

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 07/29/2020
NAME OF PROVIDER OF SUPPLIER LAUREL PARK BEHAVIORAL HEALTH CENTER		STREET ADDRESS, CITY, STATE, ZIP 1425 LAUREL AVENUE POMONA, CA 91767	
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 0689 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, facility failed to provide an environment that was free from accident hazards. The facility staff left a bottle of Virex II 256 (disinfectant spray, a disinfectant solution used to decontaminate blood and body fluids. When in contact with the skin and/or eye could cause skin irritation and serious eye damage/irritation and toxic if swallowed.) within the reach of Resident 1. This deficient practice resulted in Resident 1 spraying Resident 2 with the disinfectant solution and could have resulted in potentially injuring Resident 2. The incident did lead to an altercation between the residents. Findings: A review of Resident 1's Admission Record indicated that resident was admitted , on 8/2/17, with [DIAGNOSES REDACTED]. A review of Resident 1's Minimum Data Set (MDS, standardized assessment and care-planning tool) dated 9/4/19, indicated Resident 1's cognitive skills (a mental action of acquiring knowledge and understanding) for daily decision making was severely impaired. A review of Resident 2's Admission Record indicated Resident 2 was admitted on [DATE], with [DIAGNOSES REDACTED]. A review of Resident 2's MDS, dated [DATE], indicated that Resident 2's cognitive skills for daily decision making was intact. During an interview, on 9/12/19, at 3:45 p.m., Resident 2 stated, she was coming out of the dining room after lunch. Resident 1 had a spray bottle and sprayed her on both eyes and her mouth as soon as she got out of the door. During an interview, on 9/13/19, at 7:55 a.m., Staff 1 stated, she observed Resident 1, with a spray bottle, spraying it into the air and laughing. Staff 1 asked Resident 1 to give her the spray bottle. Before she could get the spray bottle Resident 2 opened the dining room door and Resident 2 punched Resident 1 on right side of head. Staff 1 did not know what the spray bottle contained or if the spray from the bottle landed on Resident 2. During an interview, on 9/13/19, at 8:12 a.m., Certified Nursing Assistant 1 (CNA 1) stated, on 8/28/19, she was cleaning Resident 1's bed with the disinfectant spray. She was in a hurry to go start the resident's lunch and she accidentally left the disinfectant spray bottle on Resident 1's bedside table. During an interview, on 12/13/19, at 3:15 p.m., Licensed Vocational Nurse 1 (LVN 1) stated, Resident 1 had a spray bottle and was spraying it into the air. Resident 2 was coming through the doors near Resident 1's room. When the spray from the spray bottle Resident 1 had touched Resident 2's right arm. Resident 2 hit Resident 1 and they were immediately separated by staff. LVN 1 the incident could have been prevented if CNA 1 had taken the disinfectant spray bottle with her when she left Resident 1's room. A review of the Resident 2's Change of Condition, dated 8/28/19, at 1:38 p.m., indicated Resident 2 was entering with west wing corridor when peer (Resident 1) sprayed Resident 2 on the arm with a squirt bottle. Resident 2 rushed past staff and hit peer (Resident 1) with the right fist to the left side of peer's (Resident 1) head. A review of the facility policy and procedure titled, Healthcare Services Group, Inc. Job to be done: Daily Patient Room Cleaning, dated 1/1/2000, indicated: Never leave chemicals or equipment unattended.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

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.