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	01/30/2025

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45553 Based on interview and record review, the facility failed to ensure one of two sampled residents (Resident 1) received treatment and care in accordance with the physician's order for orthostatic blood pressure monitoring (involves measuring blood pressure while sitting, standing, and lying down to assess changes) by failing to ensure Resident 1 was monitored for orthostatic hypotension (condition in which the blood pressure quickly drops upon standing up after sitting or lying down) with three blood pressure (BP) readings on 1/15/25 and observed for adverse side effects. This deficient practice had the potential to result in hypotension (very low blood pressure) with dizziness and fainting and can lead to falls and injuries for Resident 1. Findings: During a review of Resident 1's Admission Record (AR), the AR indicated Resident 1 was admitted to the facility on [DATE] with diagnoses that included schizophrenia (a mental illness characterized by disturbances in thought), major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest), and general anxiety (worrying constantly and inability to control it). During a review of Resident 1's History and Physical (H&P) dated 10/22/24, the H&P indicated Resident 1 does not have the capacity to make own decisions but can make needs known. During a review of Resident's 1's Minimum Data Set (MDS, a standardized assessment and care planning tool) dated 1/17/25, the MDS indicated Resident 1 had intact cognition (mental action or process of acquiring knowledge and understanding) for daily decision making. The MDS indicated Resident 1 was independent with eating, oral hygiene, toileting hygiene, shower/bathing self, upper/lower body dressing, putting on/taking off footwear, and personal hygiene. During a review of Resident 1's Medication Administration (MAR) for the month of January 2025, the MAR indicated Resident 1 was prescribed two antipsychotic medications (medications to treat psychosis [severe mental disorder in which thoughts and emotions are so impaired that contact is lost with external reality]) and for staff to monitor side effects related to hypotension. During a review of Resident 1's Medication Review Report for active physician orders, the report indicated the following: (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

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	1. Monitor orthostatic B/P while (lying/sitting/standing) one time a day starting on the 15th and ending on the 15th every month BP (Lying). 2. Monitor orthostatic B/P while (lying/sitting/standing) one time a day starting on the 15th and ending on the 15th every month BP (Sitting). 3. Monitor orthostatic B/P while (lying/sitting/standing) one time a day starting on the 15th and ending on the 15th every month BP (Standing). During a review of Resident 1's Weights and Vitals Summary for 12/27/24 to 1/30/25, the summary did not indicate a standing position orthostatic blood pressure (BP) reading was taken within minutes of the lying and sitting BP orthostatic readings. The lying and sitting orthostatic BP readings were taken out of sequence. The sitting position BP was taken at 10:30 a.m. followed by the lying position BP taken at 10:33 a.m. The BP readings on 1/15/25 were as follows: 1/15/25 at 9:00 a.m., 130/82 mmHg (Sitting, left arm) 1/15/25 at 10:30 a.m., 127/85 mmHg (Sitting, right arm) 1/15/25 at 10:33 a.m., 124/80 mmHg (Lying, right arm) 1/15/25 at 8:49 p.m., 123/84 mmHg (Standing, left arm) During a concurrent interview and record review on 1/30/25 at 3:18 p.m. with Licensed Vocational Nurse 3 (LVN 3), the Medication Administration Record (MAR) dated January 2025, Medication Review Report - Order Summary, and Weights and Vitals Summary for 12/27/24 to 1/30/25, for Resident 1 were reviewed. LVN 3 stated there were only two orthostatic BP readings taken on 1/15/25, and both readings (10:30 a.m. sitting and 10:33 a.m. lying) were taken in the wrong sequence. LVN 3 stated three BPs needed to be taken to check for hypotension and should be done three to five minutes apart. LVN 3 stated it was important to take all three readings as ordered by the physician because a drop in blood pressure could affect Resident 1 to faint or fall and sustain an injury. During a concurrent interview and record review on 1/30/25 at 4:30 p.m. with the facility's Director of Nursing (DON), the Medication Administration Record (MAR), dated January 2025, Medication Review Report - Order Summary, and Weights and Vitals Summary for 12/27/24 to 1/30/25, for Resident 1 were reviewed. The DON stated Resident 1 was not monitored for orthostatic hypotension in accordance with the physician's order. During a review of the facility's Policy and Procedure (P&P) titled, Physician Orders, dated 3/22/22, the P&P indicated, . To ensure that all physician orders are complete and accurate. The P&P further indicated, Treatment orders will include the following: 1) A description of the treatment, including the treatment site, if applicable; 2) The frequency of treatment and duration of order (when appropriate); and 3) The condition/diagnosis for which the treatment is ordered. Medication/treatment orders will be transcribed onto the appropriate resident administration record. Documentation pertaining to physician orders will be maintained in the resident's medical record. Current month's administration records will be maintained in the MAR/TAR binders. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the facility's P&P titled, Psychotropic Medication Use, dated 6/2021, the P&P indicated, The Facility should comply with the State Operations Manual, and all other Applicable Law relating to the use of psychoactive medications, including gradual dose reductions. The P&P further indicated, All medications use to treat behaviors must have a clinical indication and be used in the lowest possible dose to achieve the desired therapeutic effect. All residents receiving medications used to treat behaviors should be monitored for harm or adverse consequences.