STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055899	A. Building B. Wing	02/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Royal Palms Post Acute	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to implement the facility's infection prevention and control program (IPCP) for four of four sampled residents (Residents 1, 2, 3, and 4) by failing to: 1.Initiate and monitor a Line List (a tool used for data collection and systemic case tracking and surveillance during outbreaks) for residents and staff suspected of having scabies on 2/4/26 2. Maintain an updated infection surveillance log to track and monitor infections among residents and staff to detect a potential scabies (a contagious skin infestation by mites causing intense itching and rash) outbreak on 10/21/25 when Resident 1 was suspected of having scabies and treated with Permethrin cream (Elimite - a medicated cream used to treat scabies), and again on 2/5/26 when Residents 1, 2, 3, and 4 were suspected of having scabies and treated with Permethrin cream in accordance with the facility's P&P for IPCP). 3. Perform a skin scrape test to rule out scabies prior to prophylactically (done as a preventative measure to stop a disease or condition before it occurs) treating Resident 1 with Permethrin cream on 10/21/26 and on 2/5/26. 4. Recognize and report a suspected outbreak of scabies to the Department of Public Health when Residents 1, 2, 3, and 4 were placed on contact precautions for a suspicious rash and tested for scabies on 2/4/26. The facility reported a possible scabies outbreak to the LA DPH on 2/12/26, eight (8) days later. This failure to follow LA DPH guidelines for scabies management and reporting delayed outbreak control measures, potentially facilitating transmission of scabies among vulnerable residents and staff, and had the potential to cause increased discomfort from itching and secondary complications such as skin infections for residents and staff.A. During a review of Resident 1's admission Record, the record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses including neuropathy (disease or dysfunction of one or more nerves, typically causing numbness or weakness in the hands and feet) and diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing). During a review of Resident 1's Minimum Data Set (MDS- a resident assessment tool) dated 1/2/26, the MDs indicated Resident 1 had intact cognition (the resident had good orientation, memory recall, and attention) and was fully dependent on staff for bathing, lower body dressing, and putting on/taking off footwear. During a review of Resident 1's Progress notes on 10/21/25 at 1:07 PM signed by the Infection Preventionist (IP), the notes indicated, [Resident] verbalizes complaints of ‘mild itchiness' associated with rashes on the left arm and left lateral torso. Assessment of skin reveals localized, non-vesicular rashes on the left arm and left lateral torso. No fluid-filled blisters, discharge, or scaling noted. Rashes appear contained to the initial areas. MD has assessed the [resident] and new orders have been received. [Resident] presents with a rash of unknown etiology, posing a potential risk for transmission. The prescribed treatment with Permethrin cream suggests a possible differential diagnosis of scabies. Due to the unknown nature and potential for contagion, infection control measures are warranted to prevent potential cross-contamination to roommates and healthcare staff. [Resident] and current roommates have (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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	been placed on contact isolation for a planned duration of [seven] days. Signage has been posted on the door. This measure is implemented to prevent the potential spread of the undiagnosed condition. Will administer medications as per [medical doctor, MD] orders: Permethrin cream, Hydroxyzine HCL 25 mg (milligrams- a unit of measurement) [by mouth] for pruritic, and Hydrocortisone cream 1% for inflammation. During a review of Resident 1's Medication Administration Review (MAR) for the month of 10/2026, the MAR indicated Resident 1 was administered Permethrin External Cream 5% on 10/28/26. During a review of Resident 1's untitled care plan (CP) initiated on 2/5/26, the CP indicated Resident 1 had impaired skin integrity related to generalized rash of unknown etiology and a risk for infection transmission related to potential parasitic or fungal infestation. The CP further indicated nursing interventions to maintain Resident 1 in an isolation room with Contact Precaution signage clearly posted; ensure the availability of PPE at the room entrances for all staff and visitors; perform skin assessments every shift to monitor for changes in the rash, signs of excoriation, or secondary infection; monitor for skin scrape results and notify the physician immediately upon receipt to adjust the treatment plan; and to continue staff in-servicing on scabies/fungal protocols and the importance of hand hygiene and environmental cleaning. During a review of Resident 1's Order Recap Report dated 2/11/2026, the report indicated the following physician's orders:1. Contact Precautions: Staff and visitors to don gloves and gown prior to entering room and remove before exiting room, in room use dedicated equipment. Dietary service shall provide meals using single-use disposable trays and utensils. All disposable meal ware must be bagged within the patient's room and discarded in the designated waste receptacle every shift, ordered by Medical Doctor 2 on 2/5/262. Elimite External Cream 5% (Premethrin) apply from neck to toe topically at bedtime every seven days for prophylaxis (empiric) for seven days (ensure coverage under fingernails, skin folds, and between toes), ordered by MD 2 on 2/5/26. 3. May do skin scrape upon kit arrival. May do three to four sites, ordered by MD 2 on 2/7/26. During a review of Resident 1's MAR for the month of 2/2026, the MAR indicated Resident 1 was administered Permethrin on 2/5/26. During a review of Resident 1's Progress Notes for the month of 2/2026, the notes indicated the following: 1. On 2/7/26 timed at 3:33 PM, and signed by the IP, the notes indicated that on 2/4/26 a dermatology consultation was conducted by MD 1 regarding a generalized body rash. Following the assessment, Resident 1 was transferred to an isolation room and contact precautions were initiated as a prophylactic measure. To mitigate environmental transmission risks, deep cleaning was completed and privacy curtains were replaced in the transition from the unoccupied to the occupied room. A skin scrape was performed to rule out parasitic infestations, fungal infections, or yeast. The procedure was successfully performed on 2/6/26 upon the arrival of the necessary kits. Results pending.2. On 2/7/26 timed at 3:53 PM and signed by the IP, the notes indicated skin scrape number one completed and packaged for lab pick up, remainder of the skin scrapes to be completed when kits arrive.3. On 2/8/26 timed at 10:41 AM and signed by the IP, the notes indicated Resident 1's skin scrape test was left at the front desk since Friday (2/6/26) and the IP communicated with lab dispatch. The notes further indicated Resident 1's skin scrape test performed on 2/6/26 was picked up from the facility on 2/8/26 at 10:30 AM. B. During a review of Resident 2's admission Record, the record indicated Resident 2 was originally admitted to the facility on [DATE] with diagnoses including chronic obstructive pulmonary disease (COPD- a chronic lung disease causing difficulty in breathing) and congestive heart failure (CHF- a heart disorder which causes the heart to not pump the blood efficiently, sometimes resulting in leg swelling). During a review of Resident 2's MDS dated [DATE], the MDS indicated Resident 2 had moderate cognitive impairment (the resident may commonly experience forgetfulness, difficulty recalling information, or occasional confusion). The MDS also (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	2:43 PM, Resident 1's Lab results, Progress Notes, and Treatment Administration Record (TAR) were reviewed. LN 1 stated that Resident 1 had a rash that was treated with Permethrin on 10/28/26 but was not tested with a skin scrape test to rule out scabies. LN 1 also stated that Resident 1's rash resolved after treatment with topical steroid cream and Permethrin cream, but the rash returned again in February. During the same interview with LN 1 on 2/11/26 at 2:43 PM, LN 1 stated Resident 1 was treated with Permethrin cream on 2/5/26 and a skin scrape was done on 2/6/26 after Resident 1 was treated with Permethrin cream. During a concurrent interview and record review with the IP on 2/11/26 at 4:06 PM, the LAC DPH guidance provided by the facility titled, Scabies Prevention and Control Guidelines for Healthcare Settings dated 7/2019 was reviewed. The guidance indicated the definition of an outbreak in a long-term care facility was two or more clinically suspected or confirmed cases of scabies in residents, healthcare workers, volunteers and/or visitors during a six-week time period. The IP stated, based on this guideline, he should have reported a potential outbreak to LAC DPH. During a telephone interview on 2/12/26 at 10:30 AM with the Director of Nursing-Consult (DON-C), the DON-C stated it was important for the IP to follow the proper infection control and outbreak guidelines in order to mitigate any potential outbreak of communicable diseases. The DON-C explained that not tracking the residents suspected of having scabies with a line list or in the surveillance log had the potential to spread the scabies infection and be uncontrolled in the facility. During a review of the facility's P&P titled Infection Prevention and control Program revised on 10/2018, the P&P indicated the infection prevention and control program was coordinated and overseen by an infection preventionist. The P&P also indicated surveillance tools were used for recognizing the occurrence of infections, recording their number and frequency, detecting outbreaks and epidemics, monitoring employee infection, monitoring adhered to infection prevention and control practices, and detecting unusual pathogens with infection control implications. The P&P also indicated that Outbreak Management was a process that consisted of:Determining the presence of an outbreakManaging the affected residentsPreventing the spread to other residentsDocumenting information about the outbreakReporting the information to appropriate public health authorities such as LAC DPHEducating the staff and the public[DC1] Monitoring for recurrencesReviewing the care after the outbreak has subsidedThe medical staff will help comply with pertinent state and local regulations concerning the reporting and management of those with reportable communicable diseases. During a review of the facility's P&P titled Surveillance for Infections revised 9/2017, the P&P indicated the infection preventionist would conduct ongoing surveillance for healthcare-associated infections (HAIs- an infection that a person acquires while receiving medical treatment in a healthcare setting) and other epidemiologically significant infections that have substantial impact on potential resident outcome and that may require transmission-based precautions (TBP-additional infection control measures to prevent the spread of contagious pathogens) and other preventative interventions. Infections that were included in routine surveillance include those with pathogens associated with serious outbreaks such as scabies. During a review of the LAC DPH guidance provided by the facility titled, Scabies Prevention and Control Guidelines for Healthcare Settings dated 7/2019, the guidance indicated the following:1. Evaluate residents on affected units and immediately place residents with suspected scabies in contact precautions.2. Immediately remove from work any healthcare worker (HCW) with signs and symptoms of scabies and refer to employee health, other healthcare consultant or clinician experienced in the diagnosis of scabies.3. Meet with key staff to coordinate control measures and give adequate resources to accomplish the objective in a timely manner. Representatives from the following departments should be included: administration, employee health, environmental services, infection prevention, pharmacy, medicine and (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055899	A. Building B. Wing	02/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Royal Palms Post Acute	630 W. Broadway Glendale, CA 91204

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	nursing.4. Search for a possible source case. If two or more employees working in the same unit/area are diagnosed with scabies, it is likely that the source case was a resident with atypical or crusted scabies infestation.5. Confirm the presence of scabies by microscopic identification of the mite or its products (skin scraping) in one or more symptomatic residents or HCW. The absence of mites does not rule out scabies infestation.6. Report healthcare-associated scabies outbreaks to LAC Department of Public Health.7. Prepare a line listing of symptomatic residents and HCW with a separate line list of their contacts. Evaluate contacts for scabies.8. Treat symptomatic residents and HCW with an approved scabicide, provide prophylactic scabicide to all contacts of symptomatic cases, and perform environmental cleaning of affected units. Ideally, these steps (treatment, prophylaxis, and environmental cleaning) should all be accomplished within the same 24-hour period to prevent re-infestation of treated or prophylaxed individuals.9. Provide training to all staff on scabies signs and symptoms. Emphasize that people can be infested and contagious for up to 6 weeks before symptoms begin.10. Perform environmental cleaning of affected units.11. Arrange for follow-up evaluation and prophylactic treatment of discharged patients/residents who were scabies contacts.12. Communicate with the affected patient's/resident's family members and provide scabies education. During a review of the facility's Job Description titled, Infection Preventionist - LVN/LPN updated on 11/1/24, the job description indicated the IP was responsible for overseeing and managing the facility's Infection Prevention and Control Program. This role was crucial in ensuring a safe, sanitary, and comfortable environment by preventing the development and transmission of communicable diseases and infections. The job description stated that the IP develops, implements, and evaluates infection control strategies in accordance with company policies and regulatory standards including Centers for Disease Control (CDC), Occupation Safety and Health Administration (OSHA), and local guidelines. The job description further indicated the IP reported all reportable diseases to federal and state health departments according to Corporate Compliance programs.