

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 03/18/2025
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43261</p> <p>Based on interview and record review, the facility failed to provide reasonable accommodation of resident needs and preferences for four of six sampled residents (Resident 4, 5, 6 and 7) by failing to:</p> <ol style="list-style-type: none"> 1. Ensure television (TV) was working at all times for Resident 4, 5 and 6. 2. Ensure hot water was available throughout the day during showers for Resident 4, 5, 6 and 7. <p>These deficient practices had the potential to negatively impact the psychosocial well-being of the residents and had the potential to delay necessary care for Residents 4, 5, 6 and 7.</p> <p>Findings:</p> <p>a. A review of Resident 4's Admission Record indicated that Resident 4 was originally admitted to the facility on [DATE] and was readmitted on [DATE] with diagnosis including fracture (broken bone) of right femur (a break, crack or crush injury of the thigh bone) and low back pain.</p> <p>A review of Resident 4's Minimum Data Set (MDS - a comprehensive standardized assessment and care-screening tool) dated 8/22/2024, MDS indicated Resident 4 has an intact cognition (mental action or process of acquiring knowledge and understanding) for daily decision-making and requiring no assistance from staff for activities of daily living (ADLs- toileting hygiene, shower/bathing self, upper and lower body dressing, repositioning from sit to lying and sit to stand).</p> <p>During an interview with Resident 4, on 3/17/2025 at 12:01 p.m., Resident 4 stated that TV was out for three days. Resident 4 stated using it on a daily basis unable to watch and be updated with the current news. Resident 4 also stated that hot water goes out very often since he (Resident 4) was admitted , unable to shower properly.</p> <p>b. A review of Resident 5's Admission Record indicated that Resident 5 was admitted to the facility originally on 10/28/2014 and was readmitted on [DATE] with diagnosis including spinal stenosis (narrowing of the spaces within the spine, which can put pressure on the nerves that travel through the spine), obesity (a disorder involving excessive body fat that increases the risk of health problems) and chronic obstructive pulmonary disease (COPD-group of lung diseases that block airflow and make it difficult to breathe).</p> <p>(continued on next page)</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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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 5's MDS dated [DATE], MDS indicated Resident 5 has an intact cognition for daily decision-making and requiring moderate to maximal assistance from staff for ADLs.</p> <p>During an interview with Resident 5, on 3/17/2025 at 12:25 p.m., Resident 5 stated unable to use the TV for three days. Resident 5 stated enjoying watching on her (Resident 5) spare time. Resident 5 also stated that she (Resident 5) has to shower very early in the morning so hot water does not run out while showering.</p> <p>c. A review of Resident 6's Admission Record indicated that Resident 6 was originally admitted to the facility on [DATE] and was readmitted on [DATE] with diagnosis including hemiplegia (paralysis on one side of the body) and hemiparesis (weakness on one side of the body).</p> <p>A review of Resident 6's MDS dated [DATE], MDS indicated Resident 6 has an intact cognition for daily decision-making and requiring moderate assistance from staff for ADLs.</p> <p>During an interview with Resident 6, on 3/17/2025 at 12:29 p.m., Resident 6 stated that TV did not work for three days, unable to watch. Resident 6 stated enjoying watching in her (Resident 6) room. Resident 6 also stated that at times, she (Resident 6) does not like showering due to the water being cold at all times.</p> <p>d. A review of Resident 7's Admission Record indicated that Resident 7 was admitted to the facility on [DATE] with diagnosis including atrial fibrillation (AF-an irregular rapid heart rate that commonly causes poor blood flow), acute kidney failure (a condition in which the kidneys suddenly cannot filter waste from the blood)and abnormalities of gait (walking) and mobility (movement).</p> <p>A review of Resident 7's MDS dated [DATE], MDS indicated Resident 7 has an intact cognition for daily decision-making and requiring supervision from staff for ADLs.</p> <p>During an interview with Resident 7, on 3/17/2025 at 12:34 p.m., Resident 7 stated that facility constantly [NAME] out of hot water unable to shower consistently or whenever she (Resident 7) wants.</p> <p>During an interview with the Maintenance Director (MND), on 3/17/2025 at 2:58 p.m., MND stated since he (MND) was recently hired, MND was still in the process of seeing the building issues. MND also stated that all residents should be comfortable and accommodations per their preferences and or request should be provided to the residents.</p> <p>During an interview with the facility ' s Nursing Consultant (NC), on 3/17/2025 at 3:39 p.m., NC stated facility should accommodate residents needs and preferences, making sure they are comfortable.</p> <p>A review of facility ' s policy and procedure (P&P), titled, Accommodation of Needs, reviewed on 11/21/2024, P&P indicated that Facility ' s environment and staff behaviors are directed toward assisting the resident in maintaining and/or achieving safe independent functioning, dignity and well-being. P&P also indicated, the resident ' s individual needs and preferences will be accommodated to the extend possible.</p>

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<p>F 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43261</p> <p>Based on interview and record review, the facility failed to ensure protection of resident ' s rights to privacy for one of five sampled residents (Resident 5) by failing to ensure Resident 5 received unopened mail.</p> <p>This deficient practice violated Resident 5 ' s right to privacy.</p> <p>Findings:</p> <p>A review of Resident 5's Admission Record indicated that Resident 5 was admitted to the facility originally on 10/28/2014 and was readmitted on [DATE] with diagnosis including spinal stenosis (narrowing of the spaces within the spine, which can put pressure on the nerves that travel through the spine), obesity (a disorder involving excessive body fat that increases the risk of health problems) and chronic obstructive pulmonary disease (COPD-group of lung diseases that block airflow and make it difficult to breathe).</p> <p>A review of Resident 5's Minimum Data Set (MDS - a resident sassessment tool) dated 11/4/2024, MDS indicated Resident 5 has an intact cognition (mental action or process of acquiring knowledge and understanding) for daily decision-making and requiring moderate to maximal assistance from staff for activities of daily living (ADLs- toileting hygiene, shower/bathing self, upper and lower body dressing, repositioning from sit to lying and sit to stand).</p> <p>During a concurrent interview and record review with Resident 5 on 3/17/2025 at 12:25 p.m., Resident 5 stated receiving an opened letter addressed to her (Resident 5) that was sent to the facility. Resident 5 stated feeling uneasy since it was her right to receive unopen mail addressed to her (Resident 5). Opened letter was reviewed, indicated letter was addressed to Resident 5 with the facility ' s address.</p> <p>During an interview with the facility ' s Nursing Consultant (NC), on 3/17/2025 at 3:39 p.m., NC stated that residents ' mails should not be opened due to Resident ' s right to privacy.</p> <p>A review of facility ' s California Standard Admission Agreement for Skilled Nursing Facilities (CSAASNf), dated 5/2011, CSAASNf indicated that patients have the right to receive unopened personal mail.</p> <p>A review of facility ' s policy and procedure (P&P), titled, Resident Rights, reviewed on 11/21/2024, P&P indicated that Employees shall treat all residents with kindness, respect and dignity.</p> <p>A review of facility ' s P&P, titled, Release of Information, reviewed on 11/21/2024, P&P indicated that facility maintains the confidentiality of each resident ' s personal and protected health information.</p>

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43261</p> <p>Based on interview, and record review, the facility failed to ensure sufficient nursing staff was available to provide nursing and related services to meet the resident ' s needs safely and in a manner that promotes each resident ' s rights, physical, mental, and psychosocial well-being for one of six sampled residents (Residents 4) by failing to ensure call light was answered promptly for Resident 4.</p> <p>This deficient practice has the potential to affect the quality of life and had the potential to delay necessary care for Resident 4.</p> <p>Findings:</p> <p>A review of Resident 4's Admission Record indicated that Resident 4 was originally admitted to the facility on [DATE] and was readmitted on [DATE] with diagnosis including fracture (broken bone) of right femur (a break, crack or crush injury of the thigh bone) and low back pain.</p> <p>A review of Resident 4's Minimum Data Set (MDS - a resident assessment tool) dated 8/22/2024, MDS indicated Resident 4 has an intact cognition (mental action or process of acquiring knowledge and understanding) for daily decision-making and requiring no assistance from staff for activities of daily living (ADLs- toileting hygiene, shower/bathing self, upper and lower body dressing, repositioning from sit to lying and sit to stand).</p> <p>During an interview with Resident 4, on 3/17/2025 at 12:01 p.m., Resident 4 stated that when he put on the call light to request for an ice chips, he (Resident 4) had to wait for over one and a half hour for the staff to answer the call light.</p> <p>During an interview with the facility ' s Nursing Consultant (NC), on 3/17/2025 at 3:39 p.m., NC stated that call light should be answered immediately.</p> <p>A review of the facility ' s policy and procedure (P&P), titled, Answering the Call Light, reviewed on 11/21/2024, P&P indicated that facility staff will answer the resident call system immediately to ensure timely responses to the resident ' s request and needs.</p>