STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555054	A. Building B. Wing	04/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pacific Post Acute	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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to to ensure residents were treated in a manner that enhanced the resident's dignity and respect in full recognition of residents individuality during meals when:Staff placed towels on the residents chest to protect the residents clothes without obtaining consent for seven of nine sampled residents (Residents 23, 20, 36, 26, 39,14 and 43). Staff referred/called residents requiring assistance with meals feeders for for eight out of eight sampled residents (Residents 10, 13, 20, 22, 23, 26, 29, and 36). This failure had potential to negatively affect Residents 20, 20, 36, 26, 39, 14, 43, 10, 13, 20, 22, 23, 26, 29, and 36 sense of dignity and self-worth. Findings: 1.During the review of Resident 23's admission Record (AR), the AR indicated the facility admitted the resident on 2/9/2026 with diagnoses that included but not limited to dysphagia (difficulty swallowing) due to cerebral infarction (a loss of blood flow to a part of the brain), muscle weakness and dementia (a progressive state of decline in mental abilities). During the review of Resident 23's Minimum Data Set (MDS – a resident assessment tool) dated 2/13/2026, the MDS indicated Resident 23 has severely impaired cognition (The mental ability to make decision of daily living) and the resident needs moderate assistance during meals. During the review of Resident 20's AR, the AR indicated the facility admitted the resident on 3/4/2026 with diagnoses that included but not limited to legal blindness, muscle weakness and lack of coordination (impaired balance and uncoordinated body movements). During the review of Resident 20's MDS, dated [DATE], the MDS indicated Resident 20 has severely impaired cognitive/brain function and the resident needs set up and clean up assistance during meals. During the review of Resident 36's AR, the AR indicated the facility admitted the resident on 1/13/2024 with diagnoses that included but not limited to dysphagia (difficulty swallowing) due to cerebral infarction (loss of blood flow to a part of the brain), hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body and hemiparesis (weakness or limited function of one side of the body). During the review of Resident 36's MDS, dated [DATE], the MDS indicated Resident 36 has severely impaired cognitive/brain function and the resident need supervision and/or touching assistance during meals. During the review of Resident 26's AR, the AR indicated the facility admitted the resident on (continued on next page)

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 04/03/2026
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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	3/13/2026 with diagnoses that included but not limited to dysphagia (difficulty swallowing) due to cerebral infarction (loss of blood flow to a part of the brain), hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body and hemiparesis (weakness or limited function of one side of the body). During the review of Resident 26's MDS, dated [DATE], the MDS indicated Resident 26 has severely impaired cognitive/brain function and the resident needs maximum assistance during meals. During the review of Resident 39's AR, the AR indicated the facility admitted the resident on 6/6/2025 with diagnoses that included but not limited to dysphagia (difficulty swallowing) and muscle weakness. During the review of Resident 39's MDS, dated [DATE], the MDS indicated Resident 39 has moderately impaired cognitive/brain function and the resident need assistance in set up and cleaning up during meals. During the review of Resident 14's AR, the AR indicated the facility admitted the resident on 10/28/2025 with diagnoses that included but not limited to aphasia (a disorder that makes it difficult to speak) and protein-calorie malnutrition (severe form of nutritional deficiency due to inadequate intake of protein and calories in diet). During the review of Resident 14's MDS, dated [DATE], the MDS indicated Resident 14 has severely impaired cognitive/brain function and the resident need moderate assistance during meals. During the review of Resident 43's AR, the AR indicated the facility admitted the resident on 2/13/2026 with diagnoses that included but not limited to dysphagia (difficulty swallowing) due to cerebral infarction (loss of blood flow to a part of the brain) and protein-calorie malnutrition (severe form of nutritional deficiency due to inadequate intake of protein and calories in diet). During the review of Resident 43's MDS, dated [DATE], the MDS indicated Resident 43 has severely impaired cognitive/brain function and the resident need supervision and/or touching assistance during meals. During an observation on 3/31/2026 at 1:06 pm, in the facility dining area, 9 residents (Resident 23, Resident 20, Resident 36, Resident 26, Resident 39, Resident 14 and Resident 43) in the dining area were served lunch. Staff covered 7 of 9 residents with white bath towels (like a bib) from neck to waist without asking residents. During an interview on 3/31/2026 at 1:17 pm with Registered Nurse (RN) 1, RN 1 stated the 7 residents who had a towel as a covering on their chest needed assistance with their meals. The facility covers the residents with towels to prevent any food from spilling on resident's' clothes. During an interview on 04/02/2026 at 1:07 PM with Director of Nursing (DON), DON stated putting towel in front of residents who need assistance with feeding during mealtimes, without the resident's consent, can make residents feel embarrassed and staff must ask residents for their consent before covering the residents with towels during mealtimes. During an interview on 04/02/2026 at 1:36 PM Activity Director (AD), AD stated placing a towel on resident without obtaining consent during mealtimes, can make the resident uncomfortable and can (continued on next page)

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 04/03/2026
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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	make them feel childlike. During the review of the facility's policy and procedures (P&P) titled, Promoting/Maintaining Resident Dignity, dated 11/19/2025, the P&P indicated, Explain care or procedure to the residents before initiating the activity. 2. A review of Resident 10's admission Record indicated the resident was originally admitted to the facility on [DATE] and re-admitted on [DATE], with diagnoses that included dysphagia (difficulty in swallowing due to damaged brain areas controlling muscles in the mouth, throat, and esophagus) following cerebral infarction (occlusion of blood flow to part of the brain), type 2 diabetes mellitus (high blood sugar resulting from the body's inability to properly use insulin (insulin resistance)), protein calorie malnutrition (inadequate intake of protein, leading to significant changes in body composition, function, and muscle wasting), and aphagia (the total inability to swallow food or liquids, or the refusal to swallow). A review of Resident 10's MDS dated [DATE] indicated the resident 10's cognition was moderately intact. The MDS indicated Resident 10 required Setup or clean-up assistance for eating and oral hygiene, toileting hygiene, upper body dressing and putting on foot wear, Resident 10 supervision/touching assistance for lower body dressing and personal hygiene and partial/moderate assistance with shower/bathing. A review of Resident 13's admission Record indicated the resident was admitted to the facility on [DATE] and re-admitted on [DATE] with diagnoses that included hemiplegia (severe or complete paralysis on one side of the body,) affecting the right nondominant side, dysphagia, chronic kidney disease (inability to filter waste, toxins, and excess fluid from the blood), adult failure to thrive (rapid decline in physical, cognitive, and functional health) and anxiety disorder (excessive, persistent, and uncontrollable worry or fear that interferes with daily functioning). A review of Resident 13's MDS dated [DATE] indicated the resident 13's cognition was severely impaired. The MDS indicated Resident 13 required substantial maximum assistance with eating, oral hygiene, toileting hygiene, shower/bathing self, upper and lower body dressing, putting on footwear and personal hygiene. A review of Resident 20's admission Record indicated the resident was admitted to the facility on [DATE], with diagnoses that included protein calorie malnutrition, metabolic encephalopathy (temporary or permanent brain dysfunction caused by chemical imbalances in the body), dysphagia, legal blindness (severe visual impairment or low vision), hearing loss, schizoaffective disorder (hallucinations or delusions—and mood disorder symptoms) and dementia (progressive, chronic loss of cognitive functioning—including memory, thinking, reasoning, and behavior). A review of Resident 20's MDS dated [DATE] indicated the resident 20's cognition was severely impaired. The MDS indicated Resident 20 required setup or clean-up assistance with eating and oral hygiene, supervision/touching assistance for oral hygiene, upper body dressing, putting on footwear and personal hygiene, partial/moderate assistance with toileting hygiene, shower/bathing self and lower body dressing. A review of Resident 22's admission Record indicated the resident was admitted to the facility on [DATE], with diagnoses that included pneumonia (infection that inflames the air sacs (alveoli) in one (continued on next page)

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 04/03/2026
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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	or both lungs), protein calorie malnutrition, dysphagia, chronic kidney disease, heart failure (clinical syndrome where the heart muscle cannot pump blood efficiently enough to meet the body's metabolic needs), muscle weakness, and difficulty in walking. A review of Resident 22's MDS dated [DATE] indicated the resident 22's cognition was moderately intact. The MDS indicated Resident 22 required supervision/touching assistance for eating, oral hygiene and personal hygiene, Resident 22 required substantial maximum assistance with upper body dressing and was dependent for toileting hygiene, shower bathing self, lower body dressing and putting on footwear. A review of Resident 23's admission Record indicated the resident was admitted to the facility on [DATE], with diagnoses that acute respiratory failure with hypoxia (failure to maintain adequate blood oxygen levels, often causing severe symptoms such as shortness of breath, confusion, and bluish skin), dysphagia following cerebral infarction, protein calorie malnutrition, dementia, muscle weakness and difficulty walking. A review of Resident 23's MDS dated [DATE] indicated the resident 23's cognition was severely impaired. The MDS indicated Resident 23 required partial moderate assistance with eating, substantial maximal assistance with oral hygiene, upper body dressing and personal hygiene, Resident 23 was dependent for toileting hygiene, shower/bathing, lower body dressing and putting on/taking off footwear. A review of Resident 26's admission Record indicated the resident was admitted to the facility on [DATE], with diagnoses that included hemiplegia (complete paralysis of right side of the body) and hemiparesis (weakness on right side of the body) following cerebral infarction, aphasia, dysphagia, protein calorie malnutrition, abnormality of gait and mobility and hypertension A review of Resident 26's history and physical indicated Resident 26 did not have capacity for medical decision making due to CVA. A review of Resident 29's admission Record indicated the resident was admitted to the facility on [DATE], with diagnoses that included metabolic encephalopathy, protein calorie malnutrition, dysphagia, following cerebral infarction, osteoarthritis of bilateral knees (degenerative joint disease, causing pain, stiffness, and reduced mobility), hypertension (high blood pressure) and shortness of breath. A review of Resident 29's MDS dated [DATE] indicated the Resident 29's cognition was severely impaired. The MDS indicated Resident 29 required partial moderate assistance with eating, substantial maximal assistance with oral hygiene, upper body dressing and personal hygiene, Resident 29 was dependent for toileting hygiene, shower/bathe, lower body dressing and putting on/taking off footwear. A review of Resident 39's admission Record indicated the resident was originally admitted to the facility on [DATE] and re-admitted on [DATE], with diagnoses that included hemiplegia and hemiparesis following cerebral infarction affecting the right dominant side, dysphagia, protein calorie malnutrition, hypertension, major depressive disorder and difficulty walking. A review of Resident 36's MDS dated [DATE] indicated Resident 36's cognition was severely impaired. The MDS indicated Resident 36 required supervision/touching assistance for eating, (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555054	A. Building B. Wing	04/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pacific Post Acute	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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	partial/moderate assistance with oral hygiene, toileting hygiene, upper and lower body dressing, putting on/taking off footwear and personal hygiene Resident 36 required substantial/maximal assistance for shower/bathes. During a meal observation on 3/31/2026 at 12:23 p.m., Residents 10, 13, 20, 22, 23, 26, 29, and 36 were observed seated in the common dining area waiting for lunch to be served. Interim Activities Director (AD) provided a list of Resident room numbers and stated the listed room numbers comprised of feeders (dehumanizing term for elderly individuals needing feeding assistance, can be a derogatory, objectifying term) as Residents requiring assistance with eating. AD stated that all the Residents on the list who needed assistance with feeding, were seated at the table at the back of the dining area is dedicated for feeders- Because they need assistance eating because they (Residents 10, 13, 20, 22, 23, 26, 29, and 36) have mobility issues, poor vision, broken arms. During an interview on 4/3/2026 at 1:50 pm Interim Director of Nursing (IDON) stated Residents requiring assistance with meals should not be called feeders because it a dignity issue where a Residents inherent worth, self-respect or right to be valued is violated, neglected or ignored. A review of the facility's policies and procedures titled Promoting/Maintaining Resident Dignity, dated 11/19/2025, indicated, It is the facility practice to protect and promote resident rights and treat each resident with respect and dignity as well as care for each resident in a manner and in an environment, that maintains or enhances resident's quality of life by recognizing each residents individuality. All staff members are involved in providing care to residents to promote and maintain resident dignity and respect for residents' rights.

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 04/03/2026
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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to ensure safe and sanitary food storage practices in the kitchen by failing to ensure foods with past use-by dates were not stored in the facility's food refrigerator according to the facility's policy and procedures (P&P) titled, Food Safety and Food Storage dated 11/19/2025. This failure had the potential to result in harmful bacteria growth and cross contamination (transfer of harmful bacteria from one place to another) that could lead to foodborne illness for all the residents who receive and consume food prepared in the facility's kitchen. Findings: During a kitchen tour on 3/31/2026 at 7:51 am, the following foods with past use-by dates were observed to be in the facility's kitchen refrigerator:a. A zip lock plastic bag of bagels dated thawed on 3/11/2026 use-by 3/17/2026 was stored in the refrigeratorb. A clear plastic bag of Swiss cheese dated 3/26/2026 with a use-by date of 3/30/2026 was stored in the refrigeratorc. A clear plastic bag of lettuce with a use-by date 3/27/2026 was stored in the refrigeratord. A clear plastic bag of bell peppers with a use-by date of 3/27/2026 was stored in the refrigerator. During an interview on 3/31/2026 at 7:51 am, the Dietary Supervisor (DS) stated the food with past due use-by dates should not be placed in the refrigerator because they can cause food borne illness if served to the residents. During an interview on 4/3/2026 at 1:50pm, the Interim Director of Nursing (IDON) stated food with past use-by date if served and consumed by Residents could cause food borne illness such as nausea, vomiting, diarrhea, resulting in unnecessary hospitalization and potential poor outcomes for Residents. A review of the facility's policy and procedures (P&P) titled, Food Safety and Food Storage dated 11/19/2025 indicated, Food safety practices shall be followed throughout the facility's entire food handling process. Elements of this process include the following: Storage of food in a manner that helps prevents . contamination of the food including from growth of microorganisms . Practices to maintain safe refrigerated storage including but not limited to use by use-by date.

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 04/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pacific Post Acute	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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, facility failed to document an acute change of condition for one out of one sampled Resident 50 according to facility's policy and procedures (P&P) titled Documentation in the Medical Record dated, [DATE]. This deficient practice resulted in incomplete documentation of Resident 50's Healthcare Record and had the potential to cause inconsistent communication among care teams, clinical teams, resulting from inaccuracies in crucial detecting of early health changes in residents that ensure timely interventions to prevent hospitalization, and ensuring regulatory compliance and serves as an early warning system to improve patient safety and quality of care. Findings: A review of Resident 50's admission Record indicated the Resident was admitted to the facility on [DATE] with diagnoses which included protein calorie malnutrition (inadequate intake of protein, calories, or both, leading to significant changes in body composition), type 2 diabetes mellitus (high blood sugar) resulting from the body's inability to properly use insulin (insulin resistance), alcoholic cirrhosis of the liver with ascites (advanced stage of chronic liver (abdominal organ) disease caused by long-term alcohol consumption), hypertension (high blood pressure), major depressive disorder (persistent sadness, low mood, and loss of interest in activities lasting at least two weeks) and dementia (progressive, chronic loss of cognitive functioning-including memory, thinking, reasoning, and behavior-severe enough to interfere with daily life). A review of Resident 1's Minimum Data Set (MDS-a resident assessment tool), dated, [DATE] indicated Resident 50's cognitive (The mental ability to make decisions for daily living) was severely impaired, Resident 50 required supervision or touching assistance with eating and upper body dressing, moderate assistance with oral hygiene and personal hygiene, Resident 50 required substantial maximum assistance with toileting hygiene, shower bathing and walking up to 10 feet. A review of Resident 50's medical record indicates on [DATE] Resident 50 had a change in condition (COC- a sudden clinical deterioration in the resident's physical or mental condition) that required transfer to a higher level of care on [DATE]. A review of Resident 50's nursing progress note dated [DATE] at 10:52 pm indicated that During the shift Resident 50 was not feeling good (vague generalized expression), Resident 50's blood pressure was normal (no values indicated), she (Resident 50) refused to eat or drink at about 10.36 (time of day not indicated). (Resident 50) vomited (expulsion of stomach and upper digestive tract contents through the mouth) coffee ground colored content with blood. 911 (emergency medical dispatch telephone number) was called. 911 arrived at 10.42 (time of day not indicated) while resident was still vomiting and they (911) transferred Resident 50 to a higher level of care. During an interview on [DATE] 12:57 PM, Licensed Vocational Nurse (LVN) 1 stated that, COC is for non-acute changes to resident baseline such as change in vital signs and falls. LVN 1 stated that A COC is not done for Resident who have an acute incident such as Resident 50 because Nurse Calls 911.During an interview on [DATE] at 1:43pm with Interim Director of Nursing (IDON), IDON stated that Resident 50's responsible party informed facility Resident 50 expired (died) while at a higher level of care (hospital). IDON stated a COC provides timely communication and addresses changes in a residents healthcare to the physician, interdisciplinary team and family. IDON stated a COC should have been documented in Resident 50's electronic health care record to indicate the sequence of events leading up to the Residents transfer to a higher level of care. A review of the facility's policy and procedures (P&P) titled Documentation in the Medical Record dated, [DATE], indicated, Licensed staff. shall document all assessments, observations, and services provided in the resident's medical record in accordance with state law and facility policy. A resident's medical record shall contain a representation of the experiences of the Resident and include enough information to provide a picture of the Resident's progress. Documentation shall be factual, objective and resident centered. Avoid generalizations and vague phrases or expressions.

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 04/03/2026
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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. Based on interview and record review, the facility failed to ensure that one of five sampled residents (Resident 20) was free of unnecessary medication according to the facility's policy and procedure (P&P) titled Unnecessary Drugs -Without Adequate Indication for Use, reviewed 11/19/2025 by failing to adhere to Consultant Pharmacist's medication regimen review recommendation (MRR-a monthly, in-depth checkup of a patient's medicines to ensure they are safe, necessary, and effective, usually in long-term care settings) on 2/17/2026. The deficient practice resulted in the unnecessary use of medication for Resident 20. Findings: A review of Resident 20's admission Record indicated the facility admitted Resident 20 on 3/4/2025 with diagnoses including schizoaffective disorder (a mental illness that can affect thoughts, mood, and behavior), dementia (a progressive state of decline in mental abilities) affection right nondominant side, and atrial fibrillation (heart condition characterized by an irregular, often rapid heart rate). A review of Resident 20's Minimum Data Set (MDS - resident assessment tool) dated 3/11/2026, indicated Resident 20 was cognitively impaired (when a person has trouble remembering, learning new things, concentrating, or making decisions that affect their everyday life). The MDS indicated Resident 20 required set up/clean up to partial/moderate assistance from staff with Activities of daily living (ADL- activities such as bathing, dressing and toileting a person performs daily) care. A review of Resident 20's Physicians Order dated 3/20/2026, at 5:37 P.M., indicated Seroquel (second-generation antipsychotic medication, used to treat schizophrenia order) oral tablet 25 milligram (MG -unit of measure) by mouth two times a day for agitation. During a concurrent interview and record review on 4/3/2026, at 9:37 A.M., with Licensed Vocational Nurse (LVN) 1, Resident 20's physician's order on Seroquel was reviewed. LVN 1 stated that Resident 20 Seroquel order 25 mg twice a day for agitation was ordered on 3/20/2026. LVN 1 stated that the indication for Seroquel was agitation, was not the accurate reason. LVN 1 stated that Seroquel needs to have an actual indication which in this case (Resident 20) is auditory hallucinations. LVN 1 stated that inaccurate indication for medication is a regulatory requirement, and can lead to wrong administration of medication. During a concurrent interview and record review on 4/3/2026, at 1:00 P.M., with the Director of Nursing (DON), Resident 20's physician's order for Seroquel was reviewed. The DON stated that a complete physician order contains when the medication is to be given including but not limited to what it is for (indication). The DON stated that Seroquel order with an indication of agitation was not an acceptable diagnosis. The DON stated that an accurate diagnosis needs to have a manifestation of a certain behavior. The DON stated that if the indication is not accurate, the facility may not be able to monitor it's effectiveness. A review of the facility's P&P titled Unnecessary Drugs -Without Adequate Indication for Use, reviewed 11/19/2025, indicated,Policy:It is the facility's policy that each resident's drug regimen is managed and monitored to promote or maintain the resident's highest practicable mental, physical and psychosocial well-being free from unnecessary drugs.Indications for use is the identified, documented clinical rationale for administering a medication that is based upon an assessment of the resident's condition and therapeutic goals and is consistent with manufacturer's recommendations and/or clinical practice guidelines, clinical standards of practice, medication references, clinical studies, or evidence-based review articles that are published in medical and/or pharmacy journals.2. The attending physician will assume leadership in medication management by developing, monitoring, and modifying the medication regimen in collaboration with residents and/or representatives, other professionals, and the interdisciplinary team. Each resident's drug regimen will be reviewed on an ongoing basis, taking into consideration the following elements:a. Dose (including duplicate therapy)b. Duration of usec. Indications and clinical need for medicationd. Adequate monitoring for efficacy and adverse consequencese. Preventing, identifying and responding to adverse consequencesf. Any combination of the reasons stated above.6. Circumstances that may warrant evaluation of the resident and (continued on next page)

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 04/03/2026
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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	medication(s) include: .g. An irregularity identified in the pharmacist's medication regimen review. A review of the facility's P&P titled Medication Regimen Review, reviewed 11/19/2025, indicated,Policy:The drug regimen of each resident is reviewed at least once a month by a licensed pharmacist and includes a review of the resident's medical chart.Policy Explanation and Compliance Guidelines:1. Medication Regimen Review (MRR), or Drug Regimen Review, is a thorough evaluation of the medication regimen of a resident, with the goal of promoting positive outcomes and minimizing adverse consequences and potential risks associated with medication. The MRR includes:a. Review of the medical record in order to prevent, identify, report, and resolve medication-related problems, medication errors, or other irregularities.f. Facility staff shall act upon all recommendations according to procedures for addressing medication regimen review irregularities.

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 04/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pacific Post Acute	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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure that resident or their representative was notified timely in writing according to the facility's policy & procedures (P&P) titled Bed Hold Prior to Transfer with review date 11/19/2025 for two of two sampled residents, (Resident 2 and Resident 20). This deficient practice resulted in Residents 2 and 20 and/or their representative not being aware of the facility's bed hold policy upon transfer to the hospital from the facility. Findings; A review of Resident 2's admission Record indicated the facility admitted Resident 2 on 2/19/2025 with diagnoses including diabetes (DM- a disorder characterized by difficulty in blood sugar control and poor wound healing), hemiplegia (a form of paralysis that causes severe or complete loss of muscle function, weakness, or stiffness on only one side of the body) affection right nondominant side, and end stage renal disease (ESRD - irreversible kidney failure). A review of Resident 2's Minimum Data Set (MDS - resident assessment tool) dated 3/16/2026, indicated Resident 2 was cognitively intact (when a person has no trouble remembering, learning new things, concentrating, or making decisions that affect their everyday life). The MDS indicated Resident 2 required partial/moderate to substantial/maximal assistance from staff with Activities of daily living (ADL- activities such as bathing, dressing and toileting a person performs daily) care. A review of resident 2's Bed-hold notice, Transfer date 1/24/2026, indicated notification -Telephone notification .Yellow -resident family. A review of Resident 49's admission Record indicated the facility admitted Resident 2 on 1/18/2026, and readmitted Resident 49 on 2/8/2026 with diagnoses including cognitive communication difficulty (difficulty with communication resulting from underlying cognitive issues-such as memory, attention, or executive function-rather than primary speech or language problems), dementia (a progressive state of decline in mental abilities), and chronic kidney disease (damaged kidneys and slowly lose their ability to filter waste and extra fluid from the blood). A review of Resident 49's MDS dated [DATE], indicated Resident 49 was cognitively impaired (when a person has trouble remembering, learning new things, concentrating, or making decisions that affect their everyday life). The MDS indicated Resident 49 required partial/moderate to substantial/maximal assistance from staff with ADL (such as bathing, dressing and toileting a person performs daily) care. A review of resident 49's Bed-hold notice, dated 2/18/2026, indicated notification -Telephone notification .Yellow -resident family. During an interview, on 4/3/2026, at 8:32 A.M., with Licensed Vocational Nurse (LVN) 1, LVN 1 stated that the facility's process of a 7-day bed hold is that the facility has provides a 7 day bed to provide a resident or the resident's representative (if the residents is cognitively impaired), to sign a 7-day bed hold acknowledgement consent upon admission and or transfer to a hospital. LVN 1 stated that the 7-day bed hold means the resident can come back to the facility upon discharge from the hospital. LVN 1 stated that if resident has an emergency transfer, or is cognitively impaired, the 7-day bed hold is given to the resident representative via telephone. LVN 1 stated that he has never mailed a 7-day bed hold for a resident that leaves for an emergency to the hospital or was cognitively impaired, only a 7-day bed hold order is obtained from the physician, entered into the resident's physician orders. During an interview, on 4/3/2026, at 12:46 P.M., with the Director of Nursing (DON), the DON stated a 7-day bed hold is given to the residents that go out on acute (of sudden onset), or therapeutic leave because residents are entitled to come back to the facility per regulations. The DON stated that the 7-day bed hold should be given as a written notice, provided to the residents and/or mailed to the resident's representative. A review of the facility's P&P titled Bed Hold Prior to Transfer with review date 11/19/2025, indicated,Policy It is the policy of this facility to provide written information to the resident and/or the resident representative regarding bed hold policies prior to transferring a resident to the hospital or the resident goes on therapeutic leave. in detail: .2. The facility will have policies that address holding the resident's bed during periods of absence, such as (continued on next page)

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 04/03/2026
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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	during hospitalization or therapeutic leave.3. The facility will provide written information about these policies to residents and/or resident representatives prior to and upon transfer for such absences.

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 04/03/2026
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 0730 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observe each nurse aide's job performance and give regular training. Based on interview and record review, the facility failed to ensure that one of two Certified Nursing Assistant (CNA) 1 received an annual performance review according to the facility's policy and procedures (P&P) titled Evaluation Process, reviewed 11/19/2025. This deficient practice had the potential to result in facility staff that were not competent and safely providing resident care. Findings: During a concurrent interview and record review, on 4/3/2026, at 10:26 A.M., with the Director of Staff Development (DSD), CNA1's employee file and Performance evaluation policy were reviewed. The employee file indicated that CNA 1 was hired on 8/7/2024. The DSD stated that facility's process regarding performance evaluations is done 90 days upon hire and annually to determine if any areas that the staff need improvement on, and it is not done, resident are placed at risk if the employee is not doing the right procedure, has not been updated and may not have current up to date information to perform their duties. The DSD stated that CNA 1 did not have an annual performance evaluation done, it should have been done on 1/2/2025. During an interview on 4/3/2026, at 12:42 P.M., with the Director of Nursing (DON), the DON stated that an annual performance evaluation is a review of the staff performance which is done to determine how well the staff are doing, what their strength/weaknesses are, feedback on the employees so see where there is a need for more training, if needed and feedback on what needs to be improved. The DON stated that performance evaluations are done after 90 days for a new hire and then annually, thereafter. The DON stated that if the performance evaluation is not done, there may not be feedback on what additional training needs to be provided to the staff which can impact the quality of the residents would be receiving. A review of the facility P&P tiled Evaluation Process, reviewed 11/19/2025, indicated the following: Policy:It is the policy of our facility to review the work performance of employees with a formal written evaluation annually. At the time the evaluation is given, the facility may or may not make salary/wage adjustments. There is no guarantee that a salary/wage rate increase will be given automatically each year. Factors that will be considered in making decisions about salary/wage adjustments include, but are not limited to: job performance, achieving preset goals, attendance record, adherence to workplace policies, etc.1. The following procedures will be followed for employee performance evaluations:a. At the end of each month, the Human Resource department will notify the Department Manager of evaluations due for the following month.b. Performance evaluations will be used in determining any promotions, demotions, transfers, terminations, salary/wage rate adjustments, etc. Evaluation forms should be returned to the manager/supervisor at least one (1) week prior to employee's appraisal date whenever possible.c. The Manager/Supervisor is to complete the Employee Evaluation Form based on the following categories and points available to score:i. Failing to meet expectationsii. Needs improvementiii. Meets expectationsiv. Above averagev. Excellent.e. After the evaluation has been reviewed by the Administrator, the manager/supervisor will meet with the employee to review and discuss the evaluation.

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 04/03/2026
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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. Based on interview and record review, the facility failed to ensure that one of five sampled residents (Resident 2) was free of unnecessary medication according to the facility policy and procedure (P&P) titled Medication Regimen Review, reviewed 11/19/2025 by failing to adhere to Consultant Pharmacist's medication regimen review recommendation (a monthly, in-depth checkup of a patient's medicines to ensure they are safe, necessary, and effective, usually in long-term care settings) on 3/20/2026. The deficient practice had the potential to result in hospitalization and possible death for Resident 2. Findings: A review of Resident 2's admission Record indicated the facility admitted Resident 2 on 2/19/2025 with diagnoses including diabetes (DM- a disorder characterized by difficulty in blood sugar control and poor wound healing), hemiplegia (a form of paralysis that causes severe or complete loss of muscle function, weakness, or stiffness on only one side of the body) affection right nondominant side, and end stage renal disease (ESRD - irreversible kidney failure). A review of Resident 2's Minimum Data Set (MDS - resident assessment tool) dated 3/16/2026, indicated Resident 2 was cognitively intact (when a person has no trouble remembering, learning new things, concentrating, or making decisions that affect their everyday life). The MDS indicated Resident 2 required partial/moderate to substantial/maximal assistance from staff with Activities of daily living (ADL- activities such as bathing, dressing and toileting a person performs daily) care. A review of Resident 2's physicians order dated 1/29/2026, at 8:27 P.M., indicated Insulin Aspart (fast-acting, man-made insulin used by people with diabetes to manage blood sugar levels, particularly right after eating) Injection Solution 100 units/millimeter (units/millimeter units of measure) Inject 8 unit subcutaneously (beneath, or under, all the layers of the skin) before meals and at bedtime for DM2. A review of Resident 2's physicians order dated 1/29/2026, at 8:27 P.M., indicated insulin Lispro (fast-acting, man-made insulin used to manage blood sugar) Injection Solution 100 units/millimeter, Inject 2 unit subcutaneously before meals for DM2. A review of Resident 2's Consultant Pharmacist's medication regimen review recommendation on 3/20/2026 indicated: Drug(s): two orders for fast acting insulin before meals (insulin aspart and insulin lispro). Please review and discontinue one of these orders. During a concurrent interview and record review on 4/3/2026, at 10:35 A.M., with Licensed Vocational Nurse (LVN) 1, Resident 2's physician's orders and medication administration record were reviewed. LVN 1 stated that Lispro and Aspart are both fast acting insulins and should not be given together at once. LVN 1 stated that giving Lispro and Aspart insulin together may lead to hypoglycemia (a condition characterized by a low level of sugar in the blood), which could lead to death. LVN 1 stated that Resident 2 had an order for Lispro 2 units before meals and Aspart 8 units before meals and at bedtime with a sliding scale. LVN 1 stated that he saw the pharmacy recommendations from 3/20/2026 yesterday (4/2/2026) after the survey team had left for the day and that the physician has not been notified of the Pharmacy recommendations. LVN 1 stated he would notify the physician of the Pharmacy recommendation today (4/3/2026). LVN 1 stated resident 2 has been taking the insulin Lispro and Apart together since they were ordered 1/29/2026 until now. During an interview on 4/3/2026, at 1:00 P.M., with the Director of Nursing (DON), the DON stated that facility process for medication review is that the DON received recommendations from the Pharmacist, and the DON or designated staff then notifies the physician about the Pharmacist recommendations as soon as the recommendations are done. The DON stated that the Pharmacist recommendations were not relayed to the Physician and that the facility will be notifying the Physician right away. The DON stated that, if a resident is on two short acting insulins, it can be harmful to the resident as they (fast insulin)are the same class of insulin which may lead reactions such as hypoglycemia and/or death. A review of the facility's P&P titled Medication Regimen Review, reviewed 11/19/2025, indicated the following;Policy:The drug regimen of each resident is reviewed at least once a month by a licensed pharmacist and includes a review of the (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555054	A. Building B. Wing	04/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pacific Post Acute	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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	resident's medical chart.Policy Explanation and Compliance Guidelines:1. Medication Regimen Review (MRR), or Drug Regimen Review, is a thorough evaluation of the medication regimen of a resident, with the goal of promoting positive outcomes and minimizing adverse consequences and potential risks associated with medication. The MRR includes:a. Review of the medical record in order to prevent, identify, report, and resolve medication-related problems, medication errors, or other irregularities.f. Facility staff shall act upon all recommendations according to procedures for addressing medication regimen review irregularities. A review of the facility's P&P titled Unnecessary Drugs -Without Adequate Indication for Use, reviewed 11/19/2025, indicated,Policy:It is the facility's policy that each resident's drug regimen is managed and monitored to promote or maintain the resident's highest practicable mental, physical and psychosocial well-being free from unnecessary drugs.Indications for use is the identified, documented clinical rationale for administering a medication that is based upon an assessment of the resident's condition and therapeutic goals and is consistent with manufacturer's recommendations and/or clinical practice guidelines, clinical standards of practice, medication references, clinical studies, or evidence-based review articles that are published in medical and/or pharmacy journals.2. The attending physician will assume leadership in medication management by developing, monitoring, and modifying the medication regimen in collaboration with residents and/or representatives, other professionals, and the interdisciplinary team. Each resident's drug regimen will be reviewed on an ongoing basis, taking into consideration the following elements:a. Dose (including duplicate therapy)b. Duration of usec. Indications and clinical need for medicationd. Adequate monitoring for efficacy and adverse consequencese. Preventing, identifying and responding to adverse consequencesf. Any combination of the reasons stated above.6. Circumstances that may warrant evaluation of the resident and medication(s) include: .g. An irregularity identified in the pharmacist's medication regimen review.

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 04/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pacific Post Acute	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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, interview and record review, the facility failed to labeled a small zip lock bag with multiple white pills found in one of two sampled medication carts (Medication Cart 1). This failure had the potential to cause medication errors and harm to the residents.Findings: During an observation on 4/1/2026 at 11:45 am, in the facility hallway, inside Medication Cart 1, there was a small zip lock bag with multiple white pills found in one of the drawers. The zip lock bag did not indicate the name/s of the white pills inside the zip lock bag. During an interview on 4/1/2026 at 12:12 pm with Registered Nurse (RN) 2, RN 2 stated she could not identify the white pills inside the zip lock bag. RN 2 stated the pills can be accidentally administered to a resident and it could cause harm to the resident. During an interview on 4/2/2026 at 1:07 pm, the Director of Nursing (DON), DON stated any unlabeled medication/s found in the medication cart could accidentally be administered to a resident, posing a risk of harm to the resident/s. During the review of the facility's policy and procedures (P&P) titled Labeling of Medication and Biologicals, dated 11/19/2025, the P&P indicated, Labels for each floor/unit's stock medication must include the original manufacturer's or pharmacy - applies label indicating the medication name, the strength, quality, lot, and control number, the expiration date when applicable, appropriate accessory and precautionary statement and direction for use

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 04/03/2026
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 0912 Level of Harm - Potential for minimal harm Residents Affected - Some	Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms. Based on observation, interview and record review, the facility failed to provide at least 80 square feet (sq. ft. -unit of measurement for space) per resident in multiple resident bedrooms for seven of 25 resident rooms, (Rooms 9, 11, 14 16, 26, 27, and 28). This deficient practice had the potential to result in inadequate useable living space for all the residents and working space for the health caregivers, which could affect the quality of life for the residents. Findings: A review of the Request for Room Size Waiver letter submitted by the Administrator, dated 4/2/2026 indicated 5 resident rooms in the facility have no projections or other obstruction, which may interfere with free movement of wheelchair and/or sitting devices. There is enough space to provide for each Resident's care, dignity and privacy and that the rooms are in accordance with the special needs of the residents and would not have an adverse effect on resident's health and safety or impede the ability of any resident in the rooms to attain his or her highest practicable well-being. The following rooms provided are less than 80 square footages (sq.ft -unit of measure) per resident:Room Room Size Floor Area #of beds9 15.1x 9.3 147.9 211 15.1x9.9 147.4 214 15.1x9.5 143.2 216 15.1x 9.5 143.2 2 26 11.1x 12.8 134.35 227 15.2x 10.3 156.4 228 15.2x 10.3 156.4 2 According to the federal regulation, the minimum square footage for a two bedroom is at least 160 sq. ft. During the recertification Survey on 3/31/2026 to 4/3/2026, staff interviews indicated there were no concerns regarding the size of the rooms. During multiple observations of the residents' rooms from 3/31/2026 to 4/3/2026, the residents had ample space to move freely inside the rooms. There were sufficient spaces to provide freedom of movement for the residents and for nursing staff to provide care to the residents. There were also sufficient spaces for bedside tables, side tables and resident care equipment. During a concurrent observation and interview on 4/1/2026, at 1:10 P.M., with the maintenance Supervisor (MS) a laser room measure after confirming accuracy with a measuring tape to measure the size of the room from the window to the door for the length, then measuring from wall to the wall horizontally for the width. The MS stated, this is how I measure to verify the size of the rooms. During an interview on 4/3/2026 at 12:30 P.M., the Director of Nursing (DON), the DON stated the required square footage per resident is 80 sq.ft, the facility requested for a room waiver requesting for the square footage to be acceptable even if it does not meet the regulatory requirement for residents care to still be provide.