

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055899	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/18/2024
NAME OF PROVIDER OR SUPPLIER Royal Palms Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 630 W. Broadway Glendale, CA 91204	

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)
<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44372</p> <p>Based on interview and record review, the facility failed to follow its policy and procedures for one of four sampled residents (Resident 1), who is dependent on Dialysis (a procedure to remove waste products and excess fluid from the blood when the kidneys stop working properly. It often involves diverting blood to a machine to be cleaned) by failing to:</p> <ol style="list-style-type: none"> 1. Develop and implement a comprehensive person-centered care plan when Resident 1 repeatedly refused prescribed scheduled medications, vitamins, and supplements. 2. Ensure Resident 1 ' s responsible party (RP 1) was informed about Resident 1 repeatedly refusing prescribed medications, vitamins, and supplement; and communicate the resident ' s status to the Dialysis center. <p>These deficiencies resulted in Resident 1's admission to the Generalized Acute Care Hospital (GACH) on 10/23/2024 due to weakness and abnormal laboratory values that included a hemoglobin level of 5.6 Range (12.0-15.1 G/dL)).</p> <p>Findings:</p> <p>During a review of Resident 1's Face Sheet (admission record) indicated Resident 1 was admitted to the facility on [DATE] with diagnoses that included end stage renal disease (a condition in which the kidneys lose the ability to remove waste and balance fluids), anemia (a blood disorder that occurs when the body does not produce enough healthy red blood cell or the red blood cell don ' t function properly),and hypertension (high blood pressure). The Face sheet indicated Responsible Party (RP) 1 is the responsible party, emergency contact, and next of kin.</p> <p>During a review of Resident 1's History and Physical (H&P) dated 6/22/2024, the H & P indicated Resident 1 received Dialysis treatments on Tuesday, Thursday, and Saturday.</p> <p>During a review of Resident 1's Minimum Data Set MDS (a federally mandated resident assessment tool) dated 7/31/2024, indicated the resident ' s cognition was severely impaired.</p> <p>During a review of Resident 1's Progress Note dated 9/30/2024 at 2:58 PM, the notes indicated Registered Nurse 1 (RN 1) documented that she received a call from Registered Dietitian (RD) 1 from the Dialysis center that she is requesting to have an IDT meeting . Social Service Director (SSD) and Director of Nursing (DON) made aware, RP 1 made aware. SSD to schedule IDT meeting.</p> <p>(continued on next page)</p>

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 055899
		If continuation sheet Page 1 of 8

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<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident 1 ' s Generalized Acute Care Hospital (GACH) records dated 10/23/2024 and timed 10:29 PM indicated, Resident 1 was brought into the emergency room with complaints of severe muscle weakness. On admission Resident 1 ' s hemoglobin was 5.6 and the patient was admitted for a blood transfusion and hemodialysis management.</p> <p>During a review of Resident 1 ' s Nutrition and Blood Test Result Report the report indicated the following information:</p> <ul style="list-style-type: none"> - Phosphorus Goal of 3.0 to 5.5 mg/dL(Take phosphorus binder as prescribed) -On 09/19/2024: Phosphorus: - 8.7 mg/dL -On 10/17/2024: Phosphorus: 6.1 mg/dL -Hemoglobin Goal of Range 12.0-15.1 G/dL (test measure red blood cell count) -On 9/26/2024 :Hemoglobin: 7.2 g/dL. -On 10/17/2024: Hemoglobin: 5.3 G/dL -Iron Saturation (Goal of 20% to 50%) - On 10/01/2024 : Iron Saturation 14.0 % -On 10/22/2024: Iron Saturation: 12.0 % <p>During a review of Resident 1's MAR from 9/1/2024 to 9/30/2024 indicated the following information:</p> <ol style="list-style-type: none"> 1. Amlodipine Besylate (can treat high blood pressure and chest pain) oral tablet 10 MG give 1 tablet by mouth one time a day for hypertension. Hold SBP (systolic blood pressure) less than 110 indicated a code number 2 (Drug Refused) for 9 AM on 9/08/2024, 9/09/2024, 9/16/2024, 9/19/2024, 9/23/2024, and 9/26/2024 [six times in September]. 2. Ativan (used before medical procedures to relieve anxiety) oral Tablet 1 MG give one tablet by moth every Tuesday, Thursday, and Saturday for anxiety. Give an hour prior to Dialysis as scheduled on Tuesday, Thursday, and Saturday manifested by excessive worry and panic attacks prior to Dialysis treatment as evidenced by fluctuating behavior from calm to manic episodes attempting to pull out shunt or outburst of anger for no appropriate reason indicated a code number 2 (Drug Refused) for 7AM to 3PM on 9/07/2024, 9/14/2024, 9/17/2024, 9/21/2024, 9/24/2024 and 9/26/2024 [six times in September]. 3. Citalopram Hydrobromide (medication treat depression)oral tablet 10 MG give 1 tablet by mouth one time a day for depression manifested by persistent restlessness as evidenced by sudden severe disorganized behavior with agitation with screaming indicated a code number 2 (Drug Refused) for 9 AM on 9/05/2024, 9/08/2024, 9/9/2024, 9/12/2024, 9/16/2024, 9/19/2024, 9/23/2024 and 9/26/2024 [eight times in September]. <p>(continued on next page)</p>		

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<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>4. Ferrous Sulfate (treating or preventing low levels of iron in the blood) oral 325MG. Give 1 tablet by mouth one time a day for Supplement indicated a code number 2 (Drug Refused) for 9 AM on 9/05/2024, 9/08/2024, 9/9/2024, 9/12/2024, 9/19/2024, 9/23/2024 and 9/26/2024 [seven times in September].</p> <p>5. Folic Acid (vitamin B) Oral Tablet 1 MG. Give 1 tablet by mouth one time a day for Supplement for 9 AM indicated a code number 2 (Drug Refused) for 9 AM on 9/05/2024, 9/08/2024, 9/9/2024, 9/12/2024, 9/16/2024, 9/19/2024, 9/23/2024 and 9/26/2024 [eight times in September].</p> <p>6. Nephro-Vite (combination of B vitamins used to treat or prevent vitamin deficiency due to poor diet, or certain illness)Oral Tablet 0.8 MG give 1 tablet by mouth one time a day for Supplement indicated a code number 2 (Drug Refused) for 9 AM on 9/05/2024, 9/08/2024, 9/9/2024, 9/12/2024, 9/16/2024, 9/19/2024, 9/23/2024 and 9/26/2024 [eight times in September].</p> <p>7. Vitamin D3 Oral Tablet 25 MCG (1000 UT). Give 1 tablet by mouth one time a day for Vitamin D Deficiency indicated a code number 2 (Drug Refused) for 9 AM on 9/05/2024, 9/08/2024, 9/9/2024, 9/12/2024, 9/16/2024, 9/19/2024, 9/23/2024 and 9/26/2024 [eight times in September].</p> <p>8. Nova source(two times a day for supplement give 1 carton with medication pass indicated a code number 2 (Drug Refused) for 9 AM on 9/05/2024, 9/08/2024, 9/9/2024, 9/12/2024, 9/19/2024, 9/23/2024 and 9/26/2024. [seven times in September].</p> <p>9. Pro-Stat AWC Sugar Free Liquid (Nutrient dense, providing 15 g of protein and 100 calories per 1 oz) Give 30 ml by mouth three times a day for supplement pass indicated a code number 2 (Drug Refused) for 9 AM and 1 PM on 9/05/2024, 9/08/2024, 9/9/2024, 9/12/2024, 9/16/2024, 9/19/2024, 9/23/2024 and 9/26/2024. [eight times in September].</p> <p>10. Sevelamer Carbonate (a medication to control high level of phosphorus in people with chronic kidney disease who are on Dialysis) oral Tablet 800 MG Give 1 tablet by mouth with meals pass indicated a code number 2 (Drug Refused) for 9 AM on 9/02/2024, 9/05/2024, 9/08/2024, 9/9/2024, 9/12/2024, 9/19/2024, 9/23/2024and 9/26/2024 and for 12:30 PM on 9/05/2024, 9/08/2024, 9/9/2024, 9/16/2024, 9/19/2024, 9/23/2024 and 9/26/2024. [fifteen times in September].</p> <p>During a review of Resident 1's Medication Administration Record (MAR) for October 20924 from 10/1/2024 to 10/31/2024 indicated the following information:</p> <p>1. Amlodipine Besylate oral tablet 10 MG give 1 tablet by mouth one time a day for Hypertension Hold SBP (systolic blood pressure) less than 110 indicated a Code Number 2 (Drug Refused) for 9 AM on 10/7/2024, 10/10/2024, 10/15/2024 and 10/17/2024 [four times for the month of October].</p> <p>2. Ativan oral Tablet 1 MG give one tablet by mouth every Tuesday, Thursday, and Saturday for anxiety Give an hour prior to Dialysis as scheduled Tuesday, Thursday, and Saturday manifested by excessive worry and panic attacks prior to Dialysis treatment as evidence by fluctuating behavior from calm to manic episodes by attempting to pull out shunt or outburst of anger for no appropriate reason indicated a Code Number 2 (Drug Refused) for 7AM to 3PM on 10/1/2024 and 10/8/2024 [two times for the month of October].</p> <p>(continued on next page)</p>		

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<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3-Calcitriol Oral Capsule 0.5 MCG give 2 capsules by mouth one time a day for Vitamin deficiency indicated a code number 2 (Drug Refused) for 9 AM on 10/7/2024, 10/10/2024, 10/15/2024 and 10/17/2024 [four times in October].</p> <p>4-Citalopram Hydrobromide oral tablet 10 MG give 1 tablet by mouth one time a day for depression manifested by persistent restlessness as evidenced by sudden severe disorganized behavior with agitation with screaming indicated a code number 2 (Drug Refused) for 9 AM on 10/7/2024, 10/10/2024, 10/15/2024 and 10/17/2024 [four times in October].</p> <p>5- Ferrous Sulfate oral 325MG give 1 tablet by mouth one time a day for Supplement indicated a code number 2 (Drug Refused) for 9 AM on 10/7/2024, 10/10/2024, 10/15/2024 and 10/17/2024 [four times in October].</p> <p>6. Folic Acid Oral Tablet 1 MG (Folic Acid) Give 1 tablet by mouth one time a day for Supplement for 9 AM indicated a code number 2 (Drug Refused) for 9 AM on 10/7/2024, 10/10/2024, 10/15/2024 and 10/17/2024 [four times in October].</p> <p>7. Nephro-Vite Oral Tablet 0.8 MG (B-Complex w/ C & Folic Acid) Give 1 tablet by mouth one time a day for Supplement indicated a code number 2 (Drug Refused) for 9 AM on 10/7/2024, 10/10/2024, 10/15/2024 and 10/17/2024. [four times in October].</p> <p>8. Vitamin D3 Oral Tablet 25 MCG (1000 UT) (Cholecalciferol) Give 1 tablet by mouth one time a day for Vitamin D Deficiency indicated a code number 2 (Drug Refused) for 9 AM on 10/7/2024, 10/10/2024, 10/15/2024 and 10/17/2024. [four times in October].</p> <p>9. Nova source two times a day for supplement give 1 carton with medication pass indicated a code number 2 (Drug Refused) for 9 AM on 10/7/2024, 10/10/2024, 10/15/2024 and 10/17/2024. [four times in October].</p> <p>10. Pro-Stat AWC Sugar Free Liquid Give 30 ml by mouth three times a day for supplement indicated a code number 2 (Drug Refused) for 9 AM on 10/7/2024, 10/10/2024, 10/15/2024, 10/17/2024 and for 1 PM on 10/15/2024 and 10/17/2024. [Six times in October].</p> <p>11. Sevelamer Carbonate oral Tablet 800 MG Give 1 tablet by mouth with meal pass indicated a code number 2 (Drug Refused) for 9 AM on 10/7/2024, 10/10/2024, 10/15/2024, 10/17/2024 and for 12:30 PM on 10/10/2024, 10/15/2024 and 10/17/2024. [Seven times in October].</p> <p>During a review of Resident ' s 1 care plan date initiated 6/14/2024, indicated,The resident has nutritional problem or potential nutritional problem related to ESRD, hemoDialysis, BLE decubitus, HTN, Dementia, depression, BMI <17, at risk for protein calorie malnutrition, therapeutic diet restriction, poor PO. fluid restriction, altered labs, at risk for weight fluctuation, as intervention indicated Novasource Renal two times a day for Supplement give 1 carton with med pass. Provide and serve diet as ordered, Provide and serve supplements as ordered Specify.</p> <p>(continued on next page)</p>		

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<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of Resident ' s 1 care plan date initiated 8/08/2024, indicated, The resident has unplanned/unexpected weight loss of -9 lbs x 1 month and -13 lbs related to acute illness, Poor food intake, Recent hospitalization , as intervention indicated: Give the resident supplements as ordered. Alert nurse/ dietician if not consuming on a routine basis. If weight decline persists, contact physician and dietician immediately. Labs as ordered. Report results to physician and ensure dietician is aware. Offer substitutes as requested or indicated. The resident prefers.</p> <p>During a review of Resident ' s 1 care plan date initiated 8/22/2024, indicated The resident uses anti-anxiety medications Ativan (Lorazepam) for Anxiety give an hour prior to Dialysis as schedule Tuesday, Thursday, Saturday. Manifestoed by excessive worry and panic attacks prior to Dialysis treatment as scheduled as evidence by sudden fluctuate behavior from calm to manic episodes attempt pulling out Shunt or outburst of anger no apparent reason.as intervention indicated: Administer ANTI-ANXIETY medications as ordered by physician. Give 1 tablet by mouth every Tuesday, Thursday, Saturday for Anxiety give an hour Nur prior to Dialysis.</p> <p>During a review of Resident ' s 1 care plan date initiated 8/25/2024, indicated The resident has depression r/t Dementia manifested by restless as evidence by sudden severe disorganized behavior with agitation with screaming and yelling, as intervention indicated, administer medication as ordered. Monitor document for side effect and effectiveness. Discuss with the resident/family/caregivers any concerns, fears, issues regarding health or other subjects.</p> <p>During an interview on 10/17/2024 at 11:03 AM with Registered Dietitian [RD] 1, RD 1 stated since she was concerned about Resident 1 ' s health and the risk for hospitalization due to abnormal lab values, she attempted many times to contact the DON or Administrator (ADM) at the facility. RD 1 stated she also sent an email to the ADM on 10/04/2024 to have an IDT meeting for Resident 1 but the facility did not arrange any IDT meeting. RD 1 stated the IDT meeting is necessary since Resident 1 may require G-tube feeding (a tube inserted through the wall of the abdomen directly into the stomach. It can be used to give medication, liquid food).</p> <p>During an interview on 10/17/2024 at 1:50 PM with RP 1, RP 1 stated he contacted the facility about two weeks ago and spoke with the Social Services Director [SSD] and requested an IDT meeting. RP 1 stated he is concerned about Resident 1s health, but no facility staff member gave him a specific answer, and no IDT meeting was scheduled within last 2 weeks. RP 1 tated he is unaware that Resident 1 was refusing any treatments, medications, or supplements.</p> <p>During an interview on 10/17/2024 at 2:07 PM with the SSD, the SSD stated Resident 1 cannot advocate for herself due to medical illness, RP 1 is the responsible party and should attend IDT meeting. The SSD reported that no IDT meetings have been held in the last two weeks from this interview date, regarding Resident 1 refusing medications and supplements. The SSD stated she did not arrange any IDT meetings with the Dialysis ceneter from the past two weeks as requested by RP 1 and the Dialysis ceneter. The SSD stated she did not arrange any IDT meetings to discuss Resident 1 ' s continued refusal of medications and supplements.</p> <p>During an observation on 10/17/2024 at 2:34 PM inside Resident 1 ' s room, Resident 1 was in bed confused and not interviewable.</p> <p>(continued on next page)</p>		

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<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 10/18/2024 at 9:09 AM with RD 2, RD 2 stated she is the Registered dietitian at the facility and assigned to Resident 1. RD 2 stated she consulted with RD 1 at the Dialysis center on 10/12/2024 and RD 1 was recommending G-tube placement for Resident 1. RD 2 stated she informed the ADON to arrange an IDT meeting, however RD 2 did not receive any follow up call from the facility and no IDT meeting was scheduled. RD 2 stated she was not aware that Resident 1 was refusing supplements and medications to control high level of phosphorus in people with chronic kidney disease who are on Dialysis.</p> <p>During an interview and record review of Resident 1's active care plans and nurses notes for the month of September and October, on 10/18/2024 at 10:15 AM, the Assistant Director of Nursing (ADON) stated if a resident refuse any treatment or medication staff should offer 3 times, if still refused, document refusal in nurses note, the reason for refusal, inform the MD and develop a care Plan. The ADON stated she is unable to find documented evidence that staff follow the steps such as informing MD and family. The ADON stated there is no care plan indicating Resident 1 refusing medication and supplements. The ADON stated the purpose of care plan is to find alternative measures to approach resident and provide care. ADON stated there is no IDT scheduled the last 2 weeks discussing Resident 1 condition.</p> <p>During an interview and record review of Resident 1's MAR for the month of October 2024, on 10/18/2024 at 10:50 AM, LVN 1 stated Resident 1 did not receive the following medications due to resident refusals:</p> <ol style="list-style-type: none"> 1-Amlodipine Besylate oral tablet 10 MG for 9 AM on 10/7/2024, 10/10/2024, 10/15/2024, 10/17/2024. 2-Ativan oral Tablet 1 MG on 10/1/2024, 10/8/2024. 3. Calcitriol Oral Capsule 0.5 MCG for 9 AM on 10/7/2024, 10/10/2024, 10/15/2024, 10/17/2024. 4. Citalopram Hydrobromide oral tablet 10 MG for 9 AM on 10/7/2024, 10/10/2024, 10/15/2024, and 10/17/2024. 5. Ferrous Sulfate oral 325 MG for 9 AM on 10/7/2024, 10/10/2024, 10/15/2024 and 10/17/2024. 6. Folic Acid Oral Tablet 1 MG (Folic Acid) for 9 AM on 10/7/2024, 10/10/2024, 10/15/2024 and 10/17/2024. 7. Nephro-Vite Oral Tablet 0.8 MG for 9 AM on 10/7/2024, 10/10/2024, 10/15/2024 and 10/17/2024. 8. Vitamin D3 Oral Tablet 25 MCG for 9 AM on 10/7/2024, 10/10/2024, 10/15/2024 and 10/17/2024. 9. Nova source for 9 AM on 10/7/2024, 10/10/2024, 10/15/2024 and 10/17/2024. 10. Pro-Stat AWC Sugar Free Liquid for 9 AM on 10/7/2024, 10/10/2024, 10/15/2024, 10/17/2024 and for 1:00 PM on 10/15/2024, 10/17/2024. 11. Sevelamer Carbonate oral Tablet 800 MG for 9 AM on 10/7/2024, 10/10/2024, 10/15/2024, 10/17/2024 and for 12:30 PM on 10/10/2024, 10/15/2024 and 10/17/2024. <p>(continued on next page)</p>		

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<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a concurrent interview and record review of Resident 1's MAR for the month of September 2024, on 10/18/2024 at 11:00 AM, LVN 1 stated Resident 1 did not receive the following medications due to resident refusals:</p> <ol style="list-style-type: none"> 1. Amlodipine Besylate oral tablet 10 MG for 9 AM on 9/08/2024, 9/09/2024, 9/16/2024, 9/19/2024, 9/23/2024, and 9/26/2024. 2. Ativan oral Tablet 1 MG for 7AM to 3PM on 9/07/2024, 9/14/2024, 9/17/2024, 9/21/2024, 9/24/2024 and 9/26/2024. 3-Citalopram Hydrobromide oral tablet 10 MG for 9 AM on 9/05/2024, 9/08/2024, 9/9/2024, 9/12/2024, 9/16/2024, 9/19/2024, 9/23/2024and 9/26/2024. 4- Ferrous Sulfate oral 325MG for 9 AM on 9/05/2024, 9/08/2024, 9/9/2024, 9/12/2024, 9/19/2024, 9/23/2024 and 9/26/2024. 5- Folic Acid Oral Tablet 1 MG for 9 AM on 9/05/2024, 9/08/2024, 9/9/2024, 9/12/2024, 9/16/2024, 9/19/2024, 9/23/2024 and 9/26/2024. 6. Nephro-Vite Oral Tablet 0.8 MG for 9 AM on 9/05/2024, 9/08/2024, 9/9/2024, 9/12/2024, 9/16/2024, 9/19/2024, 9/23/2024 and 9/26/2024. 7. Vitamin D3 Oral Tablet 25 MCG for 9 AM on 9/05/2024, 9/08/2024, 9/9/2024, 9/12/2024, 9/16/2024, 9/19/2024, 9/23/2024 and 9/26/2024. 8. Nova source for 9 AM on 9/05/2024, 9/08/2024, 9/9/2024, 9/12/2024, 9/19/2024, 9/23/2024 and 9/26/2024. 9. Pro-Stat AWC Sugar Free Liquid for 9 AM and 1 PM on 9/05/2024, 9/08/2024, 9/9/2024, 9/12/2024, 9/16/2024, 9/19/2024, 9/23/2024 and 9/26/2024. 10. Sevelamer Carbonate oral Tablet 800 MG for 9 AM on 9/02/2024, 9/05/2024, 9/08/2024, 9/9/2024, 9/12/2024, 9/19/2024, 9/23/2024and 9/26/2024 and for 12:30 PM on 9/05/2024, 9/08/2024, 9/9/2024, 9/16/2024, 9/19/2024, 9/23/2024 and 9/26/2024. <p>During a concurrent interview and record review of Resident 1's active care plans, on 10/18/2024 at 12:15 PM, the DON stated if a Resident refused a medication, facility staff should explore the reason why Resident 1 was refusing and explain the risk and benefit. The DON stated that staff should at least offer 3 times if still refuse try to find alternative measures such as administrating with food, getting assistance from family if still refused informed MD, Family, and create care plan. The DON stated that refusal of medication should be discussed during IDT meeting with the responsible party and team. The DON stated there is no care plan nor IDT meeting initiated for refusing medication and supplement repeatedly. The DON stated the potential outcome is weight loss, high blood pressure, low iron, and low hemoglobin which can lead to medical complication. The DON stated she cannot provide documented evidence that refusal of medication and supplements repeatedly was discussed with RP 1.</p> <p>(continued on next page)</p>		

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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)		
<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a review of the facility ' s policy and procedure, revised in September 2010 and titled, End-Stage Renal Disease, Care of a Resident with, indicated, Residents with end-stage renal disease (ESRD) will be cared for according to currently recognized standards of care. Agreements between this facility and the contracted ESRD facility include all aspects of how the resident's care will be managed, including: How the care plan will be developed and implemented; How information will be exchanged between the facilities; and Responsibility for waste handling, sterilization and disinfection of equipment. The resident's comprehensive care plan will reflect the resident's needs related to ESRD/Dialysis care.</p> <p>During a review of the facility ' s policy and procedure, revised in December 2016 and titled, Care Plans, Comprehensive Person-Centered, indicated: A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. The Interdisciplinary Team (IDT), in conjunction with the resident and his/her family or legal representative, develops and implements a comprehensive, person-centered care plan for each resident. The IDT includes a. The Attending Physician; b. A registered nurse who has responsibility for the resident. c. A nurse aide who has responsibility for the resident. d. A member of the food and nutrition services staff; e. The resident and the resident's legal representative (to the extent practicable); and f. Other appropriate staff or professionals as determined by the resident's needs or as requested by the resident. Each resident's comprehensive person-centered care plan will be consistent with the resident's rights to participate in the development and implementation of his or her plan of care, including the right to: Participate in the planning process; Identify individuals or roles to be included; Request meetings.</p> <p>During a review of the facility ' s policy and procedure, revised in May 2017 and titled, Requesting, Refusing and/or Discontinuing Care or Treatment, indicated: Residents have the right to request, refuse and/or discontinue treatment prescribed by his or her healthcare practitioner, as well as care routines outlined on the resident's assessment and plan of care. Residents/representatives will be informed (in advance) of the care that will be furnished or made available to the resident based on his or her assessment and plan of care; the risks and benefits of the proposed treatment and/or care; the type of caregiver or professional that will provide the care; and any changes to the resident's care plan. The resident/representative will be informed of his or her rights to: request, refuse and/or discontinue treatment-----If a resident requests, discontinues or refuses care or treatment, the Unit Manager, Charge Nurse, or Director of Nursing Services will meet with the resident to: determine why the resident is requesting, refusing or discontinuing care or treatment; try to address the resident's concerns and discuss alternative options; and discuss the potential outcomes or consequences (positive and negative) of the resident's decision. The interdisciplinary team will assess the resident's needs and offer the resident alternative treatments, if available and pertinent, while continuing to provide other services outlined in the care plan. Detailed information relating to the request, refusal or discontinuation of care or treatment will be documented in the resident's medical record. Documentation pertaining to a resident's request, discontinuation or refusal of treatment shall include at least the following: The date and time the care or treatment was attempted.</p> <p>During a review of the facility ' s policy and procedure, with no date and titled, Resident Rights, indicated: Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to: be notified of his or her medical condition and of any changes in his or her condition, be informed of, and participate in, his or her care planning and treatment; choose an attending physician and participate in decision-making regarding his or her care.</p>		