

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555054	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/16/2026
NAME OF PROVIDER OR SUPPLIER Pacific Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 1323 17th Street Santa Monica, CA 90404	
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 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure the policy and procedures for resident discharge and discharge planning were followed, for one of three sampled residents (Resident 1). This failure resulted in Resident 1's discharge planning documentation to be incomplete. During a review of Resident 1's admission Record, dated 7/17/26, indicated Resident 1 was admitted to the facility on [DATE], with diagnoses including pain in left and right hips, presence of left artificial hip joint, chronic pain syndrome, lack of coordination, abnormalities of gait and mobility, asthma (chronic lung disease where your airways become inflamed, swell, and produce excess mucus), and arthritis (pain, swelling and stiffness in joints). During a review of Resident 1's History and Physical (H&P) dated 5/29/26 indicated the resident had decision making capacity. During a review of Resident 1's Minimum Data Set (MDS - resident assessment tool) dated 6/18/26 indicated, the resident had intact cognition (function of the mind, related to thinking memory, problem-solving, decision making, judgement) and required setup or clean-up assistance from staff for mobility, transfers and activities of daily living (ADLs - routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves), except for eating (the resident was independent). During a concurrent telephone interview and record review with Interim Director of Nursing (IDON) of Resident 1's IDT (interdisciplinary) meeting notes, physician progress notes and discharge planning care plans from 4/1/26 through 6/1/26 were reviewed. The IDON verified there were no IDT meeting notes for discharge planning, no physician progress notes indicating the reason for discharge, nor any discharge planning care plans with discharge goals during this time-period. The IDON stated discharge planning documentation is important, so the resident's needs are met, the resident is included in the discharge planning process and the plan is known to the staff. During a review of the facility's policy and procedures (P&P) titled Discharge Planning Process, reviewed/revised 11/19/25 indicated, Initial information and discharge goals will be included in the resident's baseline care plan. Subsequent assessment information and discharge goals will be included in the resident's comprehensive plan of care. If discharge to community is a goal, an active discharge care plan will be implemented and will involve the interdisciplinary team. During a review of the facility's P&P titled Transfer and Discharge (including AMA, Against Medical Advice), reviewed/revised 11/19/25, indicated Non-Emergency Transfers or Discharges - initiated by the facility, return not anticipated. Document the reasons for the transfer or discharge in the resident's medical record. The physician shall document medical reasons for transfer or discharge in the medical record, when the reason for transfer or discharge is for any reason other than nonpayment.		

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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