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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                       | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>555808 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                    | (X3) DATE SURVEY COMPLETED<br><br>04/14/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Santa Monica Rehabilitation Center |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1338 20th Street<br>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.

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| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |
| <p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44253</b></p> <p>Based on interview and record review, the facility failed to report an allegation of verbal abuse (any use of oral, written, or gestured language that willfully includes disparaging and derogatory terms to patients or their families, or within their hearing distance, regardless of their age, ability to comprehend, or disability), for one of two sampled residents (Resident 1) to the Department of Public Health and Ombudsman (an official appointed to investigate individuals' complaints against maladministration) within two hours after the allegation occurred on 4/5/2025 in accordance with the facility's policy and procedures (P&amp;P) titled, Abuse Investigation and Reporting.</p> <p>This failure had the potential to delay of an onsite inspection by the California Department of Public Health (CDPH) and the Ombudsman to ensure Resident 1's circumstance were investigated. This deficient practice also had the potential to place Resident 1 at further risk for abuse.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record, the Admission Record indicated the facility admitted the resident on 2/19/2025 with diagnoses of metabolic encephalopathy (a disease damaged the functions of the brain), chronic obstructive pulmonary disease (COPD - a lung disease characterized by long term poor airflow) and heart failure (condition in which the heart muscle is unable to pump enough blood to meet the body's needs for blood and oxygen).</p> <p>During a review of Resident 1 ' s care plan dated 2/21/2025, the care plan indicated Resident 1 was at risk for ADL (activities of daily living - activities such as bathing, dressing and toileting a person performs daily) performance deficit care plan. The care plan indicated Resident 1 was at risk for a deficit in ADL performance due to the diagnosis of COPD and heart failure. The care plan ' s interventions indicated the resident required partial moderate assistance by one staff for personal hygiene and oral care. The care plan ' s interventions indicated the resident required set up assistance by one staff for toileting.</p> <p>During a review of Resident 1's Minimum Data Set (MDS - a resident assessment tool), dated 3/3/2025, the MDs indicated the resident had moderate cognitive (ability to acquire and understand knowledge) impairment. The MDS indicated Resident 1 was independent with eating, oral hygiene, toileting hygiene and required supervision from staff for showering and putting on or taking off footwear.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>During a review of Resident 1 ' s Progress Notes, dated 4/5/2025 timed at 11:30 AM, the Progress Notes indicated the alleged verbal abuse on the 4/4/2025 on the 11 PM to 7 AM shift was reported. The Progress Notes did not indicate to whom the alleged verbal abuse was reported to.</p> <p>During a review of Resident 1 ' s care plan, initiated 4/5/2025 (after the abuse allegation), indicated the resident was reportedly verbally abused by a staff member. The care plan indicated the goal was for the resident to not have any signs or symptoms of emotional distress. The care plan interventions included to assess the resident for signs and symptoms of emotional distress, to provide emotional support to the resident, and to report any distress to the physician.</p> <p>A review of Resident 1 ' s physician orders, dated 4/5/2025, indicated staff were to:</p> <ul style="list-style-type: none"> <li>- Monitor the resident for signs and/or symptoms of emotional distress every shift</li> <li>- Assess whether the resident felt safe in the facility every shift.</li> </ul> <p>During a review of Licensed Vocational Nurse 1 ' s (LVN 1) written statement, dated 4/7/2025 indicated on 4/4/2025 on the 11 PM to 7 AM shift, LVN 1 heard screaming coming from Resident 1 ' s room and upon LVN1 ' s entry (to Resident 1 ' s room), LVN1 saw CNA1 Having a verbal interaction with Resident 1. LVN1 ' s written statement indicated Resident 1 was upset Because she was woken up in a bad manner, for an adult brief (disposable underwear). LVN1 ' s written statement indicated LVN1 attempted to calm Resident 1 down, LVN 1 asked CNA 1 to go away and as CNA1 turned around to attend the next resident, LVN1 said I ' m sorry to the CNA (CNA1), and CNA1 responded, she ' s crazy (Resident 1).</p> <p>During an interview on 4/14/2025 at 10:24, with Resident 1, Resident 1 stated last weekend (unidentified date), a staff (unidentified) told her (Resident 1) that CNA 1 called her (Resident 1) crazy.</p> <p>During a phone interview on 4/14/2025 at 12:10 PM with CNA 1, CNA1 stated around 5:30 AM on 4/5/2025, she (CNA1) entered Resident 1 ' s room and attempted to provide incontinence care to Resident 1. CNA1 stated Resident 1 was Really mad that I woke her up. CNA 1 stated Resident 1 started yelling at CNA 1. CNA1 stated LVN 1 apologized to Resident 1 and told the resident that CNA 1 did not know Resident 1 was continent and did not require incontinence care. CNA 1 stated LVN 1 later told Registered Nurse Supervisor 1 (RN 1) that CNA 1 called Resident 1 [NAME] [crazy]. CNA1 stated she (CNA1) did not call Resident 1 crazy.</p> <p>During a telephone interview on 4/14/2025 at 1:04 PM with RN 1, RN1 stated that on 4/5/2025 on the 11 PM to 7 AM shift, around 5 AM LVN 1 stated they overheard CNA 1 refer to Resident 1 as effing crazy. RN 1 stated they reported the allegation as verbal abuse to CDPH by fax around 2 PM on 4/5/2025. RN 1 stated it was a busy shift and because the previous shift should have completed the notification did not fax the allegation within the 2-hour time limit. RN 1 stated allegations of abuse needed to be reported within two hours to make CDPH aware as soon as possible to start the investigation and to protect the residents.</p> <p>During an interview on 4/14/2025 at 3:24 PM, with the the Administrator (ADM), the ADM stated they learned of the verbal abuse allegation on 4/5/2024 during the 7 AM to 3 PM shift. During a concurrent review of the fax confirmation sheets reporting the abuse to CDPH and the ombudsman. The ADM stated the facility did not report the allegation of verbal abuse within two hours.</p> <p>(continued on next page)</p> |   |  |

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| <p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>A review of the facility's (P&amp;P) titled, Abuse Investigation and Reporting, reviewed 11/21/2024, indicated: An alleged violation of abuse, neglect, exploitation or mistreatment (including injuries of unknown source and misappropriation of resident property) will be reported immediately, but not later than:</p> <ol style="list-style-type: none"> <li>a. Two (2) hours if the alleged violation involves abuse OR has resulted in serious bodily injury; or</li> <li>b. Twenty-four (24) hours if the alleged violation does not involve abuse AND has not resulted in serious bodily injury.</li> </ol> <p>3. Verbal/written notices to agencies may be submitted via special carrier, fax, e-mail, or by telephone.</p> <p>4. Notices will include, as appropriate:</p> <ol style="list-style-type: none"> <li>b. The number of the room in which the resident resides;</li> <li>c. The type of abuse that was committed (i.e., verbal, physical, sexual, neglect, etc.);</li> <li>d. The date and time the alleged incident occurred;</li> <li>e. The name(s) of all persons involved in the alleged incident; and</li> <li>f. What immediate action was taken by the facility.</li> </ol> |