

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 04/21/2025
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>36395</p> <p>Based on interview and record review the facility failed to administer medication as ordered by the physician for one of five sampled residents (Resident 1). For Resident 1, the facility failed to administer the Benadryl (medication that treats the symptoms of allergies and allergic reaction) 25 milligrams (mg., metric unit of measurement, used for medication dosage and/or amount) on 3/28/25 when Resident 1 complained of facial itching due to possible allergic reaction.</p> <p>This deficient practice had the potential for Resident1 to continue experiencing allergic reaction and discomfort.</p> <p>Findings:</p> <p>During a review of the Admission Record indicated the facility admitted Resident 1 on 1/6/25 with diagnoses including fibromyalgia (chronic long-lasting disorder that causes pain and tenderness throughout the body, as well as fatigue and trouble sleeping) and other disturbances of skin sensation.</p> <p>During a review of the Minimum Data Set (MDS, a resident assessment tool) dated 1/13/25 indicated Resident 1 was cognitively intact. Resident 1 needed substantial assistance (helper does more than half the effort) with toileting hygiene, shower/bathe self, lower body dressing, putting on/taking off footwear and moderate assistance (helper does less than half the effort) with eating, oral hygiene, upper body dressing and personal hygiene.</p> <p>During a review of Resident 1 ' s Change in Condition Evaluation (CIC) dated 3/28/25 at 12:30 p.m. indicated Resident 1 complained of itching of face due to possible allergen. The CIC indicated Resident 1 had no swelling of the face, hands or throat. Resident 1 had no rash. The CIC indicated Resident 1 ' s primary physician was notified and gave order to give Resident 1 Benadryl 25 mg. orally every six hours for 14 days as needed for itching.</p> <p>During a review of Resident 1 ' s Physician Order dated 3/28/25 at 12:30 p.m., indicated an order to give Resident 1 Benadryl 25 mg. one tablet by mouth every six hours for 14 days as needed for itching.</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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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 1 ' s care plan initiated on 3/28/25 indicated Resident 1 had itching of the face due to possible allergen. The care plan goal indicated Resident 1 will not have itching of the face. Intervention included to administer Benadryl 25 mg. orally every six hours for 14 days as needed for itching.</p> <p>During a review of Resident 1 ' s Medication Administration Record (MAR, a daily documentation record used by a licensed nurse to document medications and treatments given to a resident), the MAR for the Benadryl was not signed as given on 3/28/25.</p> <p>During a telephone interview on 4/17/25 at 3:29 p.m., Resident 1 stated she had an allergic reaction to the food she ate. Resident 1 stated the facility did not give her Benadryl.</p> <p>During an interview on 4/18/25 at 10:09 a.m., licensed vocational nurse (LVN 1) stated on 3/28/25, Resident 1 complained of itching in the face. LVN 1 stated Resident 1 may have had possible allergic reaction to the food. LVN 1 stated she assessed Resident 1 ' s mouth and found no swelling or redness. LVN 1 stated she notified Resident 1 ' s primary physician and received order to administer Benadryl 25 mg. orally as needed for itching. LVN 1 stated she administered the Benadryl 25 mg. to Resident 1.</p> <p>During concurrent interview and record review on 3/18/25 at 11:45 a.m. with the registered nurse supervisor (RNS 1) Resident 1 ' s physician order for Benadryl dated 3/28/25 was reviewed. RNS 1 stated Resident 1 had a possible allergic reaction on 3/28/25. RNS 1 stated, Resident 1 ' s primary physician was notified. The primary physician gave order to give Resident 1 Benadryl 25 mg every 6 hours as needed for itching. RNS 1 stated once the Benadryl was given to Resident 1, the MAR should be signed to indicate the Benadryl was given.</p> <p>During concurrent interview and record review on 4/18/25 at 1:47 p.m., Resident 1 ' s MAR dated 3/28/25 and physician order for Benadryl dated 3/28/25 were reviewed with the director of nursing (DON). The DON agreed the MAR was not signed as given on 3/28/25 and there was no other documentation to indicate the Benadryl 25 mg was given on 3/28/25. The DON stated if Benadryl was not given Resident 1 may potentially the itching will get worst.</p> <p>During a review of the facility's policy and procedures (P&P) titled Administering Medications reviewed on 1/23/25, the P&P indicated the individual administering the medication initials the residents MAR on the appropriate line after giving each medication and before administering the next ones. The same Policy indicated as required or indicated for a medication, the individual administering the medication records in the resident ' s medical record:</p> <ul style="list-style-type: none"> a. the date and time the medication was administered b. dosage c. the route of administration e. any complaints or symptoms for which the drug was administered f. any results achieved and when those results were observed <p>(continued on next page)</p>		

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