

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 01/15/2026
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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure the resident and resident's responsible party received changes in coverage made to services and share of cost (SOC) were provided periodically for one of four sampled residents, Resident 2. This deficient practice resulted in Resident 2's responsible party/POA not being able to exercise their rights to file for appeal and take timely action for bills past due since September 2025. Findings: During a review of Resident 2's admission Records, the Records indicated Resident 2 was admitted to the facility on [DATE] and readmitted [DATE] with a diagnoses including aphasia (difficulty speaking) following cerebral infraction (loss of blood flow to a part of the brain causing brain cells to die), hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body) and hemiparesis (mild or partial weakness or loss of strength on one side of the body). During a review of Resident 2's Minimum Data Set (MDS- a resident assessment tool), dated 11/18/2025 indicated, Resident 2 had no cognitive impairment (mental action or process of acquiring knowledge and understanding). During an interview on 1/15/2026 at 10:40 AM with Resident 2, Resident 2 stated, my son is the responsible party and power of attorney (POA). While I was in the facility, I was not provided any documents related to finance. Resident 2 further stated, no one from the facility had mentioned the monthly billing for services provided. About a week ago, the responsible party/POA informed Resident 2 that the resident is behind payments for the past four months. During an interview on 1/15/2026 at 2:47 PM with the social services director (SS), SS stated, due to recent ownership changes and high turnover of business office and SS staff in 2025, there are residents who needs their records be updated and receive current up to date notifications about their finance and services. SS stated, there are some residents with share of cost for services, some of them have not been notified yet, business office is responsible for updating and notifying residents and responsible parties. During a telephone interview on 1/16/2026 at 12PM with the facility's business office manager (BOM), the BOM stated, some residents have shared costs, the shared costs are usually known even during pre-admission to the facility, during admission, and periodically. BOM stated that Resident 2's responsible party/POA should have received a monthly statement and paid the monthly shared cost. The monthly shared cost as of September 2025 has not been paid. BOM could not verify if the monthly statement has been mailed out to Resident 2's responsible party/POA. BOA could not provide information whether a monthly bill has been billed to Resident 2 or the responsible party/POA. BOM stated, Business office provides monthly statements, statements should be mailed out monthly. BOM stated, shared costs for Resident 2 started in September 2025. After reviewing Resident 2's financial records, BOM could not provide information whether a notification for shared cost has been mailed to Resident 2 or the responsible party/POA due to high turnover of business office managers throughout 2025. BOM stated, past due bills notifications should come from the business office not from a third-party company handling the finances for the facility. During an interview on 1/16/2026 at 1:01</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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PM with Resident 2's responsible party/POA, the POA stated, I have not received monthly statements from the facility, I am not aware of how much the share of cost is. Resident 2's responsible party/POA was not aware of the monthly shared of costs until receiving a phone call from a third-party company demanding payment for past due bills for four months. Resident 2's responsible party/POA stated, the stressful part is not about paying the share of cost, it is about the lack of timely communication. During a review of the facility's policy and procedures (P&P) titled Billings revised February 2025, the P&P indicated 1. Residents are billed monthly. The billing statement includes an itemized Listing of items and services not covered under the facility's basic Medicare or Medicaid daily reimbursement rate. 2. Charges for non-covered items provided by outside services are billed directly to the resident or representative (sponsor), as applicable. 3. If the resident (or the individual who has access and control of the resident's funds) do not agree with the charges from outside suppliers, they should contact the administrator. An investigation may be conducted and a written report of the results of the investigation provided to the resident or representative (sponsor). 4. The resident is notified in writing at least 60 days prior to changes in the cost of non-covered items and services.</p>		