

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  06/26/2025
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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review the facility failed to:</p> <ol style="list-style-type: none"> <li>1. Answer call light in timely manner for one of three sampled residents, Resident 1,</li> <li>2. Provide a director of staff development (DSD-a professional who oversees and manages the training and development activities for employees within an organization) to train staff, and</li> <li>3. Ensure the certified nursing assistants (CNA) from the registry (an agency the provides CNA's to health care facilities on a temporary, as needed basis to fill their staffing needs) were competent to provide care for one of three sampled residents, Resident 2.</li> </ol> <p>These deficient practices placed the residents' safety at risk</p> <p>Findings:</p> <p>A review of Resident 1's admission record indicated the facility admitted this [AGE] year old female on 12/5/2024 with diagnoses including metabolic encephalopathy, chronic obstructive pulmonary disease (COPD-a chronic lung disease causing difficulty in breathing), Type 2 diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), morbid obesity (severely overweight), paraplegia, anemia (a condition where the body does not have enough healthy red blood cells), hyperlipidemia (HLD-high fat in the blood), insomnia (trouble falling asleep or staying asleep), glaucoma (long term eye disease), hypertension (HTN-high blood pressure), venous insufficiency(condition causing swelling in the legs), gastro-esophageal reflux disease (GERD-heartburn), neuralgia and neuritis (nerve pain), acute kidney failure (decrease in kidney function), bipolar disorder (sometimes called manic-depressive disorder; mood swings that range from the lows of depression to elevated periods of emotional highs).</p> <p>A review of Resident 1's minimum data set (MDS-a resident assessment) dated 3/18/2025 indicated Resident 1's cognition (mental ability to make decisions for daily living) was intact. The MDS indicated Resident 1 was dependent (helper does all the effort. Resident does none of the effort to complete the activity. Or the assistance of 2 or more helpers is required for the resident to complete the activity) with toileting, personal hygiene, and transfers (moving between surfaces) from bed to chair.</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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 6/12/2025, 6/13/2025, 6/16/2025, 6/23/2025 and 6/24/2025 the California Department of Public Health (CDPH) received anonymous complaints alleging call lights are not answered, registry staff were untrained to provide care, the facility had no DSD to provide training and no supervision was provided for registry staff while providing care, registry staff do not wear id badges and some registry staff do not speak and fully understand English.</p> <p>During a concurrent observation and interview on 6/25/2025 at 10:34 a.m. with the receptionist (RECP) at the front desk on the first floor, a resident called to ask RECP to overhead page the CNA to come to the room. The RECP stated, That was Resident 1 calling to page the CNA to come to the room because the call light was on for a while and no one was coming. The RECP stated, Residents often call downstairs to have the CNA paged, I'm not sure why.</p> <p>During a concurrent observation and interview on 6/25/2025 at 10:44 a.m. with Resident 1 inside Resident 1's room. The call light panel inside of room is hanging out of the wall with wires exposed (still functioning). The call light button is on bed hanging off the left side of mattress outside of Resident 1's reach. The call light above the room outside is on and Resident 1 was observed lying in bed leaning over to the right side of the bed. Resident 1 stated, I have been in this position for about 30 minutes, and my back is killing me. I asked for a new CNA because the first one was from the registry and did not know what she was doing. The unnamed CNA sent my clothes to the laundry even though I asked the unnamed CNA not to because my family washes my clothes and the unnamed CNA sent my clothes to the laundry anyway. Then I asked the unnamed CNA to reposition me, but the unnamed CNA stated the mechanical lift (a mechanical device used to transfer individuals who have limited mobility from one surface to another) was not working. I now have CNA 1 who is staff and is good, but I am still waiting to be moved.</p> <p>During a concurrent observation and interview on 6/25/2025 at 10:54am with CNA 1. CNA 1 was not wearing an ID badge. CNA 1 stated, I left my badge in the car, no one asked me to go get it. The mechanical lifts are working; I am not sure about the ones at the end of the hallway.</p> <p>During an observation on 6/25/2025 at 10:56 a.m. a male staff member is coming out of another resident's room with the mechanical lift and passed the lift to CNA 1. Two additional mechanical lifts were seen parked at the end of the hallway. CNA 1 and male staff member went into Resident 1's room to re position Resident 1 in bed.</p> <p>During a concurrent observation and interview on 6/25/2025 at 11:10 a.m. with CNA 2. CNA 2 was not wearing an ID badge. CNA 2 stated, I am from registry A and I was called to come in today. I arrived between 7:15a.m. and 7:20 a.m. My first time here was in December 2024, since then I have not been here since March 2025. I do not come here very often. I got my assignment this morning and I did not know any of the residents, so I asked another unnamed CNA. That unnamed CNA did not know either so that unnamed CNA took me to another unnamed CNA; to be honest I don't know any of the staff members' names here; but that unnamed CNA was in one of the rooms on my assignment and was able to tell me about the assistance my resident's needed. I don't work here often so I don't really know the residents. There was no huddle (report given at the beginning of the shift by a supervisor to inform CNA's about their residents' needs) when I came in this morning. When I came in December there was a DSD here, but I don't remember going over any of my skills or having them watch me do any skills. No one asked me about my ID badge.</p> <p>(continued on next page)</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of Resident 2's admission record indicated the facility originally admitted this [AGE] year old female on 10/28/2014 and most recently on 1/28/2020 with diagnoses including spinal stenosis (narrowing of the spinal canal), chronic obstructive pulmonary disease (COPD-a chronic lung disease causing difficulty in breathing), morbid obesity, Acute on chronic congestive heart failure (CHF-a heart disorder which causes the heart to not pump the blood efficiently, sometimes resulting in leg swelling), hydronephrosis(too much fluid in the kidneys), atrial fibrillation (a-fib: abnormal heart rhythm), hypothyroidism (low thyroid function), anemia, HLD, HTN and GERD.</p> <p>A review of Resident 1's Minimum Data Set (MDS- a resident assessment) dated 5/17/2025 indicated Resident 1's cognition (mental ability to make decisions for daily living) was intact. The MDS indicated Resident 1 was dependent (helper does all the effort. Resident does none of the effort to complete the activity. Or the assistance of 2 or more helpers is required for the resident to complete the activity) with toileting, personal hygiene, and transfers (moving between surfaces) from bed to chair.</p> <p>A review of the nursing assignment direct care sheet dated 6/23/2025 indicated CNA 3 was assigned to Resident 1 during the morning shift from 7:00a.m. to 3:30 p.m. The sheet also indicated 4 CNA's called off and CNA 3 replaced one, CNA 4 replaced one and CNA 5 replaced one.</p> <p>During an interview on 6/25/2025 at 1:43 p.m. with the infection prevention nurse (IPN). The IPN stated, We have been missing a DSD so I have been doing some of the competency evaluations here and there and giving in services on infection control. I have not done any competency training for any of the registry staff.</p> <p>During a concurrent interview and record review on 6/25/2025 at 4:44 p.m. with the consulting director of nursing (CDON). CNA 2's nurse aid skills performance checklist dated 10/15/2024 was reviewed. CNA 2's nurse aid skills performance checklist indicated CNA 2 was competent to lift and transfer residents between surfaces. No other skills competency was noted. The CDON stated, This form indicates CNA 2 is competent with transferring residents only. Before registry staff work, we should ensure they are able to perform the necessary skills. They should have basic skills competency done with their registry. I don't know if their skills are or should be evaluated by us as well, I will have to check.</p> <p>During an interview on 6/26/2025 at 10:59 a.m. with Resident 2. Resident 2 stated, On Monday 6/23/2025 during the morning shift I had the worst experience with CNA 3 from the registry. CNA 3 went on break at 12 noon and did not return until 1:30 p.m. They are only supposed to get 30 minutes for break. I did not get my lunch tray until 1:20 p.m. They are not supposed to go to lunch when our trays come out. CNA 3 had three showers to complete that day and none of them got done. When CNA 3 showered me, I felt so unsafe because CNA 3 did not know what CNA 3 was doing. My regular CNA, who is wonderful, has moved to another shift. I did report this incident to the staffer. I also told the staffer do not to assign anyone from the registry to me. Some of them don't even speak English well enough to communicate and they don't wear badges so you can't identify them. There was another unnamed CNA from the registry here I don't recall the date. I asked this unnamed CNA for a simple request to turn off my fan on the nightstand. The unnamed registry CNA spoke Spanish and did not understand what I was asking. I even pointed at the fan and the unnamed CNA was looking at everything in that direction but the fan. It took one of the housekeepers to tell the unnamed CNA that I wanted my fan to be turned off; that's ridiculous. It concerns me that they hire people who don't speak English well enough to understand what we want.</p> <p>(continued on next page)</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 6/26/2025 at 12:47 p.m. with the staffer. The staffer stated, On 6/23/2025 Resident 2 complained to me about CNA 3. Resident 2 asked what happened to the previous CNA that was assigned that day, and I explained to Resident 2 I had to use CNA 3 to cover the shift. Resident 2 was not happy with CNA 3; CNA 3 was not familiar with Resident 2's preferences during the shower and overall; Resident 2 did not prefer to have CNA 3 assigned. Resident 2 did not feel comfortable with CNA 3 and felt CNA 3 did not know what he was doing. The staffer stated, It was CNA 3's first and last time here; I made CNA 3 a do not return (DNR-notification to the registry to not send this person the facility in the future) based on Resident 2's complaints.</p> <p>During a concurrent interview and record review on 6/26/2025 at 12:50 p.m. with the staffer. CNA 2's Nurse aid skills performance checklist dated 10/2024, CNA 3's attestation from a different skilled nursing facility (SNF) dated 5/29/2025, CNA 4's Nurse Aid Skills Performance dated 12/2024 and CNA 5's employee file was reviewed. CNA 2's Nurse aid skills performance checklist indicated CNA 2 was competent to lift and transfer residents between surfaces. No other skills competency was noted. CNA 3's attestation from a different SNF indicated CNA 3 had at least 6 months of professional experience working in a SNF. No skills competency checklist was noted. CNA 4's Nurse Aid Skills Performance indicated CNA 4 was competent to lift and transfer residents between surfaces. No other skills competency was noted. CNA 5's employee file had no competency checklist for any skills. The staffer stated, Before their shift I check their background check and license to ensure it is active. I am not sure who does their training and orientation I cannot speak to that, I only do the scheduling.</p> <p>A review of the facility policy and procedure titled, Staffing, Sufficient and Competent Nursing revised 11/2024 indicated</p> <p>1.Licensed nurses and certified nursing assistants are available 24 hours a day, seven (7) days a week to provide competent resident care services including:</p> <p>a.assuring resident safety;</p> <p>b.attaining or maintaining the highest practicable physical, mental and psychosocial well-being of each resident;</p> <p>c.assessing, evaluating, planning and implementing resident care plans; and</p> <p>d.responding to resident needs.</p> <p>2.A licensed nurse is designated as a charge nurse on each shift.</p> <p>a.A licensed nurse may be a licensed practical nurse (LPN), licensed vocational nurse (LVN), or registered nurse (RN).</p> <p>b.A charge nurse is a licensed nurse with designated responsibilities that may include staff supervision, emergency coordination, provider or physician support and direct resident care.</p> <p>c.The director of nursing services (DNS) may serve as the charge nurse only when the average daily occupancy of the facility is 60 or fewer residents.</p> <p>(continued on next page)</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3.A registered nurse provides services at least eight (8) consecutive hours every 24 hours, seven (7) days a week. RNs may be scheduled more than eight (8) hours depending on the acuity needs of the resident.</p> <p>4.Licensed nurses are required to supervise nurse aides/nursing assistants and are scheduled in such a way that permits adequate time to do so.</p> <p>5.Nurse aides/nursing assistants are individuals providing nursing or related services to residents in the facility, including those who provide services through an agency or under a contract with the facility. Licensed health professionals, registered dietitians, paid feeding assistants and individuals who volunteer to provide nursing or related services without pay are not considered nursing assistants and are not posted or reported as direct care staff.</p> <p>6.Staffing numbers and the skill requirements of direct care staff are determined by the needs of the residents based on each resident's plan of care, the resident assessments and the facility assessment.</p> <p>7.Factors considered in determining appropriate staffing ratios and skills include an evaluation of the diseases, conditions, physical or cognitive limitations of the resident population, and acuity.</p> <p>8.Minimum staffing requirements imposed by the state, if applicable, are adhered to when determining staff ratios but are not necessarily considered a determination of sufficient and competent staffing.</p> <p>1.Competency is a measurable pattern of knowledge, skills, abilities, behaviors, and other characteristics that an individual needs to perform work roles or occupational functions successfully.</p> <p>2.All nursing staff must meet the specific competency requirements of their respective licensure and certification requirements defined by state law.</p> <p>3.Staff must demonstrate the skills and techniques necessary to care for resident needs including (but not limited to) the following areas:</p> <p>a.Resident rights;</p> <p>b.Behavioral health;</p> <p>c.Psychosocial care;</p> <p>d.Dementia care;</p> <p>e.Person centered care;</p> <p>f.Communication;</p> <p>g.Basic nursing skills;</p> <p>h.Basic restorative services;</p> <p>(continued on next page)</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>i.Skin and wound care;</p> <p>j.Medication management;</p> <p>k.Pain management;</p> <p>l.Infection control;</p> <p>m.Identification of changes in condition; and</p> <p>n.Cultural competency.</p> <p>4.Licensed nurses and nursing assistants are trained and must demonstrate competency in identifying, documenting and reporting resident changes of condition consistent with their scope of practice and responsibilities.</p> <p>5.Competency requirements and training for nursing staff are established and monitored by nursing leadership with input from the medical director to ensure that:</p> <p>a.programming for staff training results in nursing competency;</p> <p>b.gaps in education are identified and addressed;</p> <p>c.education topics and skills needed are determined based on the resident population;</p> <p>d.tracking or other mechanisms are in place to evaluate effectiveness of training; and</p> <p>e.training includes critical thinking skills and managing care in a complex environment with</p> <p>6.Direct care daily staffing numbers (the number of nursing personnel responsible for providing direct care to residents) are posted in the facility for every shift.</p> <p>7.Inquiries or concerns relative to our facility's staffing should be directed to the director of nursing services (DNS) or his/her designee.</p>		

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<p>F 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide or get specialized rehabilitative services as required for a resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review for 6 of 7 Residents sampled, Residents 1,2,3,4,5 and 6. The facility failed to provide a physical therapist (PT-healthcare professional who helps people improve or restore mobility and reduce pain) to perform initial evaluations (a comprehensive assessment conducted by a licensed PT to understand a patient's physical condition and movement limitations).</p> <p>This deficient practice placed these residents at risk of a decline in mobility.</p> <p>Findings:</p> <p>A review of Resident 1's admission Record indicated the facility admitted this [AGE] year old female on 5/22/2025 with diagnoses including hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body) and hemiparesis (total weakness of the arm, leg, and trunk on the same side of the body) following cerebral infarction (CI-stroke, loss of blood flow to a part of the brain), type 2 diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), chronic kidney disease (CKD-long term kidney decrease in kidney function), peripheral vascular disease (PVD-having to do with the blood vessels and circulation), anemia (a condition where the body does not have enough healthy red blood cells), vitamin D deficiency (low level of vitamin D in the blood), congestive heart failure (CHF-a heart disorder which causes the heart to not pump the blood efficiently, sometimes resulting in leg swelling), hyperlipidemia (HLD-high fat level in the blood), essential hypertension (HTN-high blood pressure), acquired absence of left leg below the knee (BKA-surgical removal of the portion of the leg below the knee), acquired absence of right leg above the knee (AKA-surgical removal of the portion of the leg above the knee joint), presbyopia (difficulty seeing objects nearby), and dysphagia (difficulty swallowing).</p> <p>A review of Resident 1's History and Physical (The physician assessment and plan) dated 5/24/2025 indicated Resident 1 had the mental capacity to understand and make medical decisions. Resident 1 was a lateral transfer (came from another nursing home) from a previous facility asking for assistance with leg prosthesis (an artificial body part). The H&amp;P indicated a plan for PT with the leg prosthesis which came from the previous facility with Resident 1.</p> <p>A review of Resident 1's Minimum Data Set (MDS- a resident assessment) dated 5/29/2025 indicated Resident 1 had impairment in upper and lower extremities on one side. Resident 1 was dependent (helper does all the effort to complete a task) with toileting, showering and transfers (moving from one surface to another).</p> <p>A review of Resident 1's Physician order dated 5/22/2025 indicated PT evaluation and treat as indicated.</p> <p>(continued on next page)</p>		

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<p>F 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 6/25/2025 at 2:24 p.m. with the director of rehabilitation (DOR). The DOR stated, I have been here for three days. I am a certified occupational therapy assistant ( a healthcare professional who works under the supervision of an occupational therapist to help develop, improve and maintain the skills needed for activities of daily living (ADLs- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves). I cannot perform PT evaluations. Right now, we have 1 evaluating PT that we can use from an agency and will be here later today. Most of our therapy assistants come from the agency we are currently interviewing for PT.</p> <p>A review of Resident 1's physician order dated 6/26/2025 indicated PT Re-evaluation.</p> <p>During an interview on 6/26/2025 at 12:20 p.m. the certified occupational therapy assistant (COTA) stated, I started working there on 5/26/2025 helping as the acting director of rehabilitation. I was using an outside agency at the time to get a PT for evaluations as needed. I cannot do PT evaluations. I work at another facility as well, so I was back and forth between both facilities. I was there for 4-5 hours a day a few days a week until my last day I was there which was 6/20/2025. We did have a PT from the agency during that time. Physical therapy evaluations were hard to get done because we did not have a PT there 8 hours a day; they were being sent from the agency on an as needed basis. We would usually try to complete the PT evaluations within 24 to 48 hours of admission.</p> <p>During an unannounced visit at the facility on 6/26/2025 at 1:59 p.m. The Ombudsman (an advocate for residents of nursing homes, board and care centers, and assisted living facilities) informed this surveyor Resident 1 complained about not getting physical therapy and not getting any assistance with Resident 1's leg prosthesis.</p> <p>During a concurrent observation and interview on 6/26/2025 at 2:05 p.m. with Resident 1. Inside of Resident 1's closet two prosthetic legs were noted. Resident 1 stated, I just got those legs before I left the other facility. At the other facility they were putting them on me while I was in bed. They told me the legs were temporary for three months. PT has not come to me not one time since I have been here, and I want to wear my legs. It makes me upset because its like they forgot about me.</p> <p>A review of Resident 2's admission record indicated the facility admitted this [AGE] year old female on 6/13/2025 with diagnoses including ventricular fibrillation (lethal heart rhythm), morbid obesity (severely overweight), DM, asthma (long term lung disease), extended spectrum beta lactamase resistance (ESBL-resistant bacteria), acute pulmonary edema (fluid in the lungs), CHF, hypotension (low blood pressure), thrombocytopenia (low blood cells that cause clotting), obstructive sleep apnea (disorder that causes one to stop breathing during sleep), CKD, HLD, dementia (a progressive state of decline in mental abilities), pressure ulcer of left buttock stage 2 (Partial-thickness loss of skin, presenting as a shallow open sore or wound), Gastro-esophageal reflux (heartburn), HTN and gout (joint inflammation).</p> <p>A review of resident 2's MDS dated [DATE] indicated Resident 2's cognition (mental ability to make decisions for daily living) was not intact. The MDS indicated Resident 2 was dependent (helper does all the effort. Resident does none of the effort to complete the activity. Or the assistance of 2 or more helpers is required for the resident to complete the activity) with toileting, personal hygiene, and transfers (moving between surfaces) from bed to chair.</p> <p>(continued on next page)</p>		

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<p>F 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of Resident 2's H&amp;P dated 6/16/2025 indicated Resident 2 had an acute T12 distraction vertebral fracture vs subacute history of T12 vertebral fracture (broken back) with a plan to wear kyphotic TLSO brace (thoraco-lumbo sacral orthosis brace used to treat an excessive outward curvature of the spine) when upright and out of bed per neurosurgery recommendations and physical therapy.</p> <p>On 6/20/2025 the California Department of Public Health (CDPH) received a complaint alleging the facility accepted Resident 2 for physical therapy when the facility did not have a physical therapist to provide the therapy.</p> <p>During an interview on 6/25/2025 at 1:25 p.m. with the family member (FM). The FM stated, we got her on 6/13/2025 at around 5:00p.m. and I stayed with my mom until 11:00 p.m. I found out there was no PT, so I met with the administrator and expressed my concern about Resident 2 not getting any physical therapy. The administrator told me the facility can do telemedicine for physical therapy; I am a social worker by trade, and I know that is unacceptable and I told the administrator that was inappropriate. Then, the administrator asked me if we wanted to find another place for Resident 2 and I said no. Then I sent the administrator an e mail stating I wanted the facility to provide physical therapy for Resident 2 since they accepted Resident 2. Resident 2 came to the facility with a back brace from the neurosurgeon and no one here knew how to put it on. The previous director of nursing had one of the occupational therapists give an in service to some of the certified nursing assistance on how to put it on; but they still don't put it on correctly. Resident 2 complained to me a few times saying the brace was pinching underneath the arms and we would have to adjust it. I don't recall exactly when the in service was given but Resident 2 did not wear the brace for the first 7 days after admission. Resident 2 finally got a PT evaluation yesterday.</p> <p>A review of Resident 3's admission record indicated the facility admitted this [AGE] year old male on 6/9/2025 with diagnoses including fracture of the sacrum (broken tailbone), DM, unspecified protein calorie malnutrition, acute respiratory failure (difficulty breathing), pneumonia (infection in the lungs), CKD, hyperparathyroidism (overactive parathyroid gland), foot drop (difficulty lifting the front part of the foot) right foot and malignant neoplasm (cancer) of prostate.</p> <p>A review of resident 3's MDS dated [DATE] indicated Resident 3's cognition (mental ability to make decisions for daily living) was intact. Resident 3 was dependent (helper does all the effort. Resident does none of the effort to complete the activity. Or the assistance of 2 or more helpers is required for the resident to complete the activity) with toileting, personal hygiene, and transfers (moving between surfaces) from bed to chair.</p> <p>A review of Resident 3's physician order dated 6/13/2025 indicated PT evaluation and treat as indicated.</p> <p>A review of Resident 4's admission record indicated the facility admitted this [AGE] year-old female on 6/19/2025 with diagnoses including asthma, chronic resp failure, aspergillosis (fungal infection in the lungs), chronic obstructive pulmonary disease(COPD-a chronic lung disease causing difficulty in breathing), heart block (disruption in electrical signals in the heart), prediabetes, hypereosinophilic syndrome (rare blood disorder), depression (persistent low mood), insomnia (difficulty sleeping), chronic sinusitis (long term infection of the sinuses), hoarding disorder (mental health condition causes one to accumulate excessive clutter), other abnormalities of gait (walking) and mobility.</p> <p>(continued on next page)</p>		

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  06/26/2025
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 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of resident 4's MDS dated [DATE] indicated Resident 4's cognition moderately impaired. Resident 4 required moderate assistance (helper does less than half the effort to compete the task) with toileting, personal hygiene, and transfers (moving between surfaces) from bed to chair.</p> <p>A review of Resident 4's physician order dated 6/19/2025 indicated PT evaluation and treat as indicated.</p> <p>A review of Resident 5's admission record indicated the facility originally admitted this [AGE] year-old male on 9/3/2023 and most recently on 4/1/2024 with diagnoses including kidney transplant, liver transplant, cytomegalovirus (herpes virus), DM, Alcoholic cirrhosis (liver disease caused by alcoholism), unspecified abnormalities with gait, dysphagia, viral hepatitis B (liver infection), esophageal varices (small tears in the feeding tube), embolism of right femoral vein (blood clot in leg), depression, anemia, neuralgia and neuritis (inflammation of nerves and nerve pain), HTN, gastritis (inflammation of stomach), urine retention (difficulty fully emptying bladder) and cognitive communication deficit.</p> <p>A review of Resident 5's MDS dated [DATE] indicated Resident 5's cognition was severely impaired. Resident 5 was dependent (helper does all the effort. Resident does none of the effort to complete the activity. Or the assistance of 2 or more helpers is required for the resident to complete the activity) with toileting, personal hygiene, and transfers (moving between surfaces) from bed to chair.</p> <p>A review of Resident 5's physician order dated 6/20/2025 indicated PT evaluation and treat as indicated.</p> <p>A review of Resident 6's admission record indicated the facility originally admitted this [AGE] year-old male on 4/28/2017 and most recently on 6/20/2025 with diagnoses including rhabdomyolysis (breakdown of muscles), malignant neoplasm of prostate, acute kidney failure, Dementia, HTN, Myocardial infarction (heart attack), atrial fibrillation (heart dysrhythmia), depression, dysphagia, UTI and hypokalemia (low potassium in the blood).</p> <p>A review of Resident 6's MDS dated [DATE] indicated Resident 6's cognition was moderately impaired. Resident 6 was dependent (helper does all the effort. Resident does none of the effort to complete the activity. Or the assistance of 2 or more helpers is required for the resident to complete the activity) with toileting, personal hygiene, and transfers (moving between surfaces) from bed to chair.</p> <p>A review of Resident 6's physician order dated 6/20/2025 indicated PT evaluation and treat as indicated.</p> <p>During a concurrent record review and interview on 6/25/2025 at 2:45 p.m. with the DOR. Resident 1's Physician order dated 5/22/2025, Resident 2's Physician order dated 6/13/2025, Resident 3's physician order dated 6/13/2025 , Resident 4's physician order dated 6/19/2025, Resident 5's physician order dated 6/20/2025, Resident 6's physician order dated 6/20/2025 were reviewed. Resident 1,2,3,4,5 &amp;6's physician order indicated PT evaluation and treat as indicated. The DOR stated, I think at the time these was ordered there was no PT to do the evaluation. Since I started here on 6/23/2025; I have been tracking all residents with PT evaluation orders that were not done, getting new orders from their physicians so we can get their evaluations done. I believe the PT evaluations should be done within 24 hours of admission, but I could be wrong.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Santa Monica Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1338 20th Street Santa Monica, CA 90404	

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<p>F 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the facility policy titled, Specialized Rehabilitative services, reviewed 11/2024 indicated</p> <p>In addition to Rehabilitative Nursing Care, the facility provides Specialized Rehabilitative Services by qualified professional personnel.</p> <p>2.Specialized Rehabilitative Services include the following:</p> <p>a.Physical Therapy;</p> <p>b.Speech Pathology/Audiology;</p> <p>c.Occupational/ Activity Therapy;</p> <p>3.Therapeutic Services are provided only upon the written order of the resident's Attending Physician.</p> <p>4.Only licensed or certified personnel who are registered to provide specialized therapy or rehabilitative services will be permitted to perform such services. Evaluations conducted via telehealth are offered and/or provided by the facility.</p> <p>5.Once a resident has met his/her care plan goals, a licensed professional can either discontinue treatment or initiate a maintenance program which either Nursing or Restorative Aides will implement to assure that the resident maintains his/her functional and physical status.</p>