

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 03/10/2026
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure a care plan was developed and implemented for one of two sampled residents (Resident 1) who was at risk for falls. This deficient practice had the potential to place Resident 1 at risk for fall and injury from a fall. Findings: During a review of Resident 1's admission Record (AR), the AR indicated Resident 1 was admitted to the facility on [DATE] with diagnoses that included Diabetes Mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), left leg below knee amputation (BKA-surgical removal of the portion of the leg below the knee), dialysis (a treatment to cleanse the blood of wastes and extra fluids artificially through a machine when the kidney(s) have failed) During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool) dated 3/3/2026, indicated a brief interview for mental status (BIMS) of 15 cognitive (the ability to process thoughts and emotions) intact. MDS indicated that Resident 1 needed substantial/maximal assistance with personal hygiene, putting on/taking off footwear, lower body dressing, upper body dressing, toileting hygiene. Partial/moderate assistance with oral hygiene and eating. During a review of Resident 1's Fall Risk Evaluation dated 2/20/2026 indicated Resident 1 had a score of 2. The areas addressed in the fall risk evaluation assessment were mental status, history of falls, ambulation/continence, gait evaluation, orthostatic blood pressure changes, medications, diagnosis review, and vision. During a review of Resident 1's Change of Condition Evaluation dated 2/20/2026 at 10:03 PM indicated that at 9:00 PM Resident 1 called for help and the facility staff found Resident 1 on the floor in kneeling position next to the end of the bed facing the bathroom unable to get up without assistance and with severe left hip pain. During a review of Resident 1's Hospital Medical Record (Orthopedic Surgery History & Physical) dated 2/22/2026 indicated a left intertrochanteric femur fracture after the injury on 2/20/2026. During an interview with the MDS Coordinator (MDSC) on 3/10/2026 at 12:35 PM stated that there was no fall risk care plan completed for Resident 1. MDSC also stated that the fall risk evaluation assessment form was wrongly coded and that Resident 1 was at high risk for falls therefore a comprehensive person-centered care plan should have been initiated. During an interview with the Director of Nurses (DON) on 3/10/2026 at 3:25, the DON stated that the fall risk evaluation assessment was completed and showed a high risk fall score of 16 and that a care plan for risk of falls should have been completed for Resident 1. During a review of the facility's policy and procedures (P&P) titled Care Comprehensive Person-Centered dated 12/2016 indicated that care plan interventions are gathered from a thorough analysis of the information gathered as part of the comprehensive assessment. The P&P stated that care plans will aid in preventing or reducing decline in the residents functional level.</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
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