

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056456	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/29/2024
NAME OF PROVIDER OR SUPPLIER Palazzo Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 5400 Fountain Ave Los Angeles, CA 90029	

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 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to manage his or her financial affairs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48152</p> <p>Based on interview and record review, the facility failed to safeguard personal funds for one of three sampled residents (Resident 1). The Licensed Vocational Nurse (LVN) 1 retrieved \$800 from Resident 1 and placed the money in the narcotic box. This failure had the potential to result in Resident 1's personal funds becoming stolen or misused.</p> <p>Findings:</p> <p>A review of Resident 1's Admission Record indicated the resident was originally admitted to the facility on [DATE] with diagnoses including heart failure, unspecified (occurs when the heart muscle does not pump blood as well as it should), Type II diabetes mellitus with other skin ulcer (a complication caused by poor circulation and nerve damage from high blood sugar levels), and essential hypertension (elevated blood pressure without a known cause).</p> <p>A review of Resident 1's Minimum Data Set (MDS - a standardized assessment and care screening tool) dated 3/18/2024, indicated Resident 1 was cognitively intact, was dependent and or required maximum assistance from staff with dressing, toilet use and personal hygiene.</p> <p>A review of Resident 1's Inventory of Personal Effects dated 3/28/2024 (after a re-admission) indicated Resident 1 was admitted with \$900.00 cash. \$100 remained in Resident 1's wallet and \$800 was stored inside the facility medication cart by staff.</p> <p>During an interview on 3/29/2024 at 12:52 PM, LVN 1 stated Resident 1 gave him \$900 on 3/27/2024 and requested to keep \$100. LVN 1 informed Resident 1 of the facility's process to keep the \$800 in the narcotic box until Social Services arrived. During a concurrent interview, the Social Services staff stated she saw Resident 1's inventory of \$800 on 3/28/2024 kept inside the medication cart. SS stated, the money belonging to Resident 1 was removed on 3/29/2024 (two days later) by social service assistant and the Administrator. SS stated the money should have been removed the following business day 3/28/2024 and placed with business office.</p> <p>During an interview on 4/9/2024 at 3:50 PM, the Administrator (Admin) stated Resident 1's money was supposed to be in the business office on the next available business day, until the resident request for it. The Admin stated the transaction required two signatures; the nurse in charge would sign and a business office personnel would co-sign. The retrieved money would be placed in the business office to safeguard.</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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0567 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the facility's policy and procedure titled, Management of Residents' Personal Funds, revised 4/2017, indicated the resident may have the facility hold, safeguard, and manage his or her personal funds. Should the facility manage the resident's funds, the facility will act as a fiduciary (someone who manages money or property for someone else) of the resident funds. Should the resident elect to have the facility manage his or her personal funds, it must be authorized in writing, by the resident or the resident's representative, and a copy of such authorization must be documented in the resident's medical record. Inquires concerning the facilities management of resident funds should be referred to the Administrator or to the business office.		