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	06/30/2026

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure care plans (CP), for two of 20 sampled residents (Resident 6 and Resident 10), were updated and revised quarterly (occurring, done, once every three months, or four times a year) in accordance with the facility's policy and procedure (P&P) titled, Care Plan Comprehensive.These failures had the potential to result in unmet individualized needs for Resident 6 and Resident 10 and the potential to affect the resident's physical and psychosocial well-being.Findings:During a review of Resident 6's admission Record (AR), the AR indicated Resident 6 was admitted to the facility on [DATE], with diagnoses including paranoid schizophrenia (severe mental health disorder where a person loses touch with reality, experiencing profound paranoia, fixed false beliefs, and hallucinations - most commonly hearing voices).During a review of Resident 6's History & Physical (H&P), dated 1/28/2026, the H&P indicated Resident 6 was alert x 4 (cognitively aware of four specific dimensions: person, place, time, and event).During a review of Resident 6's CP, revision date (updated) 2/9/2026, the CP indicated resident 6 may smoke with supervision per the smoking assessment. The CP did not indicate a quarterly update.During a review of Resident 6's Minimum Data Set (MDS- a resident assessment tool), dated 5/7/2026, the MDS indicated Resident 6 had intact cognition (ability to think, remember, and reason). The MDS indicated Resident 6 was independent (the resident completes the activity by themselves with no assistance from a helper) with all personal needs.During a review of Resident 10's AR, the AR indicated Resident 10 was admitted to the facility on [DATE], with diagnoses that included schizophrenia [a long term severe mental disorder affecting how a person thinks, feels, and behaves, often causing them to lose touch with reality).During a review of Resident 10's CP, revision date 3/23/2025, the CP indicated Resident 10 may smoke with supervision per the smoking assessment, the CP did not indicate a quarterly update.During a review of Resident 10's H&P, dated 2/11/2026, the H&P indicated Resident 10 was alert x 4.During a review of Resident 10's MDS, dated [DATE], the MDS indicated Resident 10 had severe cognitive impairment. The MDS indicated Resident 10 was independent with all personal needs.During an interview on 6/30/2026 at 3:50 pm with the Director of Nursing (DON), the DON stated CPs for Resident 6 and Resident 10 were not updated quarterly and the facility did not follow the P&P.During a review of facility's P&P titled, Care Plan Comprehensive, revised 8/25/2021, the P&P indicated, an individualized comprehensive care plan that includes measurable objectives and timetable to meet the resident's medical, physical, mental and psychosocial needs shall be developed for each resident. The P&P indicated assessments of residents are ongoing, and care plans are reviewed and revised as information about the resident and the resident's condition change, at least quarterly.

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)
F 0926 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Have policies on smoking. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure, five of twenty sampled residents (Resident 5, 6, 7, 8, and 9), were evaluated quarterly for smoking in accordance with the facility's policy and procedure (P&P) titled, Smoking.This failure resulted in compromised safety and the potential to result in harm to Resident's 5, 6, 7, 8, and 9.Findings:During a review of Residents 5's admission Record (AR), the AR indicated Resident 5 was admitted to the facility on [DATE] with diagnoses that included Paranoid Schizophrenia (severe mental health disorder where a person loses touch with reality, experiencing profound paranoia, fixed false beliefs, and hallucinations - most commonly hearing voices).During a review of Resident 5's Minimum Data Set (MDS- a resident assessment tool), dated 4/9/2026, the MDS indicated Resident 5 had intact cognition (ability to think, remember, and reason). The MDS indicated Resident 6 was independent (the resident completes the activity by themselves with no assistance from a helper) with all functional abilities (personal needs).During a review of Resident 6's AR, the AR indicated Resident 6 was admitted to the facility on [DATE], with diagnoses including paranoid schizophrenia.During a review of Resident 6's Minimum Data Set (MDS- a resident assessment tool), dated 5/7/2026, the MDS indicated Resident 6 had intact cognition (ability to think, remember, and reason). The MDS indicated Resident 6 was independent with all personal needs.During a review of Resident 7's AR, the AR indicated Resident 7 was admitted to the facility on [DATE] with diagnoses that included schizophrenia (a long term severe mental disorder affecting how a person thinks, feels, and behaves, often causing them to lose touch with reality).During a review of Resident 7's MDS, dated [DATE], the MDS indicated Resident 6 had intact cognition. The MDS indicated Resident 7 was independent with personal needs. During a review of Resident 8's AR, the AR indicated Resident 8 was admitted to the facility on [DATE] with diagnoses that included schizophrenia.During a review of Resident 8's MDS, dated [DATE], the MDS indicated Resident 8 had intact cognition. The MDS indicated Resident 8 was independent with all functional abilities (personal needs). During a review of Resident 9's AR, the AR indicated Resident 9 was admitted to the facility on [DATE] with diagnoses that included schizophrenia.During a review of Resident 9's MDS, dated [DATE], the MDS indicated Resident 9 had intact cognition. The MDS indicated Resident 9 was independent with all functional abilities. During a review of the following Smoking Evaluations (SE), the SE indicated,a. Resident 5's latest SE was dated 11/1/2025.b. Resident 6's latest SE was dated 9/15/2025.c. Resident 7's latest SE was dated 1/17/2026.d. Resident 8's latest SE was dated 1/8/2026.e. Resident 9's latest SE was dated 3/26/2026.The SE indicated the following categories were evaluated in the SE: medical (does the resident use oxygen [a colorless gas essential to living organisms]?), cognitive (does the resident have poor memory? Is the resident unable to demonstrate the location of the designated smoking area? Does the resident have dementia?), behavior (unsafe smoking habits, sharing or selling cigarettes or smoking material), observation (Is the resident able to safely hold a cigarette? Does the resident have the ability to light a cigarette? Does the resident properly dispose of ashes or butts? Can the resident smoke safely without use of a smoking apron?).During an interview on 6/29/2026 at 4:15 pm, with Registered Nurse (RN) 1, RN 1 stated smoking evaluations should be completed every three months and as needed when there was a resident change in condition.During an interview on 06/30/2026 at 3:50 pm with the Director of Nursing (DON), the DON stated, SEs for Residents 5, 6, 7, 8, and 9 were past due and the SEs should be completed quarterly per the facility's P&P. The DON stated it was important to complete SEs for the residents to make sure residents who smoked were safe during the activity. The DON stated, the facility did not follow the P&P.During a review of facility's P&P titled, Smoking, revised 08/09/2022, the P&P indicated Purpose to provide a safe environment for residents, staff, and visitors. The P&P's policy indicated to accommodate residents who desire to smoke by taking reasonable precautions, providing a safe environment for them, and protecting the non-smoking (continued on next page)

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F 0926 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	residents. The P&P's policy indicated smoking whether it is traditional tobacco or herbs (does not include marijuana or its derivatives) smoked in cigarettes, pipes, cigars, or electronic cigarettes are governed by this policy. The P&P's policy indicated the licensed nurse will evaluate residents who express a desire to smoke, upon admission, quarterly, annually, significant change of condition identification, as needed, and present it to the Interdisciplinary Team for review.