm. The ADM stated the FDON resigned May 2024 and currently, the facility did not have a DON. The ADM stated facility had an Acting Director of Nursing (ADON) who was a Licensed Vocational Nurse (LVN, a health care provider who offers basic nursing care to patients under the guidance of a registered nurse) whose main role was that of an infection control nurse (IPN, responsible for preventing and managing healthcare-associated infections within healthcare settings). The ADM stated it was important for the facility to have a DON to observe the clinical aspect [of the facility], to work in conjunction with the physicians for resident care, and to oversee the clinical staff and pharmacy services. During an interview with Acting Director of Nursing/ Licensed Vocational Nurse 1 (ADON/LVN 1) on 10/30/2024 at 1:47 pm, the ADON/LVN 1 stated she (ADON/LVN 1) worked a total of 40 hours a week and ADON/LVN 1's main duties were of a IPN. ADON/LVN 1 stated it was important to have a full time DON to guide and monitor the nursing staff of their duties, assess residents, and ensure orders were reviewed and carried out for the safety of the residents. During a review of the facility 's undated policy and procedure (P&P) titled Director of Nursing Services (DNS), the P&P indicated the nursing services department is under the direct supervision of a registered nurse. The nursing services department is managed by the director of nursing services (DNS). The director is a registered nurse (RN), licensed by this state, and has experience in nursing services administration, rehabilitative, and geriatric nursing. The director is employed full-time (40 hours per week).