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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055899 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/19/2020 |
| NAME OF PROVIDER OF SUPPLIER ROYAL PALMS POST ACUTE | | STREET ADDRESS, CITY, STATE, ZIP 630 W. BROADWAY GLENDALE, CA 91204 | |
| 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 0689 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few | Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to implement the facility's Policy titled Out on Pass, and physician's order to go out on pass with a companion for one of two sampled residents (Resident 2). This deficient practice resulted in Resident 2, the physician order for [REDACTED]. A review of the Minimum Data Set (MDS, a standardized assessment and care screening tool) dated 12/11/19, indicated Resident 2 had no cognitive impairment (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses). The MDS indicated THE resident required extensive assistance with bed mobility, transfers between surfaces (bed to wheelchair) and dressing. A review of Resident 2's physician's order dated 12/25/18, indicated Resident 2 may go out on pass for therapeutic exercise with family/friends. A review of the facility's Out on Pass Temporary Leave Absence, dated from 9/13/19 to 1/10/2020, indicated Resident 2 went out on pass by herself to the store or office on: 9/13/19 left the facility at 3:30 p.m., and returned at 4:30 p.m., 10/4/19 left the facility at 2:30 p.m., and returned at 4:15 p.m., 10/17/19 left the facility at 10:42 a.m., and return time was blank, 10/25/19 left the facility at 4:20 p.m., and return time was blank, 11/1/19 left the facility at 10:50 a.m., and return time was blank, 12/18/19 left the facility at 4:40 p.m., and returned at 5:40 p.m., 12/31/19 left the facility at 2 p.m., and returned at 3 p.m., 1/10/19 left the facility at 1:58 p.m., and returned time was left blank. A review of Resident 2's care plan titled May go out on pass for therapeutic purposes with family, dated 2/19/2020, the goal included will have no complications and interventions that included May go out for therapeutic purposes with family member/friends. During an interview in the presence of the Administrator and the DON on 2/25/2020 at 3:35 p.m., Resident 2 stated that she goes out six blocks and wants to go out of the facility by herself. The DON stated according to the resident's physician, the resident was not safe to go out by herself. A review of the facility policy titled, Temporary Facility Leave of Absence (Pass), dated 1/14, indicated residents shall have limited temporary facility leave of absence in accordance with his/her physician's orders. | | |
| 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.