

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 07/18/2024
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45524</p> <p>Based on observation, interview and record review, the facility failed to implement a system to consistently and accurately reconcile Pomalyst (pomalidomide- is an oral chemotherapeutic (a drug used to treat cancer) capsule treatment for Multiple Myeloma [a blood cancer that develops in plasma cells in the bone marrow]) oral capsule (cap) 4 Milligrams (MG) for one of the three sampled residents (Resident 1).</p> <p>This failure resulted in Resident 1 missing a total of 2 dosages on 5/18/24 and 7/13/24.</p> <p>Findings:</p> <p>A review of Resident 1 ' s admission record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses including Multiple Myeloma, type 2 diabetes mellitus (DM2 - a condition that happens because of a problem in the way the body regulates and uses sugar as a fuel), and end stage renal disease (a medical condition in which a person's kidneys cease functioning on a permanent basis leading to the need for a regular course of long-term dialysis or a kidney transplant to maintain life).</p> <p>A review of the history and physical (a term used to describe a physician's examination of a patient. The physician obtains a thorough medical history from the patient, performs a physical examination, and then documents their findings) dated 3/18/24 indicated Resident 1 had the capacity to understand and make decisions.</p> <p>A review of the physicians order dated 5/7/24 indicated, Pomalyst Oral Capsule 4 MG(Pomalidomide). Give 1 capsule by mouth in the evening every Mon, Wed, Fri for multiple myeloma for 21 Days.</p> <p>A review of Resident 1 ' s Minimum Data Set (MDS- a standardized assessment and care screening tool), dated 6/23/24, indicated Resident 1 had some sever cognitive impairments (problems with a person's ability to think, learn, remember, use judgement, and make decisions). The MDS indicated Resident 1 required between substantial maximum assistance to setup or clean up assistance for Activities of Daily Living (ADLs-eating, oral hygiene, personal hygiene, shower/bathe self).</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)		
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the physician order dated 7/11/24 indicated, Pomalyst Oral Capsule 4 MG (Pomalidomide) Give 1 capsule by mouth one time a day every Mon, Wed, Fri for multiple myeloma for 21 Days Give on empty stomach. Wear gloves when handling medication. Do not open, crush or chew capsule. Give for 21days, rest for 7 days, continue with 21 days again indefinitely.</p> <p>During an interview with Resident 1 on 7/17/24 at 9:20 am, Resident 1 stated that he was prescribed the Pomalyst by his oncologist (a doctor who diagnoses and treats cancer) during the 5/24 appointment. Resident 1 stated that he was not receiving the Pomalyst as prescribed at the facility.</p> <p>During a concurrent interview and record review of the Medication Administrative Record (MAR- a report that includes key information about the individual's medication including, the medication name, dose taken, special instructions and date and time) for the month of 5/24 and 7/24 for Resident 1 with the Director of Nursing (DON) on 7/17/24 at 12:08 pm, the DON confirmed that the medication was not administered on 5/18/24 and 7/13/24 as ordered.</p> <p>During a concurrent interview and record review of Resident 1 ' s 7/24 MAR on 7/17/24 at 2:18 pm with Licensed Vocational Nurse (LVN) 2, LVN 2 admitted that she had not administered the Pomalyst on 7/13/24 because she was unable to find it in the medication cart. LVN 2 stated that she thought the medication was unavailable until another LVN showed it to her the following day.</p> <p>During an interview with the pharmacist (PharmD) on 7/17/24 at 2:30 pm, PharmD stated that Pomalyst must be given as prescribed without skipping doses otherwise, there was a high risk for Resident 1 experiencing side effects such as: neutropenia (a condition where you have a low number of white blood cells called neutrophils in your blood), infection, constipation, muscle pain, blood clots, electrolyte imbalance.</p> <p>During a review of the facility's policy and procedures (P&P) titled Administering Medications, with a reviewed 2024 indicated, Medications are administered in a safe and timely manner, and as prescribed. The same P&P indicated policy interpretation and implementations which included medications are administered in accordance with prescriber orders, including any required time frame.</p>		