| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 056456 | A. Building<br>B. Wing | 05/29/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Palazzo Post Acute | 5400 Fountain Ave<br>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) |
|---|---|
| F 0557<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure to document itemized list of personal property for one of three sampled residents (Resident 2) upon admission. This failure had the potential for loss or misappropriation of Resident 2's personal property items and to cause moral distress to Resident 2.Findings: During a record review of the face sheet Resident 2 was admitted to the facility on [DATE] with diagnoses of polyneuropathies (a condition where multiple peripheral damaged nerves throughout the body causing numbness in hands and feet), chronic pain syndrome (a condition where persistent pain beyond the typical healing time), anxiety (feelings of unease, worry, or fear), major depression (persistent sadness, loss of interest and pleasure), opioid dependence (a physical adaptation to regular opioid use where the body requires the drug to function normally and prevent withdrawal symptoms), vascular dementia (a decline in thinking and memory skills caused by restricted or blocked blood flow to the brain), with psychotic disturbance (a collection of symptoms where a person loses touch with reality). During a review of Resident 2's Minimum Data Set (MDS, resident assessment tool) dated 4/15/2026, the MDS indicated Resident 2 was cognitively (mental ability to make decisions of daily living) intact during Brief Interview for Mental Status (BIMS, an assessment tool for brain's complex mental processes involved in gaining knowledge and comprehension). The BIMS score was 14 (person able to verbalize needs and understands concepts). MDS indicated Functional Abilities (ability to move body and perform acts like dressing, walking) of Resident 2 required supervision with eating, oral hygiene, upper body dressing, moderate assistance (helper does less than half the effort) with toileting and, and substantial/maximal assistance (helper does more than half the effort) with transfers from bed to chair, to toileting, and showering. During a concurrent observation and interview on 5/29/2026 at 11:15 p.m. with Resident 2, Resident 2 stated that she had brought a lot of her personal belongings in six boxes and four suitcases that the facility stored outside her room in a separate closet of the facility. Resident 2 stated that she had lost a second set of bed sheets and pillowcases, a TV screen and a small white box with jewelry in it, worth forty thousand dollars was gone. Resident 2 stated that she had her closet, a pocket shoe organizer, hanging on the back of the door and nightstand full of items. Resident 2 stated the staff never went over the contents of her boxes and suitcases to record what exactly she had upon admission. During a concurrent interview and record review on 5/29/2026 at 1:21 p.m. with Director of Nursing (DON) Resident 2's Inventory of Personal Effects (personal belongings list) dated 4/9/2026 was reviewed. The Inventory of Personal Effects indicated 12 boxes, four luggage cases, one black plastic bag, two bedside plastic drawers, a cellphone and a tablet. The personal belongings list did not indicate the individual items in each box or luggage, and the form was not signed by the staff and Resident 2. The DON stated there are other lists of Resident 2's personal effects that came from previous facility, which was not signed by staff and Resident 2 as well. DON stated, We should do it (inventory), one by one all the items to be accounted for. We must open each box and confirm it with resident. DON did not state the importance of accounting for each item belonging to residents. DON stated that the admitting Registered Nurse (RN) is responsible for filling out the inventory on admission of Resident (continued on next page) |



| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|---|---|
| | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 056456 | A. Building<br>B. Wing | 05/29/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Palazzo Post Acute | 5400 Fountain Ave<br>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) |
|---|---|
| F 0557<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | 2. During a review of policy and procedures (P&P) Personal Property dated 5/21/2026, the P&P indicated that, the residents personal belongings and clothing are inventoried and documented upon admission and updated as necessary. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 056456 | A. Building<br>B. Wing | 05/29/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Palazzo Post Acute | 5400 Fountain Ave<br>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) |
|---|---|
| F 0584<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few<br><br>Note: The nursing home is disputing this citation. | Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to maintain a clean and comfortable environment for one of three sampled residents (Resident 3). This failure resulted in Resident 3's room area to remain cluttered with the resident care items on the dresser, resident's personal blanket left on the bed frame out of the resident's reach alongside an empty Glucerna shake bottle and white paper bag with old crackers, as well as, a wedge a triangular-shaped orthopedic pillow, usually made of firm foam, designed to elevate specific parts of your body) on the floor.Findings: During a review of Resident 3's admission Record, dated 5/29/26, indicated the resident was admitted to the facility on [DATE] with diagnoses including muscle weakness, need for assistance with personal care, diabetes mellitus type two (DMII - a disorder characterized by difficulty in blood sugar control and poor wound healing), failure to thrive (a decline caused by chronic diseases and functional impairments which can cause weight loss, decreased appetite, poor nutrition, and inactivity), and anemia (a condition where the body does not have enough healthy red blood cells). During a review of Resident 3's History and Physical (H&P) indicated the resident had capacity to make complex decisions. During a review of Resident 3's Minimum Data Set (MDS - resident assessment tool), dated 4/13/26, indicated the resident cognition (ability to think, understand and make daily decisions) was intact. The same MDS indicated Resident 3 was dependent to requiring maximal assist from staff with activities of daily living (ADLs - routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves) and bed mobility. During an observation with concurrent interview on 5/29/26 at 12:25 pm with Resident 3 in her bed area, the bed side table was observed cluttered with items for personal care (incontinence pads, two packages of incontinence briefs, a glove and comb) with the drawer left open. In the area behind the resident's bed a wedge pillow was on the floor, and the resident's personal blanket was bunched up on the bedframe under the raised head of the bed, an empty bottle of Glucerna (nutritional shake) and an crumbled white paper bag with old crackers were also observed on the bed frame and the floor was noted to be sticky. The Resident verified the observations and stated that they (facility) don't seem to clean as they should, often leaving a mess. Resident 3 stated that she needs assistance for most tasks. During an observation with concurrent interview on 5/29/26 at 12:36 pm, with Certified Nursing Assistant (CNA) 1 in Resident 3's room, CNA 1 verified the clutter and mess around the resident's bed. CNA 1 stated she (CNA 1) does not know how those (Resident 1's) items got under the head of the bed and on the floor and that those items should not be under the bed and on the floor. CNA 1 then began removing the items and tiding up Resident 1's area. During a review of the facility's policy and procedures, Homelike Environment, reviewed 5/21/26, indicated, Residents are provided with a safe, clean, comfortable and homelike environment and encourage to use their personal belonging to the extent possible. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 056456 | A. Building<br>B. Wing | 05/29/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Palazzo Post Acute | 5400 Fountain Ave<br>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) |
|---|---|
| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few<br><br>Note: The nursing home is disputing this citation. | Provide and implement an infection prevention and control program.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure a safe and sanitary environment for one of three sampled residents (Resident 1) when Licensed Vocational Nurse (LVN) 1 picked up a call light (device for residents to call for help) from the floor and placed it on the bed sheet without cleaning it. This failure had the potential for Resident 1 to be in unsanitary environment and be exposed to disease-causing germs.Findings: During a record review of Resident 1's admission Record, the admission record indicated that Resident 1 was admitted to the facility on [DATE] with diagnoses of fracture of right femur and pubis (fracture of right thigh and pelvic bones), type 2 diabetes mellitus (a disorder characterized by difficulty in blood sugar control), major depressive disorder (mood disorder that causes persistent sadness, loss of interest, and physical symptoms). During a review of Resident 1's Minimum Data Set (MDS, resident assessment tool) dated 5/5/2026, the MDS indicated Resident 1 was cognitively (the mental ability to make decisions of daily living) intact during Brief Interview for Mental Status (BIMS, an assessment tool for brain's complex mental processes involved in gaining knowledge and comprehension) and score was 13 (person able to verbalize needs and comprehend). Under Functional Abilities (ability to move body and perform acts like dressing, walking), the MDS indicated that Resident 1 required partial/moderate assistance (helper does less than half the effort) with toileting and showering, and substantial/maximal assistance (helper does more than half the effort) with transfers from bed to chair, and toilet. During a concurrent observation and interview on 5/29/2026 at 9:14 a.m. with Resident 1, Resident 1 stated he does not usually call for help, I get up and walk myself and walk with my walker. They have a call light for emergencies. When asked to press the call light Resident 1 could not reach the call light. During concurrent observation and interview 5/29/2026 9:24 p.m. with LVN 1 in Resident 1's room, LVN 1 stated that Resident 1's call light was on the floor and not within the resident's reach. LVN 1 was observed to pick up the call light from the floor and placed the call light on the bed sheet without cleaning it. LVN 1 stated she should have cleaned the call light first before putting it on the sheet. LVN 1 stated it is important to keep it clean to prevent contamination of bed linen. During a review of policies and procedures (P & P) Infection Prevention and Control dated 5/21/2026, the P & P indicated, the purpose to maintain safe, sanitary and comfortable environment and to help prevent and manage transmission of diseases and infections. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 056456 | A. Building<br>B. Wing | 05/29/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Palazzo Post Acute | 5400 Fountain Ave<br>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) |
|---|---|
| F 0919<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few<br><br>Note: The nursing home is disputing this citation. | Make sure that a working call system is available in each resident's bathroom and bathing area.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure one of three sampled resident (Resident 1) has call light (device to press to call and ask for help) within reach. This failure had the potential for Resident 1 to be unable to ask and receive help as needed. Findings: During a record review of the admission record, the admission record indicated Resident 1 was admitted to the facility on [DATE] with diagnoses of fracture of right femur and pubis (fracture of right thigh and pelvic bones), type 2 diabetes mellitus (a disorder characterized by difficulty in blood sugar control), major depressive disorder (mood disorder that causes persistent sadness, loss of interest, and physical symptoms). During a review of the Minimum Data Set (MDS, resident assessment tool) dated 5/5/2026, the MDS indicated Resident 1 was cognitively intact during Brief Interview for Mental Status (BIMS, an assessment tool for brain's complex mental processes involved in gaining knowledge and comprehension) and score was 13 (person able to verbalize needs and comprehend). The MDS indicated Functional Abilities (ability to move body and perform acts like dressing, walking) of Resident 1 required partial/moderate assistance (helper does less than half the effort) with toileting and showering, and substantial/maximal assistance (helper does more than half the effort) with transfers from bed to chair, and toilet. During a concurrent observation and interview on 5/29/2026 at 9:14 a.m. with Resident 1, Resident 1 stated he does not usually call for help, I get up and walk myself and walk with my walker. They have a call light for emergencies. When asked to press the call light Resident 1 could not reach the call light. During concurrent observation and interview 5/29/2026 9:24 p.m. with Licensed Vocational Nurse (LVN) 1, LVN 1 stated that Resident 1's call light was on the floor and was not within the resident's reach. LVN 1 stated, it was important to have call light to call help if needed, and everybody was responsible for ensuring call lights were within reach during the rounds. During a record review of care plan (CP) for Resident 1 with Focus area At high risk for falls, dated 5/01/2026, the CP indicated that Call light within reach and answered promptly. Encourage the resident to use it for assistance as needed. The resident needs prompt response to all request for assistance. During record review the facility's policy and procedures (P & P) titled Answering the Call Light dated 5/21/2026, the P & P indicated that, the purpose to ensure timely responses to the residents' requests and needs and to ensure the call light is accessible to the resident when in bed, from the toilet, from the shower or bathing facility and from the floor. |