

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 07/21/2020
NAME OF PROVIDER OF SUPPLIER PALAZZO POST ACUTE		STREET ADDRESS, CITY, STATE, ZIP 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)		
F 0842 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to ensure the medical record reflected the accurate representation of the current health status for two of three sampled residents (Residents 1 and 3). These failed practices had the potential for the residents' needs not been met. Findings: An unannounced visit was conducted to investigate an entity-reported incident on 11/7/19. A review of Resident 1's Admission Record indicated Resident 1 was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. A review of Resident 1's care plan dated 10/10/19, indicated a behavior problem and mood disorder manifested by outburst of anger. Resident 1 was on [MEDICATION NAME] (medication used to treat certain mood disorder problems, like manic phase of [MEDICAL CONDITION] disoredr) and [MEDICATION NAME] (medication used to treat the symptoms of [MEDICAL CONDITIONS] disorder, and major [MEDICAL CONDITION]). The interventions included the monitoring for behavior episodes and attempts to determine underlying cause, document behavior and potential causes, and monitor/record occurrence of target behavior symptom. A review of the Interdisciplinary Team (IDT- group of staff from different health disciplines, physician, nursing, social services, dietician, resident, and resident representative) meeting dated 11/4/19, was conducted. The IDT meeting note indicated Resident 1 was observed with a nose bleed on 10/24/29. When asked, Resident 1 stated, He hit me. The IDT meeting note further indicated, Resident 2 was interviewed. Resident 2 stated he was walking in the hallway and Resident 1 kicked him on the leg and continued kicking him despite him asking Resident 1 to stop. Resident 1 then called Resident 2 a racial slur, Resident 2 hit Resident 1 on the nose. Both residents were separated and transferred to general acute care hospital (GACH) for evaluation. A review of the phone order for Resiednt 1, dated 10/29/19 at 6:16 PM , indicated, order for [MEDICATION NAME] tablet 25 milligram (mg): Give one tablet by mouth 2 twice a day for [MEDICAL CONDITION] (a mental disorder in which a person interprets reality abnormally) manifested by agitation/striking out. A review of the phone order for Resiednt 1, dated 10/29/19 at 6:28 PM , indicated, order for [MEDICATION NAME] tablet 250 mg: Give one tablet by mouth two twicw a day for mood disorders manifested by outburst of anger. A review of the Medication Administration Record, [REDACTED]. During an interview with the Certified Nurse Assistant (CNA 1) on 11/7/19, at 8:44 AM, CNA 1 stated Resident 1 gets agitated in the afternoon. CNA 1 further stated Resident 1 hit him in the chin during resident care. CNA 1 further stated Resident 1 was unpredictable, kicks and says a lot of bad words. During an interview and a concurrent record review with the Director of Nursing (DON), on 11/7/19, at 11:30 AM, the DON reviewed the MAR for Resident 1. The DON stated the Licensed Nurse (LN) did not document Resident 1's behavior summary and side effects for the use of [MEDICATION NAME] 250 mg and [MEDICATION NAME] 25 mg. The DON further confirmed and stated the MAR for Resident 1's behavior for the month of October 2019, for 3-11 PM shift filled in as zero, was not accurate. A review of Resident 3's Admission Record indicated Resident 3 was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. A review of Resident 3's Behavior Summary and Side Effects Report, for the use of [MEDICATION NAME] (medication to treat anxiety) 0.25 mg every 8 hours as needed (PRN) for the month of August 2019 through October 2019 were left blank. A review of Order Report Summary, indicated as of 11/5/19, Resident 3 was receiving [MEDICATION NAME] 0.25 mg every 8 hours PRN. During an interview with the Registered Nurse (RN 1), on 11/7/19, at 9 AM, RN 1 stated Resident 3 was in the GACH for striking out at a staff. During an interview and a concurrent record review with the DON, on 11/7/19, at 11:30 AM, the DON acknowledged the findings and stated the Behavior Summary Report, for Resident 3 was not completed for the months of August and September 2019.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.