STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555808	A. Building B. Wing	04/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Santa Monica Rehabilitation Center	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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44252 Based on interview and record review, the facility failed to develop a care plan for history of liver transplant for one of five sampled residents (Resident 2). This failure resulted in no plan of care for Resident 2's history of liver transplant and had the potential to affect continuity and delivery of care to meet the resident's needs. Findings: During a review of Resident 2's Admission Record, the record indicated the resident was admitted to the facility on [DATE] with diagnoses including: paranoid schizophrenia (a severe mental health condition that can involve delusions and paranoia), anemia (a condition where the body does not have enough healthy red blood cells), diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest), kidney transplant (a surgical procedure where a healthy kidney from a donor is placed into a person whose kidneys have failed, allowing the donated kidney to take over the work of the failed kidneys) and liver transplant (a surgical procedure where a diseased or damaged liver is removed and replaced with a healthy liver from a donor, either deceased or living, to treat end-stage liver disease or liver failure). The same record further indicated Resident 2 was self- responsible. During a review of the Minimum Data Set (MDS - a federally mandated resident assessment tool) dated [DATE], the MDS indicated Resident 2 was cognitively intact (having normal or unimpaired cognitive abilities, meaning the ability to think, reason, learn, and remember effectively) and had medically complex conditions. The MDS further indicated Resident 2 required set up or clean-up assistance for oral hygiene and eating while requiring substantial/ maximum assistant to being totally dependent on staff for activities of daily living (ADLs- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves) and bed mobility. During a concurrent interview and record review with director of nursing (DON) on [DATE] at 4:15 pm, Resident 2's care plans were reviewed. The DON verified there was no care plan specific for liver transplant in the records and stated there should be one because without specific care plan, there is no guide to the care and staff would not know if they were doing the right thing for the care. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555808	A. Building B. Wing	04/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Santa Monica Rehabilitation Center	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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the facility's Policy and Procedures (P&P) titled Care Plans, Comprehensive Person-Centered reviewed [DATE], the P&P indicated A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident . The comprehensive, person-centered care plan: a. includes measurable objectives and timeframes; b. describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being . e. reflects currently recognized standards of practice for problem areas and conditions.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555808	A. Building B. Wing	04/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Santa Monica Rehabilitation Center	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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44252 Based on observation, interview and record review, the facility failed to meet professional standards to: 1. Ensure communication of high risk for elopement (the act of leaving a facility unsupervised and without prior authorization) was made for one of two sampled residents (Resident 1). 2. Ensure one of two sampled residents (Resident 1) was wearing an identification (ID) wristband. These deficient practices had the potential to affect the resident's safety and wellbeing during medication administration, delivery of services and monitoring of wandering and elopement. Cross reference with F689 Findings: During a review of Resident 1's Admission Record, the record indicated the resident was admitted to the facility on [DATE] with diagnoses including: parkinsonism (a progressive disease of the nervous system marked by tremor, muscular rigidity, and slow, imprecise movements), major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest), dysphagia (difficult swallowing) and neurocognitive disorder with Lewy bodies (a progressive brain disorder characterized by the presence of Lewy bodies, abnormal protein deposits in brain cells, leading to decline in thinking, movement, mood, and behavior). During a review of Resident 1's History and Physical (H&P) dated 2/24/25, the H&P indicated the resident does not have the mental capacity to understand and make medical decisions. During a review of the Minimum Data Set (MDS - a federally mandated resident assessment tool) dated 1/31/25, the MDS indicated Resident 1's cognitive (relating to mental action or process of acquiring knowledge and understanding) skills for daily decisions were severely impaired and was dependent on staff for planning regular tasks. The MDS further indicated Resident 1 required maximum assistance or was dependent on staff for activities of daily living (ADLs- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves) and required supervision for walking. During a review of Resident 1's Order Summary Report dated 4/7/25, the report indicated an order of the following: - Monitor whereabouts every 2 hours dated 3/28/25, - May place Wanderguard (a safety device, often a wristband, used to help monitor and protect residents in care facilities who may be at risk of wandering or eloping) of left wrist to alert staff of resident leaving the facility every shift related to cognitive communication deficit (communication difficulties stemming from impaired cognitive functions like attention, memory, and problem-solving, rather than issues with speech or language production itself) dated 3/29/25. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555808	A. Building B. Wing	04/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Santa Monica Rehabilitation Center	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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- Monitor the whereabouts of the resident, indicate by numerical value and redirect as needed; confirm with visual monitoring every hour dated 3/31/25. During an observation with concurrent interview on 4/4/25 at 1:37 pm with Certified Nursing Assistant (CNA) 2, Resident 1 was observed with a Wanderguard bracelet on his left wrist, without ID wristband. CNA 2 stated he (CNA 2) was not formally assigned to the resident since he was not listed on the CNA assignment sheet but that he had been taking care of him throughout the day because he assumed he was part of his assignment since he was assigned the other bed in the room. CNA 2 further stated he was not given any information from the previous shift or anyone else that the resident was an elopement risk, why the resident was moved to the current room or what the purpose was for the Wanderguard bracelet on the Resident's left wrist. During a concurrent interview and record review with licensed vocational nurse (LVN) 1 on 4/4/25 at 1:48 pm, the daily CNA assignment sheet dated 4/4/25 7am-3pm shift was reviewed. The assignment for CNA 2 did not indicate Resident 1's name or bed number and LVN 1 verified that Resident 1 had not been officially assigned to CNA 2 via the assignment sheet. LVN 1 further stated huddle in the morning at the beginning of the shift is when they communicate resident issues with all the staff such as who is a fall risk, who needs to be assisted with feeding and who is total care (dependent), LVN 1 did not mention discussing the residents that are high risk for elopement. During a concurrent observation and interview with CNA 3 on 4/4/25 at 3:47 pm, Resident 1 was observed in his room without an ID wristband. CNA 3 verified and stated the resident should have come with an ID wristband because that is how we would know who it is for resident's safety. During an interview with the director of nursing (DON) on 4/4/25 at 4:15 pm, the DON stated CNA 2 was new that was why he (CNA 2) didn't know what the Wanderguard bracelet was and why the resident was moved to the room closer to the nurses' station. The DON further stated the information should have been communicated during the huddle. During a review of the facility's Policy and Procedures (P&P) titled Tab Alarms, Bed Alarms, Wanderguard System reviewed 11/21/24, the P&P indicated The Wanderguard would be used for residents at risk for elopement. For each resident to reach his/her highest practicable wellbeing in an environment. During a review of the facility's P&P titled Resident Identification System reviewed 11/21/24, the P&P indicated A resident identification system is used to help facility personnel provide medical and nursing care . 1. Our facility has adopted a photo and/or wristband identification system to help assure that medication and treatments are administered to the right resident.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555808	A. Building B. Wing	04/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Santa Monica Rehabilitation Center	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44252 Based on observation and interview the facility failed to follow physician's orders regarding skin tear (traumatic wounds caused by friction when the upper layer of the skin becomes torn from the underlying layers) treatment for one of two sampled residents (Resident 1). This deficient practice had a potential for retearing and delayed healing of the skin tear on the resident's right wrist/ hand. Findings: During a review of Resident 1's Admission Record, the record indicated the resident was admitted to the facility on [DATE] with diagnoses including: parkinsonism (a progressive disease of the nervous system marked by tremor, muscular rigidity, and slow, imprecise movements), major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest), dysphagia (difficult swallowing) and neurocognitive disorder with Lewy bodies (a progressive brain disorder characterized by the presence of Lewy bodies, abnormal protein deposits in brain cells, leading to decline in thinking, movement, mood, and behavior). During a review of Resident 1's History and Physical (H&P) dated 2/24/25, the H&P indicated the resident does not have the mental capacity to understand and make medical decisions. During a review of the Minimum Data Set (MDS - a federally mandated resident assessment tool) dated 1/31/25, the MDS indicated Resident 1's cognitive (relating to mental action or process of acquiring knowledge and understanding) skills for daily decisions were severely impaired and was dependent on staff for planning regular tasks. The MDS further indicated Resident 1 required maximum assistance or was dependent on staff for activities of daily living (ADLs- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves) and required supervision for walking. During a review of Resident 1's care plan for skin tear to right wrist with skin flap, dry and scabbed dated 3/11/25, the care plan indicated if skin tear occurs, treat per facility protocol . During a review of Resident 1's Order Summary Report dated 4/7/25, the report indicated an active order for right wrist skin tear: cleanse with normal saline and pat dry. Apply xeroform (a type of wound dressing to provide a moist environment, promote healing, and protect wounds) then cover with dry dressing. During a concurrent observation and interview on 4/4/25 at 1:48 pm with licensed vocational nurse (LVN) 1, a skin tear on Resident 1's right hand below the wrist was observed scabbed over and open to air (without a dressing). LVN 1 stated she did not know if the wound should be covered; there is a treatment nurse who does the treatments. During an interview with director of nursing (DON) on 4/4/25 at 4:15 pm, the DON stated the wound does not need to be covered since it is already healed (scabbed) but if there is an order for treatment it should be done. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555808	A. Building B. Wing	04/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Santa Monica Rehabilitation Center	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of the facility's policy and procedures (P&P) titled Wound Care reviewed 11/21/24, the P&P indicated The purpose of this procedure is to provide guidelines for the care of wounds to promote healing . 1. Verify that there is a physician's order for this procedure. 2. Review the resident's care plan . 3. Assemble the equipment and supplies needed . Report other information in accordance with facility policy and professional standards of practice.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555808	A. Building B. Wing	04/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Santa Monica Rehabilitation Center	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)
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** 44252 Based on observation, interview and record review, the facility failed to: 1. Ensure communication of high risk for elopement (the act of leaving a facility unsupervised and without prior authorization) was made for one of two sampled residents (Resident 1). 2. Ensure one of two sampled residents (Resident 1) was wearing an identification (ID) wristband. This failure had the potential to place the resident at risks for elopements and other accidents affecting resident's safety during delivery of services and monitoring of wandering and elopement. Cross reference with F658 Findings: During a review of Resident 1's Admission Record, the record indicated the resident was admitted to the facility on [DATE] with diagnoses including: parkinsonism (a progressive disease of the nervous system marked by tremor, muscular rigidity, and slow, imprecise movements), major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest), dysphagia (difficult swallowing) and neurocognitive disorder with Lewy bodies (a progressive brain disorder characterized by the presence of Lewy bodies, abnormal protein deposits in brain cells, leading to decline in thinking, movement, mood, and behavior). During a review of Resident 1's History and Physical (H&P) dated 2/24/25, the H&P indicated the resident does not have the mental capacity to understand and make medical decisions. During a review of the Minimum Data Set (MDS - a federally mandated resident assessment tool) dated 1/31/25, the MDS indicated Resident 1's cognitive (relating to mental action or process of acquiring knowledge and understanding) skills for daily decisions were severely impaired and was dependent on staff for planning regular tasks. The MDS further indicated Resident 1 required maximum assistance or was dependent on staff for activities of daily living (ADLs- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves) and required supervision for walking. During a review of Resident 1's Elopement Risk Evaluation form dated 3/28/25, the form indicated the resident had an episode of leaving the facility and was at risk for elopement (with a score of 11, anything above 10 indicates at risk for elopement). During a review of Resident 1's Order Summary Report dated 4/7/25, the report indicated an active order of following: - Monitor whereabouts every 2 hours dated 3/28/25, (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555808	A. Building B. Wing	04/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Santa Monica Rehabilitation Center	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- May place Wanderguard (a safety device, often a wristband, used to help monitor and protect residents in care facilities who may be at risk of wandering or eloping) of left wrist to alert staff of resident leaving the facility every shift related to cognitive communication deficit (communication difficulties stemming from impaired cognitive functions like attention, memory, and problem-solving, rather than issues with speech or language production itself) dated 3/29/25. - Monitor the whereabouts of the resident, indicate by numerical value and redirect as needed; confirm with visual monitoring every hour dated 3/31/25. During an observation with concurrent interview on 4/4/25 at 1:37 pm with Certified Nursing Assistant (CNA) 2, Resident 1 was observed with a Wanderguard bracelet on his left wrist, without ID wristband. CNA 2 stated he (CNA 2) was not formally assigned to the resident since he was not listed on the CNA assignment sheet but that he had been taking care of him throughout the day because he assumed he was part of his assignment since he was assigned the other bed in the room. CNA 2 further stated he was not given any information from the previous shift or anyone else that the resident was an elopement risk, why the resident was moved to the current room or what the purpose was for the Wanderguard bracelet on the Resident's left wrist. During a concurrent interview and record review with licensed vocational nurse (LVN) 1 on 4/4/25 at 1:48 pm, the daily CNA assignment sheet dated 4/4/25 7am-3pm shift was reviewed. The assignment for CNA 2 did not indicate Resident 1's name or bed number and LVN 1 verified that Resident 1 had not been officially assigned to CNA 2 via the assignment sheet. LVN 1 further stated huddle in the morning at the beginning of the shift is when they communicate resident issues with all the staff such as who is a fall risk, who needs to be assisted with feeding and who is total care (dependent), LVN 1 did not mention discussing the residents that are high risk for elopement. During a concurrent observation and interview with CNA 3 on 4/4/25 at 3:47 pm, Resident 1 was observed in his room without an ID wristband. CNA 3 verified and stated the resident should have come with an ID wristband because that is how we would know who it is for resident's safety. During an interview with the director of nursing (DON) on 4/4/25 at 4:15 pm, the DON stated CNA 2 was new that was why he (CNA 2) didn't know what the Wanderguard bracelet was and why the resident was moved to the room closer to the nurses' station. The DON further stated the information should have been communicated during the huddle. During a review of the facility's Policy and Procedures (P&P) titled Tab Alarms, Bed Alarms, Wanderguard System reviewed 11/21/24, the P&P indicated The Wanderguard would be used for residents at risk for elopement. For each resident to reach his/her highest practicable wellbeing in an environment. During a review of the facility's P&P titled Resident Identification System reviewed 11/21/24, the P&P indicated A resident identification system is used to help facility personnel provide medical and nursing care . 1. Our facility has adopted a photo and/or wristband identification system to help assure that medication and treatments are administered to the right resident.