

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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No. 0938-0391

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 08/21/2025
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)
F 0620 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Not require residents to give up Medicare or Medicaid benefits, or pay privately as a condition of admission; and must tell residents what care they do not provide. (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

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<p>F 0620</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 explain and obtain a signature for the admission agreement upon an admission per its policy and procedures (P&P) for one of three sampled residents (Resident 1). This deficient practice had the potential to result in a knowledge deficit as to which covered services were provided by the facility verses Resident 1's insurance. Findings: A review of Resident 1's admission record indicated the facility admitted this [AGE] year old female on 6/13/2025 with diagnoses including ventricular fibrillation (heart arrhythmia), morbid obesity (overweight), diabetes type 2 (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing), asthma (long term lung disease causing inflammation), acute pulmonary edema (fluid in the lungs), congestive heart failure (CHF-a heart disorder which causes the heart to not pump the blood efficiently, sometimes resulting in leg swelling), obstructive sleep apnea (sleep disorder), vascular dementia (a progressive state of decline in mental abilities), pressure ulcer on left buttocks (Partial-thickness loss of skin, presenting as a shallow open sore or wound), gastroesophageal reflux disease (GERD- heartburn), atherosclerotic heart disease (plaque buildup in the heart arteries), essential hypertension (HTN-high blood pressure), presence of pacemaker and gout (inflammation in the joint). A review of Resident 1's Minimum Data Set (MDS- a resident assessment) dated 6/20/2025 indicated Resident 1's cognition (mental ability to make decisions for daily living) was not 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. On 8/20/2025 The California Department of Public Health (CDPH) received a complaint alleging the facility did not explain admission agreement upon admission. During an interview on 8/22/2025 at 11:44 p.m. with the admission Coordinator (AC) 1, AC 1 stated, This was handed over to me about 2 weeks after I started working here. Family member (FM) 1 sent some highlighted questions via e mail regarding the admission agreement and I sent a follow up to those questions last week. I was told the admission packet was given to FM 1 at admission and FM 1 had some questions. I just spoke to FM 1 and answered some additional questions in passing in the hallway. The admission packet should be given at admission and the admission agreement should be explained at that time, signed and returned to the facility within 72 hours. A record review of e mail correspondence between FM 1, and AC 2 dated 7/9/2025 indicated AC 2 sent the admission packets containing the admission agreement to FM 1 and FM 1 confirmed receipt. A record review of e-mail correspondence between FM 1 and AC 2 dated 7/10/2025 indicated FM 1 sent some highlighted questions to AC 2 looking for clarification. AC 2 acknowledged receipt of questions and agreed to follow up. A record review of e mail correspondence between FM 1 and AC 2 dated 7/15/2025 indicated FM 1 followed up on questions for answered however no response was noted from AC 2. A record review of e mail correspondence between FM 1 and AC 1 dated 8/12/2025 indicated AC 2 addressed FM 1's questions. During an interview on 8/22/2025 at 12:45 p.m. with FM 1, FM 1 stated, I did not receive the admission packet until July. I reviewed it and sent some questions I had to AC 2 at the time and AC 2 never got back to me. AC 1 just recently responded to those questions; however I asked an additional question, and it still has not been addressed. During an interview on 8/22/2025 at 12:57 p.m. with AC 2, AC 2 stated, I initially gave FM 1 the admission packet via e mail 2 days after Resident 1 was admitted, it wasn't received so I sent it to more times until FM 1 confirmed receipt. I am not sure if I offered to give FM 1 the admission packet in person, I know FM 1 was here daily with Resident 1. Once it was received, FM 1 sent it back with some highlighted questions, so I sent it to the Administrator at the time who is no longer here, and I don't know what happened after that. A review of the facility's P&P titled, admission Agreement revised 2/2025 indicated at the time of admission, the resident (or his/her representative) must sign an admission agreement (contract). The admission agreement (contract) reflects all charges for covered and non-covered items, as well as identifying the parties that are responsible for the payment of such services. Inquiries concerning the facility's admission agreement should be referred to the administrator and/or business office.</p>		