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	07/23/2025

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. (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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to implement their policy regarding reporting of a resident-to-resident altercation and to submit a conclusion report of investigation within five days or in accordance with state or federal law for two of three sampled residents (Resident 1 and 2).This resulted in a delay in an onsite inspection by the Department of Public Health to ensure the residents' allegation of abuse was investigated, which can also lead to a delay in prevention of further abuse.Findings:1a. During a review of Resident 1's admission Record, it indicated Resident 1 was admitted to the facility on [DATE] with diagnosis including type II Diabetes Mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing) and chronic obstructive pulmonary disease (COPD-a chronic lung disease causing difficulty in breathing), During a review of the Minimum Data Set (MDS - resident assessment tool) dated 5/29/2025, indicated Resident 1's cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decisions were intact. The MDS indicated Resident 1 required moderate assistance 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 1's Progress Notes, dated 7/6/2025 at 11:58 a.m., the Progress Notes indicated, Patient (Resident 1) find another patient (Resident 2) came into his (Resident 1)'s room, sit on his bed and opened his drawer. Resident 1 asked Resident 2 to leave, Resident 1 was upset and threw water toward her (Resident 2) on the floor of the hallway, patient (Resident 2) got wet. staff will continue monitor Resident 2's behavior.1b. During a review of Resident 2's admission Record, it indicated Resident 2 was admitted to the facility 12/8/2024 with diagnosis including unspecified dementia (a progressive state of decline in mental abilities), major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest) and hyperlipidemia (abnormally high levels of fats in the blood).During a review of the MDS dated [DATE] indicated Resident 2's cognitive skills for daily decisions were moderately impaired. The MDS indicated Resident 2 required moderate assistance to supervision staff for ADLs.During a review of Resident 2's Wandering Risk Assessment (identifies residents who may wander and assesses the potential dangers), dated 3/10/2025, it indicated that Resident 2 scored 13 (indicates a high risk of wandering, potentially requiring immediate attention and intervention).During a concurrent interview and record review with Registered Nurse 1 (RN 1) on 7/22/2025 at 12:48 p.m., RN 1 stated, Resident 2 walks around the facility and confused. RN 1 reviewed Resident 1 and Resident 2's Progress Notes which indicated that on 7/6/2025, Resident 2 wanders inside Resident 1's room and opened his (Resident 1's) drawer. Resident 1 was upset at Resident 2 and threw water at her (Resident 2). RN 1 stated, this should have been investigated and reported to the district office. During a concurrent interview and record review with Director of Nursing (DON) on 7/22/2025 at 3:36 p.m., DON reviewed Resident 1 and Resident 2's Progress Notes on 7/6/2025 and stated, this incident should have been reported and investigated. During an interview with the Administrator (ADM) on 7/22/2025 at 3:50 p.m., ADM stated, this incident should have been investigated and reported to the district office. ADM stated this incident was not reported to the State, Local Ombudsman and Police.A review of the facility policy and procedure (P&P) titled, Abus, Neglect, Exploitation and Misappropriation Prevention Program, reviewed on 11/21/2024, the P&P indicated, Residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation. Identify and investigate all possible incidents of abuse, neglect, mistreatment, or misappropriation of resident property. Investigate and report any allegations within timeframes required by federal requirements. Protect residents from any further harm during investigation.