

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 04/30/2026
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interview, and record review, the facility failed to ensure physician's order for rehabilitation (Rehab- therapy given to restore an individual back to their highest possible level of physical, mental, and psychosocial well-being) physical therapy (PT- helps improve strength, flexibility and mobility) was implemented or one for three sampled residents (Resident 4), who had impaired functional mobility in the lower extremities. This deficient practice had the potential for Resident 4 to have a decline in strength and mobility. Findings: During a review of Resident 4's admission Record (AR), the AR indicated that Resident 4 was originally admitted to the facility on [DATE] and recently readmitted on [DATE] with diagnoses with displaced intertrochanteric fracture of left femur (a type of broken bone between the bumpy parts at the top of the left thigh bone), chronic obstructive pulmonary disease (COPD- a chronic lung disease causing difficulty in breathing), and osteoarthritis (a progressive disorder of the joints, caused by a gradual loss of cartilage) of right hip. During a review of Resident 4's Minimum Data Set (MDS- resident assessment tool) dated 2/10/2026, the MDS indicated that Resident 4 had impairment in functional limitation in range of motion (ROM- the extent of movement of a joint) in one side of lower extremities. The MDS also indicated that Resident 4 required substantial/maximal assistance (Helper does MORE THAN HALF the effort) on sit to stand, sit to lying, and chair/bed-to-chair transfer. During a review of Resident 4's Order Summary Report (OSR) dated 3/6/2026, the OSR indicated an order to provided PT, occupational therapy (OT), and speech therapy (ST) evaluation and treatment. During a review of Resident 4's Care Plans (CP) titled The resident is at risk for falls: Found on floor on 3/11/2026, the CP indicated interventions for which included PT to evaluate and treat as ordered. During a review of Resident 4's CP titled Unsafe [NAME] Use / Improper Body Alignment dated 3/12/2026, the CP included interventions to refer to PT for gait training, posture correction, and strength exercises. During a review of Resident 4's Rehab Post Fall Screen (RPFS) dated 3/12/2026, the RPFS indicated that Resident had a fall on 3/6/2026 and factors included LE (lower extremities) weakness. The RPFS Screen Result also indicated that Resident 4 was currently on Rehab services. During a concurrent observation and an interview on 4/30/2026 at 9:15AM with Resident 4, Resident 4 stated that he was upset and frustrated because he was weak and could not walk by himself with a walker like he used to prior to the fall on 3/6/2026. Resident 4 stated he has not had therapy for training his legs for ambulation since after he came back from the hospital in March 2026. During a concurrent interview and a record review on 4/30/2026 at 9:40 AM with the MDS nurse (MDSN), Resident 4's OSR was reviewed. MDSN stated there were OT clarification orders for treatment for Resident 4. MDSN stated Resident 4's OT was discharged on 3/24/2026. MDSN stated she did not see any other order for PT except for the admission order that indicated to provide PT, OT and ST. During a concurrent interview and a record review on 4/30/2026 at 11:55 AM with the occupational therapist assistant (OTA 1), Resident 4's Rehab documentations were reviewed. OTA 1 stated that she could not find Resident 4's PT Eval record that was dated after Resident 4's readmission on [DATE]. OTA 1 stated she did not document in Resident 4's medical record that she had informed the previous Director of Rehab (DOR) that Resident 1 was not seen by a PT. During a concurrent interview and a (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
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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>record review on 4/30/2026 at 12:20 PM with the Registered Nurse Supervisor (RNS), Resident 4's OSR was reviewed. The RNS stated she could not find documentation indicating that Resident 4 had PT. The RNS further stated that she was supposed to review Resident 4's Care Plans and confirm the resident's needs and ensure that Resident 4 received PT. During an interview on 4/30/2026 at 1:49PM with the Director of Nursing (DON), DON stated that after RNS entered the rehab order the nursing staff must follow up on the order. DON stated that the nursing staff were supposed to identify resident's needs and communicate with the rehab department when Residents did not receive their ordered therapy. DON stated according to the policy the facility was supposed to ensure residents receive services and/or equipment to help the residents improve or maintain their functional mobility. During a review of the facility's Policy and Procedures (P&P) Resident Mobility and Range of Motion revised in 7/2017, the P&P indicated that residents with limited mobility will receive appropriate services, equipment and assistance to maintain or improve mobility unless reduction in mobility is unavoidable. The P&P also indicates that the care plan will include specific interventions, exercises and therapies to maintain, prevent avoidable decline in, and/or improve mobility and range of motion. During a review of the facility's P&P Specialized Rehabilitative Services undated, the P&P indicated that the facility will provide rehabilitative services to residents as indicated by the MDS.</p>