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	06/30/2026

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 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure Certified Nursing Assistant (CNA) 1 was in-serviced and given clear instruction on the protocols of how to mitigate physical and environmental hazards including falls for one of four sampled residents (Resident 1) according to Resident 1's care plan (CP-a personalized, written roadmap that outlines a patient's specific health issues, medical goals, and the exact treatments or services needed to achieve them). On 6/12/2026, CNA 1 was assigned to monitor and supervise Resident 1 who was using a Merry [NAME] (MW- a specialized/mobility device that combines a fully enclosing, 4-wheeled walker with an attached trailing chair which enables independent ambulation for Residents with poor balance) for ambulation, had a history of falls, and had a behavior of suddenly getting up and walking very fast. This deficient practice resulted in Resident 1 falling on 6/12/2026and suffering a nasal (nose) fracture (break in a bone) and laceration (skin tear) to the forehead respectively. Resident 1 was transferred to a general acute care hospital (GACH) for further evaluation and management. Findings: A review of Resident 1's admission record indicated Resident 1 was originally admitted to the facility on [DATE] and re-admitted on [DATE], with diagnoses that include encephalopathy (malfunction of the brain that alters its structure or function), protein calorie malnutrition (inadequate intake or absorption of protein, calories), dementia (loss of cognitive functioning-including thinking, remembering, and reasoning-that is severe enough to interfere with a person's daily life), muscle weakness, disorder of bone density and structure, fracture of the fifth metacarpal (a break in the hand bone connecting your pinky to your wrist) bone left hand, Alzheimer's disease (an irreversible, progressive neurodegenerative brain disorder that gradually destroys memory, thinking skills, and the ability to carry out simple tasks), anxiety disorder (mental health conditions characterized by excessive, persistent, and uncontrollable worry or fear that is out of proportion to the actual situation), depression (mood disorder characterized by a persistent feeling of sadness, emptiness, and a severe loss of interest in activities), hypertension (high blood pressure) and adult failure to thrive. A review of Resident 1's Minimum Data Set (MDS - a resident assessment tool) dated 5/15/2026, indicated Resident 1's cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses) was severely impaired The MDS indicated Resident 1 was independent with eating and oral hygiene, required supervision for upper body dressing, partial moderate assistance with toileting hygiene, shower/bathe self and personal hygiene, Resident 1 required substantial/maximal assistance with lower body dressing and was dependent for putting on/taking off footwear. A review of Resident 1's medical record titled Clinical-assessment dated [DATE] indicated Resident had a total of 12 separate falls in the facility on 4/8/2025, 8/15/2025, 9/5/2025, 11/17/2025, 12/29/2025, 1/4/2025, 1/6/2026, 1/13/2026, 1/16/2026, 2/8/2026, 2/20/2026, 4/30/2026 and 6/12/2026. A review of Resident 1's CP undated indicated Resident 1 had unavoidable risk for falls related to gait/balance problems, dementia, non-compliance using a walker.with care plan interventions that included helmet during ambulation, Merri walker for ambulation and a 1:1 sitter (a staff member assigned to continuously observe an at-risk patient by (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 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	providing one-to-one supervision to prevent injuries, falls, wandering, or self-harm). A review of facility in services and lesson plan regarding proper use of a MW dated 5/13/2026 and 6/18/2026, indicated there was no evidence of course content detailing the materials, topics, readings, covered during the in-service. During an interview on 6/25/2026 at 11:26 am, CNA1 stated that on 6/12/2026 approximately 2pm, CNA 1 was walking beside Resident 1 who was walking using a MW when the resident stopped to rest and sat on the seat on the MW for about 2 (two) minutes to rest. CNA 1 stated Resident 1 then got up abruptly held on to the front of the MW and started walking. CNA1 stated Resident 1 lost balance and fell face forward on the floor while in the MW. CNA1 stated she had been employed at the facility for 1 month and had not received in-services on potential risks and hazards associated with a Resident is using a MW. CNA1 stated she was not provided with a report on why Resident 1 was using a MW and/or potential risks to watch out for when Resident 1 is ambulating in the MW. During an interview on 6/29/2026 at 10:19 am Director of Nursing (DON) stated a staff assigned as a sitter should receive a report prior to attending to a Resident. The sitter (a healthcare worker who provides continuous supervision to a patient/resident at risk of injuring themselves, falling or wandering) is supposed to know why they are sitting with the Resident, the behavior to watch out for, what to expect from the resident because of the resident behavior. A review of facility policy and procedures (P&P) titled Assistive Device and Equipment dated 1/29/2026 indicated, certain devices and equipment that assist with resident mobility, safety and independence are provided for Residents. Staff. are trained on the safe use of equipment and devices. A review of facility P&P titled Staffing, Sufficient and Competent Nursing dated 1/29/2026 indicated, Licensed nurses and certified nursing assistants . provide competent resident care including assuring resident safety .