

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  11/12/2024
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 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Post nurse staffing information every day.</p> <p>43454</p> <p>Based on observation, interview and record review, the facility failed to post the federally required daily actual hours worked by the staff in an area accessible to the public for one of one sampled day (11/12/2024).</p> <p>As a result, the actual hours worked by the staff was not readily accessible to residents, family, or visitors.</p> <p>Findings:</p> <p>During an observation of the facility on 11/12/2024 at 10:46 a.m , no Direct Care Services Hours Per Patient Day (DHPPD) actual hours were posted in the DHPPD posting, there was no DHPPD posted for the previous day (11/11/2024).</p> <p>During an interview with Director of Staff and Development (DSD) on 11/12/2024 at 11:20 a.m., DSD stated, the NHPPD posting were on the wall with only the projected hours. The DSD stated, she was not sure if the DHPPD posting had to include the actual hours and if the DHPPD posting for the previous day also had to be posted.</p> <p>During a follow-up observation of the facility on 11/12/2024 at 11:22 a.m., DHPPD were observed posted on the wall with the projection hours information. No actual hours were posted in the DHPPD posting.</p> <p>During an interview with the Director of Nursing (DON) on 11/12/2024 at 1:13 p.m., the DON stated, the DHPPD posting were posted daily with the projection hours for that day. The DON stated the actual hours were not required to be posted in the DHPPD. When asked what the facility policy indicated, the DON read the policy and stated, the actual hours had to also be posted for the previous day (11/11/2024) along with the projection hours of the current day (11/12/2024).</p> <p>A review of the facility ' s policy and procedure (P&amp;P) titled Posting Direct Care Daily Staffing Numbers reviewed on 1/18/2024, the P&amp;P indicated, Shift staffing information shall be recorded on the Nursing Staff Directly Responsible for Resident Care form for each shift. The information recorded on the form shall include: The actual time worked during that shift for each category and type of nursing staff . The previous shift' s forms shall be maintained with the current shift form for a total of 24 hours of staffing information in a single location.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  056456	Facility ID:  056456