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	11/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Laurel Park Behavioral Health Center	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)
F 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Encode each resident?s assessment data and transmit these data to the State within 7 days of assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to complete and transmit the discharge minimum data set (MDS, a standardized assessment and care-screening tool) assessment in a timely manner for one of one sampled residents (Resident 48) and failed to complete and transmit the annual MDS assessment in a timely manner for two of two sampled residents (Resident 20 and Resident 43) as required by the Centers for Medicare & Medicaid Services (CMS is a federal agency that manages health care programs in the United States) Resident Assessment Instrument (RAI, a tool used by nursing homes to assess the needs, strengths, and preferences of residents) manual.These deficient practices resulted in a late completion and transmission of the MDS assessment to CMS Quality Improvement and Evaluation System (QIES) Assessment Submission and Processing (ASAP) system and had the potential to affect the facility's quality monitoring data for residents.a. During a review of Resident 20's admission Record, the admission Record indicated the facility admitted Resident 20 on 10/3/2019, with diagnoses including schizophrenia (a mental illness that is characterized by disturbances in thoughts), anemia (a condition where the body does not have enough red blood), and chronic kidney disease. During a review of Resident 20's History and Physical (H&P), dated 1/26/2025, the H&P indicated, Resident 20 was able to make needs known and make decisions. During a review of Resident 20's MDS annual comprehensive assessment, dated 9/17/2025, the MDS indicated Resident 20 had intact cognition (ability to think and understand). The MDS indicated Resident 20 was independent for personal hygiene, dressing, toileting and bathing. During a review of Resident 20's MDS History Report on 10/13/2025, MDS History Report indicated status Export Ready for Annual MDS with date of 9/17/2025. During a review of Resident 43's admission Record, the admission Record indicated the facility admitted Resident 43 on 10/2/2024, with diagnoses including schizophrenia (a mental illness that is characterized by disturbances in thoughts), essential hypertension (HTN-a high blood pressure), and hyperlipidemia (high cholesterol, an excess of lipids or fats in the blood). During a review of Resident 43's History and Physical (H&P), dated 1/25/2025, the H&P indicated, Resident 43 could not make own decisions but able to make needs known. During a review of Resident 43's MDS annual comprehensive assessment dated [DATE], the MDS indicated Resident 43 had intact cognition (ability to think and understand). The MDS indicated Resident 43 was independent for toileting, bathing and personal hygiene. (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 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During a review of Resident 43's MDS History Report on 10/13/2025, MDS History Report indicated status Export Ready for Annual MDS with date of 10/8/2025. During an interview on 11/13/2025 at 11:10 a.m., with the Assistant Director of Nursing (ADON), the ADON stated the MDS was exported once the Director of Nursing (DON) signed off. The ADON stated she was unsure whether the submission of the MDS was reported in Point Click Care (PCC, an electronic health care system). The ADON stated she needed to consult with their MDS consultant regarding the submission report. After multiple requests for MDS submission confirmation for Resident 20 and Resident 43, no reports were provided by the ADON and the DON. During an interview on 11/13/2025 at 11:33 a.m., with the DON, the DON stated Resident 20's annual comprehensive assessment was submitted late on 11/13/2025 but should have been submitted by 9/17/2025. The DON stated Resident 43's annual comprehensive assessment was missed, and was submitted on 11/13/2025 but should have been submitted on 10/8/2025. The DON stated timely MDS submission (within 14 days) was important to ensure CMS could confirm that Resident 20 and Resident 43 were appropriately assessed and that any changes in their care needs were identified and addressed. During a review of facility's policy and procedure (P&P), titled, Electronic Transmission of the MDS, dated 10/2023, the P&P indicated, All MDS assessments (e.g., admission, annual, significant change, quarterly review, etc.) and discharge and reentry records are completed and electronically encoded into our facility's MDS information system and transmitted to CMS' Internet Quality Findings: b. During a review of Resident 48's admission Record (AR), the AR indicated Resident 48 was admitted to the facility on [DATE] with diagnosis that included schizoaffective disorder (hallucinations and delusions, and/or depression) and hypertension (elevated blood pressure). During a review of a History and Physical (H&P) dated 10/22/24, the H&P indicated Resident 48 could not make decisions but can make needs known. During a review of Resident 48's Discharge Note (DN), dated 7/5/2025, the DN indicated that Resident 48 was discharged from the facility on 7/5/2025. During a concurrent review of the MDS 3.0 NH Final Validation Report and an interview with the Director of Nursing (DON) on 11/13/2025 at 11:24 am, a copy of the MDS 3.0 NH Final Validation Report indicated Resident 48's MDS was accepted, however, the DON stated, I don't have a copy of that document. During a review of a document titled, Point Click Care – MDS, the document indicated Resident 48's last MDS submission dated 7/4/2025 with the description: Quarterly During an interview and concurrent record review of Resident 48's paper and electronic chart, on 11/13/2025 at 11:10 am with the Assistant Director of Nursing (LVN 1), the MDS indicated Quarterly. LVN 1 stated LVN 1 submitted Resident 48's latest MDS under Quarterly as advised by the facility's consultant, dated 7/4/2025. LVN 1 stated Resident 48 was discharged from the facility on 7/5/2025, not 7/4/2025. (continued on next page)

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F 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview with the DON on 11/13/2025 at 11:33 am, the DON stated it was important to ensure the State had the correct information regarding the residents. The MDS needed to be as accurate as possible – because if the resident status was different, it needed to be addressed and fixed. A review of the MDS RAI Version 3.0 Manual, Chapter 2: Assessment for the RAI dated 10/2024, indicated under Assessment Type/Item Set Discharge Assessment – return not anticipated; under the Assessment Submission Combination indicated May be combined with any OBRA or 5-Day AND must be combined with a Part A PPS Discharge if Medicare Part A.

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to inform six of six sampled residents (Residents 10, Resident 22, Resident 28, Resident 33, Resident 35, and Resident 42)ˆregarding the permanent discontinuation of coffee social during daily community breaks. This deficient practice resulted in limiting residents' ability to exercise choice in the residents' daily routine and ability to participate in preferred social activity which had the potential for psychosocial harm to the residents, and violation of the residents' right to determine their preferred activities. Findings: a. During a review of Resident 10's admission Record (Face sheet), the admission Record indicated the facility admitted the resident on 11/18/2024 with diagnoses including schizophrenia (a mental illness that is characterized by disturbances in thought), constipation, and type 2 diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing). During a review of Resident 10's History and Physical (H&P) dated 11/20/2024, the H&P indicated Resident 10 cannot make own decisions but can make needs known. During a review of Resident 10's MDS Minimum Data Set (MDS - a resident assessment tool) dated 8/8/2025, indicated Resident 10's cognitive function was intact (alert, oriented and able to recall information).During an interview on 11/13/2025 at 9:05 a.m. with Resident 10 in the dining room, Resident 10 stated, coffee social relaxes me, I want to have our coffee social back. b. During a review of Resident 22's admission Record (Face sheet), the admission Record indicated the facility admitted the resident on 12/22/2005 with diagnoses including schizophrenia, type 2 diabetes mellitus, hypertension (HTN-high blood pressure), and hypothyroidism (thyroid gland doesn't make or release enough thyroid hormones). During a review of Resident 22's H&P dated 7/3/2025, the H&P indicated Resident 22 was alert and deaf but uses sign language (language where people communicate using hands and bodily gestures instead of their mouth). During a review of Resident 22's MDS dated [DATE], indicated Resident 22's cognitive function was intact (alert, oriented and able to recall information). During an interview on 11/13/2025 at 9:05 a.m. with Resident 22 in the dining room, Resident 22 stated, I like to have coffee social back, coffee makes me happy. c. During a review of Resident 28's admission Record (Face sheet), the admission Record indicated the facility admitted the resident on 6/26/2005 with diagnoses including schizoaffective disorder (a mental illness that is characterized by disturbances in thought and mood), constipation, and vitamin D deficiency (body lacks sufficient vitamin D). During a review of Resident 28's H&P dated 6/27/2025, the H&P indicated Resident 28 was alert, cooperative, and with appropriate judgement. During a review of Resident 28's MDS, dated [DATE], indicated Resident 28's cognitive function was intact (alert, oriented and able to recall information). During an interview on 11/13/2025 at 9:05 a.m. with Resident 28 in the dining room, Resident 28 stated, I felt sad when we couldn't have any more coffee social, because I like to socialize with others. d. During a review of Resident 33's admission Record (Face sheet), the admission Record indicated the facility admitted the resident on 6/7/2024 with diagnoses including schizophrenia, type 2 diabetes mellitus, and hypertension. During a review of Resident 33's H&P dated 10/22/2024, the H&P indicated Resident 33 cannot make own decisions but can make needs known. During a review of Resident 33's MDS, dated [DATE], indicated Resident 33's cognitive function was intact (alert, oriented and able to recall information). During an interview on 11/13/2025 at 9:05 a.m. with Resident 33 in the dining room, Resident 33 stated, coffee also relaxes me, I was mad when they took coffee social away. e. During a review of Resident 35's admission Record (Face sheet), the admission Record indicated the facility admitted the resident on 2/28/2025 with diagnoses including schizophrenia, cannabis dependence (marijuana use dependence), and circadian rhythm sleep disorder (sleep disorders that disrupt the body's internal 24-hour clock). During a review of Resident 35's H&P dated 2/28/2025, the H&P indicated Resident 33 cannot make own decisions but can make needs known. During a review of Resident 35's MDS, dated (continued on next page)

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	[DATE], indicated Resident 3's cognitive function was intact (alert, oriented and able to recall information). During an interview on 11/13/2025 at 9:05 a.m. with Resident 35 in the dining room, Resident 35 stated, It makes me upset, because I want to have coffee after I smoke.ˆ f. During a review of Resident 42's admission Record (Face sheet), the admission Record indicated the facility admitted the resident on 2/28/2025 with diagnoses including schizophrenia, deaf non-speaking, irregular menstruation (a condition where a person's menstruation vary significantly in frequency, duration, or flow), and hypothyroidism. During a review of Resident 42's H&P dated 10/22/2024, the H&P indicated Resident 42 cannot make own decisions, but can make own needs known. During a review of Resident 42's MDS, dated [DATE], indicated Resident 42's cognitive function was intact (alert, oriented and able to recall information). During an interview on 11/13/2025 at 9:05 a.m. with Resident 42 in the dining room, Resident 42 stated, I really like coffee, it calms me down, too. During an interview on 11/14/2025 at 8:35 a.m. with Food Service Supervisor (FSS), the FSS stated coffee social was from 9:30 to10:00 a.m. each day. The FSS stated coffee social had been part of the facility since he started at the facility three years ago. The FSS stated coffee social had not been in the regular calendar schedule for two months.ˆThe FSS stated residents complained about coffee socials at the resident council meeting. The FSS stated coffee social was removed, because coffee was not part of the residents' regular diet, and because the facility's administrator recommended the stop. The FSS stated residents' rights included having choices and preferences for foods and drinks, which were important for their quality of life and provided the residents' pleasure. During an interview on 11/14/2025 at 9:51 a.m. with the Director of Nursing (DON), the DON stated residents have not been happy about coffee social being taken away. The DON stated she was not aware the residents wanted coffee social back. The DON stated she did not have the authority to reinstate the coffee social. During a concurrent interview and record review on 11/14/2025 4:06 p.m. with Activity Director (AD), AD stated the coffee social was during community break, from 9:30 to10:00 a.m. and not documented as coffee social but well known as coffee social during community break. During a record review of the facility's activity schedule, indicated the daily community break aka coffee social listed as recurring activity at 9:30 to 10:00 a.m. There was no notation of reflecting cancellation, modification, temporary, or permanent suspension of the event. During a record review of the Resident Council Minutes, dated 9/14/25, indicated residents stated their concerns about coffee social. As indicated in the minutes, under Dietary, Resident 35 stated We would like coffee social back in the morning. The facility's response was Coffee social was removed to encouraged residents to attend breakfast. Socials are not required and will not be re-instated at this time. During a review of the facility's Policy and Procedure (P&P), titled Resident Rights, undated, the P&P indicated, .e. self-determination; f. communication with and access to people and services, both inside and outside the facility; g. exercise his or her rights as a resident of the facility.; h. be supported by the facility in exercising his or her rights.p. be informed of, and participate in his or her care planning and treatment. During a review of the facility's P&P, titled Activities and Social Services, undated, the P&P indicated, Residents shall have the right to choose the types of activities and social events in which they wish to participate as long as such activities do not interfere with the rights of other residents in the facility. ˆ

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F 0557 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** During an observation, interview, and record review, the facility failed to treat one of one sampled resident (Resident 1) with dignity and respect during a behavior outburst on 11/14/2025.This deficient practice had the potential to result in escalation of Resident 1's behavior and the potential for a psychosocial decline to Resident 1. Findings:During a review of Resident 1's admission Record (AR), the AR indicated the facility admitted Resident 1 on 8/1/2025, with diagnoses that included paranoid schizophrenia (a type of schizophrenia [mental disorder] associated with feelings of being persecuted or plotted against), depression (persistent feelings of sadness and worthlessness and a lack of desire to engage in formerly pleasurable activities.During a review of Resident 1's care plan (CP), initiated 8/1/2025, the CP indicate Resident 1 had the potential for verbal outbursts, aggression towards staff and peers as evidenced by threatening staff and yelling at peers. The CP's interventions indicated for staff to approach Resident 1 in a calm and reassuring manner and for staff to prompt Resident 1 for appropriate behavior.During a review of Resident 1's History and Physical (H&P), date of service 8/4/2025, the H&P indicated Resident 1 is a [NAME]-Petris-Short Act (LPS - California law enacted in 1969 that regulates the involuntary commitment of individuals with mental health disorders. An LPS conservatorship is used only when the person needs mental health treatment but cannot or will not accept it voluntarily) conservatee. During an observation on 11/14/2025 at 2:05 PM, Resident 1 was walking down the hallway in front of the dining room and appeared agitated while yelling out. Counselor 1 stated Stop that if you do not want to be restrained. Resident 1 appeared angry and walked through the dining room door toward rooms 12 to 20. Resident 1 stated, Get out of my way or else I will hurt you as Resident 1 walked by the dining room.During an interview on 11/14/2025 at 2:44 PM, the Program Director (PD) stated when a resident (in general) exhibited aggression, staff (in general) needed to redirect the resident by asking the resident the following questions: What is bothering you? How can we help? Do you feel safe? The PD stated PD had to intervene because Resident 1 continued to be agitated. The PD stated after PD talked to Resident 1, the PD found out Resident 1 was bothered by the other residents inside Resident 1's room because they were talking in a different language. The PD stated the staff should not mention restraints during resident behavior outbursts, because that could worsen the residents' agitation. The PD stated the mention of restraints [during this incident] was not treating Resident 1 with dignity and respect. The PD stated Resident 1 needed praise and reassurance to help calm Resident 1.During a review of the facility's Policy and Procedure (P&P) titled Quality of Life - Dignity, dated February 2020, the P&P indicated each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life, feeling of self-worth and self-esteem. The P&P indicated residents are treated with dignity and respect at tall times and staff were expected to treat cognitively impaired residents with dignity and sensitivity for example:a. Addressing the underlying motives or root causes for behavior; andb. Not challenging or contradicting the resident's beliefs or statements.

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to maintain residents' rooms in a safe, well-kept, and homelike condition when two of three resident rooms (room [ROOM NUMBER] and room [ROOM NUMBER]) were observed with missing or chipped floor tiles, chipped paint and an accumulation of brown/blackish substance along the walls leading into the restroom. This deficient practice had the potential to exposing residents to an environment that was unclean, and negatively impacting residents' comfort, safety, and quality of life.Findings:During an observation on 11/14/2025 at 2:16 p.m., two resident rooms (room [ROOM NUMBER] and room [ROOM NUMBER]) were observed with chipped, missing floor tile, chipped paint on the wall and dark brown/blackish substance along the wall leading to the restroom. During an interview on 11/14/2025 at 2:21 p.m., with Resident 43, Resident 43 stated the appearance of their room lessened the homelike environment and made him feel uncomfortable.During an interview on 11/14/2025 at 2:31 p.m., with Maintenance Supervisor (MS), the MS stated the importance of maintaining a homelike environment for residents, because the facility served as home for residents. The MS stated resident rooms with missing tiles, chipped paint and dirt accumulation in the residents' rooms were unacceptable.During an interview on 11/14/2025 at 2:33 p.m., with Administrator (ADM), the ADM stated chipped paint and accumulated dirt on resident room was not acceptable and not a homelike environment. The ADM stated the importance of providing residents with a homelike environment that reflects the comforts and conditions of a true home.During a review of facility's policy and procedure (P&P), titled, Homelike Environment, dated 2/2021, the P&P indicated, The facility staff and management maximizes, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include: clean, sanitary and orderly environment .

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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 develop and implement an individualized person-centered care plan for pain for one of one sampled resident (Resident 23) who had a resident-to-resident altercation and experienced pain on 11/12/2025. This failure had the potential for Resident 23 not to receive the necessary care and services for Resident 23's pain and the had the potential to affect the resident's physical and mental well-being.Findings:During a review of Resident 23's admission Record (AR), the AR indicated Resident 23 was admitted to the facility on [DATE] with diagnosis including schizophrenia (a disorder that affects a person's ability to think, feel, and behave clearly), and obesity (overweight).During a review of Resident 23's History and Physical (H&P), dated 10/22/2024, the H&P indicated Resident 23 could not make decisions but can make needs known. During a review of Resident 23's Minimum Data Set (MDS, a Resident Assessment) dated 10/15/2025, the MDS indicated Resident 23 was cognitively intact, Resident 23 had clear speech and had the ability to understand and be understood by others. During a review of Resident 23's Situation, Background, Assessment, and Recommendation Communication Form (SBAR), dated 11/6/2025 at 8:00 pm, the SBAR indicated the resident hair was pulled by another resident during an altercation.During a review of Resident 23's SBAR, dated 11/7/2025 at 3:00 pm, the SBAR indicated the resident had scratches on the inner left arm and reported new pain above the left eye and left lower leg. During a review of Resident 23's Medication Administration Record (MAR), for November 2025, the MAR indicated pain medication was administered to Resident 23 on 11/8/2025 and 11/9/2025.During an interview with Resident 23, on 11/12/1025 at 10:48 am, Resident 23 stated, I got into a fight with another resident and got hit in the head and pulling my hair. Resident 23 stated my head and my leg were hurting. Resident 23 stated the resident's head and leg started to hurt and he received medication for the pain.During an interview and concurrent record review with Medical Records Director (MRD), on 11/13/2025 at 3:04 pm, Resident 23's paper and electronic chart were reviewed. There were no care plan for pain on the paper and electronic chart. The MRD stated the MRD could not find nor did Resident 23 have a care plan for pain. During an interview and record review of Resident 23's chart, with the Director of Nursing (DON), on 11/14/2025 at 10:07 am, the DON stated Resident 23 did not have a care plan that addressed Resident 23's pain. The DON stated care plans were important to shape the way we (facility) were to take care of the residents. During a review of the facility's policy titled, Care Plan - Base line, effective 8/25/2021, the policy indicated a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the residents that meet professional standards of quality care shall be developed and implemented for each resident .

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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. Based on observation, interview, and record review, Licensed Vocational Nurse 2 (LVN 2) failed to follow instructions for administering Omeprazole (medication to treat certain conditions where there is too much acid in the stomach) before meals as ordered for one of six sampled residents (Resident 12). This deficient practice had the potential to affect the effectiveness of the medication for Resident 12.Findings: During a review of Resident 12's admission Record (AR), the AR indicated the facility admitted Resident 12 on 10/1/2018, with diagnoses that included paranoid schizophrenia (a type of mental disorder associated with feelings of being persecuted or plotted against) and gastroesophageal reflux disease (GERD - stomach acid keeps coming back up into the throat or chest) without esophagitis (inflammation or irritation of the esophagus [the tube that carries food from the mouth to the stomach]). During a review of Resident 12's Minimum Data Set (MDS - a federally mandated resident assessment tool) dated 10/8/2025, the MDS indicated Resident 12 had no cognitive impairment. The MDS indicated Resident 12 was independent with all activities of daily living. During an observation on 11/14/2025 at 8:17 AM, Licensed Vocational Nurse 2 prepared Resident 12's 9:00 AM medications that included Omeprazole 20 milligrams (mg- unit of measurement). The label on the blister pack (a form of tamper-evident packaging where an individual pushes individually sealed tablets through the foil in order to take the medication) indicated to administer Omeprazole 30 - 60 minutes before meals. During an observation on 11/14/2025 at 8:59 AM, Resident 12 approached the nursing station window for Resident 12's medications. LVN 2 administered seven medications to Resident 12 including Omeprazole. During a concurrent record review and interview on 11/14/2025 at 1:35 PM, Resident 12's blister pack and Medication Review Report (MRR) was reviewed with LVN 2. Both the blister pack and the MRR indicated to administer Omeprazole 20 mg, 30 - 60 minutes before meals to Resident 12. LVN 2 stated Omeprazole needed to be administered before meals for the medication to be absorbed and to be more effective. LVN 2 stated the time of administration for Omeprazole needed to be changed before meals. During a review of Resident 12's MRR, active as of November 14, 2025. the MRR indicated an order for Omeprazole capsule Delayed Release, to give 20 mg by mouth, one-time a day 30 to 60 minutes before food. During a review of Resident 12's Medication Administration Record (MAR), the MAR indicated Omeprazole was scheduled to be administered at 9:00 AM. During a review of the facility's Policy and Procedure (P&P) titled Medication Administration - General Guideline dated 10/207, the P&P indicated medications are administered within 60 minutes of scheduled time (1 hour before and 1 hour after), except before or after meal orders, which are administered based on mealtimes. The P&P indicated medications are administered in accordance with written orders of the attending physician. During a review of an undated article by National Library of Medicine (NLM -the world's largest biomedical library and a leader in health information research), the article indicated to administer Proton Pump Inhibitors (PPI - e.g. Omeprazole) better under fasting conditions; more effective administration could improve patient outcomes.

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	11/14/2025

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 0912 Level of Harm - Potential for minimal harm Residents Affected - Some	Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms. Based on observation, interview, and record review, the facility failed to ensure 16 out of 19 resident rooms (Rooms 3, 4, 5, 6, 7, 8, 9, 10,12, 14, 16, 17, 20, 21, 22, 23) met the minimum requirement of 80 square feet (sq. ft., unit of measurement) per resident in multiple resident rooms. Nine rooms had two beds per room and seven rooms had three beds per room. This deficient practice had the potential to impact on residents' safety and the ability of staff to provide safe nursing care and privacy to the residents Findings: During a review of the facility's Client Accommodation Analysis (CAA), the CAA indicated the following rooms were less than 80 sq. ft. per resident: Room: No. of Beds: Room Size: Floor Area:3 2 137.5 x 159.5. 156 sq. ft.4 2 141 x 159.5 156 sq. ft.5 2 141 x 159.5 156 sq. ft.6 2 137 x 159.5 156 sq. ft.7 3 186.5 x 159.5 221 sq. ft.8 3 158 x 216 234 sq. ft.9 2 159.5 x 130 143 sq. ft.10 3 158 x 203.5 221 sq. ft.12 3 223.5 x 144.5 228 sq. ft.14 3 222.5 x 137.5 222 sq. ft.16 3 151 x 221.5 228 sq. ft.17 3 152.5 x 221.5 235 sq. ft20 2 120.5 x 182.5 150 sq. ft.21 2 121 x 182 150 sq. ft.22 2 119.5 x 182.5 150 sq. ft.23 2 121.5 x 182 150 sq. ft. During a review of the facility's room waiver request letter dated 11/12/2025, the letter indicated there was adequate space for nursing care and the health and safety of residents occupying these rooms were not in jeopardy. The letter indicated the requested rooms were in accordance with the special needs of the residents and did not have any adverse effects on the resident's health and safety or impeded the ability of any residents in the rooms to attain their highest practicable well-being. During an observation on 11/12/2025 to 11/14/2025, Rooms 3, 4, 5, 6, 7, 8, 9, 10, 12, 14, 16, 17, 20, 21, 22, and 23 were uncluttered and residents moved freely in their rooms. There were no residents who expressed any concern about the room sizes during interviews and during the Resident Council Meeting. During an interview on 11/14/2025 at 3:20 PM with Licensed Vocational Nurse 4 (LVN 4), LVN 4 stated LVN 4 did not have any complaints from the residents regarding the size of the rooms. LVN 4 stated the residents have their own corridors and if they want privacy in their rooms, they have blinds that they can pull to close it. LVN 4 stated the patients also have their own closet in the room to place their clothes.