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	06/24/2026

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interview, and record review, the facility failed to follow its' policy and procedure (P&P) titled, Bioethics Committee- Residents Rights and Dignity, revised 1/29/2026, by failing to honor the rights of one of the three sampled residents (Resident 5) who had fluctuating capacity to make decisions. This deficient practice resulted in Resident 5 being unable to make decisions regarding her care.During a review of Resident 5's admission record indicated that Resident 5 was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including hemiplegia (total paralysis of the arm, leg, and trunk on the same side of the body) and hemiparesis (partial muscle weakness or reduced control on one entire side of the body) following cerebral infarction (cerebrovascular accident - CVA-stroke, loss of blood flow to a part of the brain), chronic kidney disease stage 4 (severely damaged kidneys and which do not properly filter waste from the blood), diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing). During a review of Resident 5's history and physical (H&P) dated 2/19/2026, the H&P indicated that Resident 5 had fluctuating capacity to make medical decisions. During a review of Resident 5's Minimum Data Set (MDS - a resident assessment tool) dated 6/15/2026, the MDS indicated Resident 5 had severe cognitive impairment (when a person has trouble remembering, learning new things, concentrating, or making decisions). The MDS indicated Resident 5 was dependent on staff for most of her Activities of Daily Living (ADLs such as, toileting hygiene, shower/bathe self, upper and lower body dressing, personal hygiene, and putting on/taking off footwear). During a review of Resident 5's facility document titled, Psychotherapeutic Drug Informed Consent Form, dated 6/3/2026, indicated, mirtazapine [Remeron - a prescription antidepressant primarily used to treat major depressive disorder] 7.5 mg [milligrams - unit of measure] with a frequency QHS (at bedtime) with an indefinite duration. The consent indicated under reason for use as, Depression m/b [manifested by] poor oral intake. The same consent indicated Resident 5 had signed on 6/3/2026. The licensed nurse signature as week as the interpreter sections were left blank. During a review of Resident 5's physician orders dated 6/20/2026 indicated, Mirtazapine Oral Tablet 7.5 MG (Mirtazapine) Give 7.5 mg by mouth at bedtime for Appetite Stimulant. During an interview with Licensed Vocational Nurse (LVN) 4 on 6/23/2026 at 10:22 am, LVN 4 stated that she was familiar with Resident 5 and that she was totally dependent on facility staff for all her needs. LVN 4 stated that Resident 5 was Farsi speaking and stated that the facility staff used Resident 5's Family Member (FM) as the translator because Resident 5 did not understand English. During an interview with Certified Nursing Assistant (CNA) 4 on 6/23/2026 at 12:01 pm, CNA 4 stated that she was familiar with Resident 5 and that she (Resident 5) was dependent on staff for her care. CNA 4 stated that she did not understand Resident 5 because she spoke another language which she thought was Russian. CNA 4 was not aware of any translation services provided by the facility. During a follow up interview with LVN 4 on 6/23/2026 at 12:06 pm, LVN 4 stated that after reviewing Resident 5's chart she noticed that there were no FMs or responsible parties listed. LVN 4 stated that when providing care such as administering medications, she (LVN 4) used simple instructions but could not verify if (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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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	the resident understood stating, I don't know what to tell you. LVN 4 stated that she used an interpreter application that was not approved by the facility. LVN 4 stated that at other instances, she (LVN 4) had asked other Resident's private caregivers to help interpret for her. LVN 4 confirmed that the methods she had used for translation were not appropriate and that a formal service approved by the facility could be helpful in ensuring that Resident 5 fully understood her care. LVN 4 stated that the importance of using an approved service for translation could impact resident outcomes in a positive way. LVN 4 stated that when a resident with severe cognitive impairments could not make decisions or give consent. During an interview with the Director of Nursing (DON) 6/23/2026 at 2:25 pm, the DON stated that Resident 5 did not speak but was able to say, yes and no. the DON stated that it could be a language barrier but that it could also be due to her medical condition. The DON was unable to respond how the facility concluded that she was alert to self only if they could not determine what language she spoke.During a concurrent observation of Resident 5 and interview with the DON on 6/23/2026 at 2:50 pm in Resident 5's room, the DON confirmed that there was no communication board posted in the room. Resident 5 was noted to be lying down in bed with her eyes closed. Resident 5 responded to a greeting in Armenian with, good, thank you, During a review of a P&P titled, Bioethics Committee- Residents Rights and Dignity, revised 1/29/2026, indicated, It is the policy of this facility to uphold the rights of residents to participate in the planning and decision-making process concerning their care and treatment. When situations arise that involve complex bioethical situations, the Bioethics Committee shall meet to address the situation. The same P&P indicated, Bioethical situations include, but are not limited-to the following situations:When the facility IDT (Interdisciplinary Team - consist of a variety of medical professionals and supporting personnel, including physicians, therapists, nurses, social workers, dieticians, case managers and anyone else deemed necessary to help a patient recover from an acute injury or thrive in their current condition) is the resident's Healthcare Surrogate, and there is a recommendation from the primary care physician to withhold treatment; and Other unresolved bioethical issues During a review of a P&P titled, Informed Consent for Psychotropic Drugs - Pharmacy Services, reviewed 1/292/2026, indicated, This policy ensures compliance with federal Centers for Medicare & Medicaid Services (CMS) regulations, regarding informed consent for psychotropic drugs. It outlines responsibilities for obtaining, verifying, and documenting informed consent to protect resident rights, promote safety, and facilitate appropriate use of these medications for residents with behavioral or psychotic symptoms, such as those associated with dementia. Facilities must also comply with any additional state-specific requirements. The same P&P defined the following: Psychotropic Drugs: Any drug that affects brain activities associated with mental processes and behavior, including but not limited to antipsychotics (e.g., haloperidol, risperidone), antidepressants, anxiolytics, hypnotics, mood stabilizers, anticonvulsants, central nervous system agents, muscle relaxants, anticholinergics, antihistamines, NMDA receptor modulators, arid over-the-counter natural/herbal products.Informed Consent: Disclosure of material information (e.g., reasons for use, benefits, risks including black box warnings, alternatives including nonpharmacological approaches) to the resident or their representative/surrogate, allowing them to accept, refuse, or revoke consent. Consent must be obtained prior to initiation or increase.Representative/Surrogate: A legally authorized decision-maker, such as a guardian, durable power of attorney for health care, or other surrogate identified per state law if the resident lacks decision-making capacity. During a review of the P&P titled, Translation and/or Interpretation of Facility Services, reviewed, 1/29/2026, indicated, This facility's language access program will ensure that individuals with limited English proficiency (LEP) shall have meaningful access to information and services provided by the facility. The same P&P indicated under policy interpretation and implementation which included the following: - When encountering LEP individuals, staff members will conduct the initial language assessment (e.g., I Speak Cards) and notify the staff person in charge of the language access program.- The coordinator of this facility's language access program is the director of social services, or his/her designee.- All LEP persons (continued on next page)

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	shall receive a written notice in their primary language of their rights to obtain competent oral translation. services free of charge. If written notice is not possible, such notice shall be given orally.The same P&P indicated, Family members and friends shall not be relied upon to provide interpretation services for the resident, unless explicitly requested by the resident. If family or friends are used to interpret, the resident must provide written consent for disclosure of protected health information.

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F 0557 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interview, and record review, the facility failed to follow its' own policy and procedures (P&P) titled, Resident Rights, revised 1/29/2026 for one of the three sampled residents (Resident 1) by failing to prevent the loss of her compression hose (compression stockings - specialized, snug-fitting elastic garments worn on the legs. They apply gentle, graduated pressure that is tightest at the ankle and decreases as it moves up the leg. This pressure helps improve blood flow and prevents swelling). This deficient practice resulted in Resident 1 being unable to wear her compression hose when she wanted to.During a review of Resident 1's admission record indicated that Resident 1 was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including metabolic encephalopathy (altered brain function or structure caused by an illness, chemical imbalance, or organ failure elsewhere in the body such as the liver or kidneys rather than a direct injury to the brain itself), chronic obstructive pulmonary disease (COPD-a chronic lung disease causing difficulty in breathing) and diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing). During a review of Resident 1's inventory list dated 9/20/2024 indicated, 4 pairs of compression hoses. During a review of Resident 1' s Minimum Data Set (MDS - a resident assessment tool) dated 6/21/2026, the MDS indicated Resident 1 had severe cognitive impairment (when a person has trouble remembering, learning new things, concentrating, or making decisions). The MDS indicated Resident 1 was dependent on staff for most of her Activities of Daily Living (ADLs such as, toileting hygiene, shower/bathe self, upper and lower body dressing, personal hygiene, and putting on/taking off footwear). During an interview with Resident 1's Representative (RP) on 6/23/2026 AT 10:47 am, RP stated that the facility did not have a system in place to ensure that residents' belongings were protected from getting lost or misplaced. RP stated that Resident 1's personal blanket as well as several pairs of compression hose were missing. RP stated that she had spoken with the Facility Administrator (FA) and Social Worker to resolve the issue but had not gotten them to replace the missing items. During an interview with the SW on 6/23/2026 at 1:57 pm, the SW stated that the facility procedure in ensuring personal items did not go missing was to make sure that staff or family members labeled personal items but that not all residents and families were on board with this procedure. The SW stated that she had been made aware (unable to recall whom) of the missing items compression hose and two nightgowns. The SW stated that facility had purchased some compression socks which RP had stated were not the right one. The facility was in the process of purchasing the specific brand requested by RP. The SW also stated that specific nightgowns were long sleeves and that being that it was summer, she had asked RP to confirm via email the type she would prefer. The SW stated that she was awaiting an email response from RP. During a review of the facility policy and procedure (P&P) titled, Resident Rights, revised 1/29/2026, indicated, Employees shall treat all residents with kindness, respect, and dignity. The same P&P indicated under policy interpretation and implementation which included: Be free from abuse, neglect, misappropriation of property, and explo1tat10n;Retain and use personal possessions to the maximum extent that space and safety permit.