

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 06/17/2025
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to implement the care plan interventions to prevent falls for one of three sampled residents (Resident 1). For Resident 1, the facility failed to anticipate Resident 1 's needs during transfer from the toilet to the wheelchair on 2/19/25.</p> <p>This deficient practice resulted in Resident 1 sliding off the wheelchair and fell to the floor. Resident 1 had the potential to sustain injury because of the fall.</p> <p>Findings:</p> <p>During a review of the admission Record indicated the facility admitted Resident 1 on 1/9/25 and re-admitted on [DATE] with diagnoses including abnormalities of gait and mobility, lack of coordination and need for assistance with personal care.</p> <p>During a review of Resident 1 ' s Care Plan initiated on 1/9/25 indicated Resident 1 was at risk for falls related to history of falling, impaired gait/balance. The Care Plan goal indicated Resident 1 will minimize risk of falls or injuries for 90 days. The care plan interventions included adapt environment to meet the resident ' s safety needs, anticipate and meet the residents needs and assist will all transfers or ambulation.</p> <p>During a review of the Minimum Data Set (MDS, a resident assessment tool dated) 1/16/25 indicated Resident 1 was cognitively intact. Resident 1 needed substantial assistance (helper does more than half the effort) with sit to stand, chair/bed-to-chair transfer and toilet transfer.</p> <p>During a review of the Fall Risk assessment dated [DATE] at 7:40 a.m., indicated Resident 1 was wheelchair bound and needed assistance with elimination. The Assessment indicated Resident 1 was high risk for fall.</p> <p>During a review of the Change in Condition dated 2/19/25 at 4 a.m., indicated Resident 1 fell from the wheelchair while coming out of the bathroom on 2/19/25. Resident 1 stated the certified nursing assistant (CNA) did not handle the wheelchair properly and was rough. The notes indicated Resident 1 had no injury. The primary physician was notified and gave order for X-ray of the left shoulder, bilateral elbows and left hip.</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the x-ray result dated 2/20/25 at 3:32 p.m., indicated Resident 1 had no injuries.</p> <p>During a review of the Interdisciplinary Risk Management Review Note dated 2/21/25 at 3:36 p.m., indicated Resident 1 had a witnessed fall on 2/19/25. The Note indicated Resident 1 was not properly positioned in the wheelchair .while being pushed in wheelchair which cause her (Resident 1) to slide off and land on the floor.</p> <p>During a concurrent interview on 6/17/25 at 10:09 a.m., Resident 1 ' s fall incident dated 2/19/25 was reviewed with licensed vocational nurse (LVN 1). LVN 1 stated on 2/19/25, Resident 1 was in the bathroom and was assisted from the toilet to the wheelchair by the CNA. LVN 1 stated Resident 1 was not properly positioned in the wheelchair and when CNA pushed the wheelchair out of the bathroom, Resident 1 slide off the wheelchair and fell to the floor. LVN 1 stated Resident 1 ' s primary physician was notified and gave order for x-ray of the shoulder, elbow and hips. LVN 1 stated Resident 1 should be seated properly in the wheelchair .with her back all the way to the back of the wheelchair. LVN 1 stated Resident 1 had no injuries.</p> <p>During an interview on 6/17/25 at 12:10 p.m., the director of nursing (DON) stated on 2/19/25, Resident 1 was transferred from the toilet to the wheelchair. Resident 1 was sitting close to the edge of the seat of the wheelchair, slid off and fell on the floor. DON stated the CNA should have fixed how Resident 1 was sitting in the wheelchair.</p> <p>During a review of the facility's policy and procedures titled Safety and Supervision of Residents reviewed on 1/23/25, the P&P indicated the facility strives to make the environment as free from accident hazards as possible. Resident safety and supervision and assistance to prevent accidents are facility wide priorities. The Policy indicated the individualized, resident-centered approach to safety addresses safety and accident hazards for individual residents. The same Policy indicated implementing interventions to reduce accident risks and hazards included providing training as necessary and ensuring that interventions are implemented.</p> <p>During a review of the facility's P&P titled Care Plans, Comprehensive Person-Centered reviewed on 1/23/25, the P&P indicated a comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident ' s physical, psychosocial and functional needs is developed and implemented for each resident.</p>		