

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 07/22/2025
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review, the facility failed to provide necessary respiratory care services for one of three sampled residents (Resident 4), by failing to follow physician's order for bilevel positive airway pressure machine (BiPAP - a device that helps people breathe easier, especially when they have breathing difficulties like sleep apnea [a sleep disorder where breathing repeatedly stops and starts during sleep]) per facility's protocol. This deficient practice had the potential to cause complications associated with respiratory treatment. Findings: During a review of the admission Record indicated Resident 4 was admitted to the facility on [DATE] with diagnosis including obstructive sleep apnea (OSA - is characterized by episodes of a complete (apnea) or partial collapse (hypopnea) of the upper airway with an associated decrease in oxygen saturation or arousal from sleep. This disturbance results in fragmented, nonrestorative sleep), type II Diabetes Mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing) and asthma (respiratory condition marked by spasms in the bronchi of the lungs, causing difficulty in breathing). During a review of the Minimum Data Set (MDS - resident assessment tool) dated 6/20/2025, indicated Resident 4's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions were severely impaired. The MDS indicated Resident 4 required total dependent from staff for activities of daily living (ADLs- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves). During a review of Resident 4's Order Summary Report, dated 6/30/2025, it indicated, physician ordered, BiPAP to start at 9 p.m., until resident wake up or as needed. Place the mask on firmly but not so tight and connect supplemental oxygen as ordered. During a review of Resident 4's Care Plan (CP) for respiratory status/difficulty breathing related to asthma, obstructive sleep apnea, dated 6/24/2025, the CP indicated a goal of Resident (4) will have no complications related to shortness of breath (SOB) and Resident (4) will maintain normal breathing pattern, with intervention that included, Resident (4) uses BiPAP machine for sleep. During a review of Resident 4's BiPAP machine compliance report (shows how consistently a patient uses the machine and if it's working effectively), the Compliance Report indicated, Resident 4's BiPAP average usage hours were 2 hours and 16 minutes. During an interview with Registered Nurse 1 (RN 1) on 7/22/2025 at 2:16 p.m., RN 1 stated, Resident 4's order for the BiPAP machine is to be used while asleep from 9 p.m. to 6 a.m., RN 1 stated, there's a report from the night shift nurses that the BiPAP has been leaking and alarming at night, which means, it's not properly functioning and set on Resident 4. RN 1 stated, he had told the charge nurses and supervisors at night to ensure that the BiPAP machine are properly set on Resident 4. RN 1 further stated, if the BiPAP machine are not properly set and functioning, it won't help Resident 4's sleep apnea and have a potential for her to be anoxic (without oxygen). During an interview with Director of Nursing (DON) on 7/22/2025 at 4:02 p.m., DON stated, the nurses should be competent on how to operate the BiPAP machine and troubleshoot if the machine is beeping and alarming. DON stated, if the BiPAP machine is not properly set on, it alarms, which means, the resident is not receiving the proper oxygen treatment for her sleep apnea. During an interview with Medical Doctor 1 (MD 1) on 7/23/25 at 3:44 p.m., MD 1 stated, according to the Compliance Report of the BiPAP machine, the report indicated, the BiPAP machine usage is averaging only about two hours per night, but she would like the resident to be on the machine all throughout while asleep. If the BiPAP machine is not on Resident 4 while asleep, it won't help her with her severe sleep apnea. During a review of the facility's policy and procedures (P&P) titled, CPAP (continuous positive airway pressure - a common treatment for obstructive sleep apnea)/BiPAP Support, reviewed date 11/21/2024, the P&P indicated, Purpose: to provide the spontaneously breathing resident with continuous positive airway pressure with or without supplemental oxygen. Documentation: General assessment, time the CPAP was started and duration of the therapy. how the resident tolerated the procedure. Notify the physician if the resident refuses the procedure and Notify the physician if the resident experiences any adverse consequences, including respiratory distress and marked change in vital signs.</p>		