

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 03/12/2026
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 0729</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Verify that a nurse aide has been trained; and if they haven't worked as a nurse aide for 2 years, receive retraining.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure one of six sampled Certified Nursing Assistants (CNA) (CNA 3) had an active license when working an 11pm to 7am shift on [DATE]. This failure resulted in CNA 3 not meeting the requirements of the federal regulation for nurse aide registry certification and had the potential to effect the quality of care received for her assigned residents. During a concurrent interview and record review on [DATE] at 4:30 pm with Director of Nursing (DON) CNA 3's L & C (Licensing & Certification) Verification Detail Page, undated, from CNA 3's personnel file was reviewed. The page indicated CNA 3's license status was active, employable with expiration date of [DATE], which the DON verified. During a concurrent interview and record review on [DATE] at 4:30 pm with the DON a search was done on the California Department of Public Health (CDPH) website to verify CNA 3's certification status on the registry. The search results indicated No data was found that matches your search criteria. Please try again, which the DON verified, stating she is aware CNA 3 had applied for a renewal of her certification and that it takes a long time. During a concurrent interview and record review on [DATE] at 4:30 pm with the DON the nursing assignment and attendance sign-in sheets for 11pm to 7am night shift on [DATE] were reviewed. The attendance and assignment sheets indicated CNA 3 had worked that shift and signed in on the attendance sheet. The DON verified the information and stated that situation happened because the Charge Nurse that night was trying to find someone to cover for a CNA call off on the next shift so they would not be short staffed. CNA 3 was well known to the Charge Nurse and had a reputation for helping whenever the facility needed her to come in and cover a shift. The Charge Nurse had made an honest mistake, by calling CNA 3 to work, and CNA 3 knowingly worked that night shift without having an effective/valid CNA certification. During a telephone interview on [DATE] at 11:28 am with the Director of Staff Development (DSD), the DSD stated when a CNA's certification has lapsed and they are in the process of getting it renewed they are taken off the monthly schedule. She further stated CNA 3 was informed of what she could or could not do on an expired certification. On the night shift of [DATE] the evening shift Charge Nurse called CNA 3 directly not noticing she had been removed from the schedule. CNA 3 should have also known when she went to clock in the system would not let her clock in - they are removed from the payroll until they have a valid certification. During a review of the facility's Job Description Title: Certified Nursing Assistant (CNA), updated [DATE], indicated Position Summary. The Certified Nursing Assistant (CNA) provides essential personal care and support to residents, ensuring their comfort and well-being. Knowledge, Skills, Abilities & Qualifications. 1. Valid Certified Nursing Assistant (CNA) certification is required. 10. Understanding and adherence to relevant regulations, policies and procedures.</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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