

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555808	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/27/2025
NAME OF PROVIDER OR SUPPLIER Santa Monica Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1338 20th 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)
<p>F 0837</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Establish a governing body that is legally responsible for establishing and implementing policies for managing and operating the facility and appoints a properly licensed administrator responsible for managing the facility.</p> <p>44252</p> <p>Based on observation, interview, and record review the facility failed to ensure a licensed administrator was appointed by the Governing Board.</p> <p>This failure had the potential to affect resident care and management of the facility.</p> <p>Findings:</p> <p>During a review of posted licensing information on the facility consumer bulletin board in the lobby area of the facility, on 2/27/25 at 4:32 pm, no administrator license was noted posted on the consumer board.</p> <p>During an interview with Acting Administrator (AA) on 2/27/25 at 4:34 pm, AA states his license was not up on the consumer board because he was not appointed by the governing board because he would be over the 200-bed limit to supervise.</p> <p>During a review of facility ' s policy and procedure titled Administrative Management (Governing Board) reviewed 11/21/24 indicated, 2. The administrator is appointed by and accountable to the governing board.</p> <p>During a review of facility ' s policy and procedure (P&P) titled Administrator reviewed 11/21/24, the P&P indicated, A licensed administrator is responsible for the day-to-day functions of the facility.</p>

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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