

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

Printed: 10/09/2026
Form Approved OMB
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 07/22/2026
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)		
F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to maintain an effective pest control program to ensure that the facility was free of pests (cockroaches). This deficient practice had the potential to place all 144 residents residing in the facility at risk of vector-borne diseases (Illness that results from infections transmitted to humans by insects, such as cockroaches) and infectious diseases transmitted by pests (cockroaches). During a review of Resident 2's admission record indicated that Resident 2 was admitted on [DATE] with diagnoses including cerebral infarction (when a blood vessel to the brain is blocked stopping blood and oxygen from reaching the brain resulting in brain cell death), generalized anxiety disorder (a mental health condition marked by excessive worry, constant tension, and feeling restless), and hypertension (HTN-high blood pressure). During a review of Resident 2's History and Physical (H&P - when a physician assesses and interviews a patient then documents findings) dated 6/22/2026 indicated Resident 2 lacked capacity to make medical decisions. During a review of Resident 2's Minimum Data Set (MDS - a resident assessment tool) dated 5/19/2026, the MDS indicated Resident 2 had severe cognitive impairments (a major loss of brain function where a person is unable to remember well, think clearly, or make safe choices and loses the ability to live on their own and need full-time help with daily tasks). The MDS indicated Resident 2 was dependent on staff for all Activities of Daily Living (ADLs such as eating, oral hygiene, toileting hygiene, shower/bathe self, upper and lower body dressing, putting on/taking off footwear, sit to stand, toilet transfer, sit to lying, sit to stand, toilet transfer, tub shower transfer, walk 10 feet, and personal hygiene). During a concurrent observation of Resident 2's room and interview of Family Member (FM) 1 on 7/21/2026 at 12:10 pm, FM 1 stated that she (FM 1) came in to visit Resident 2 at least every other day and that she (FM 1) had observed roaches almost every time which were mostly observed along the Resident 2's wall which separated his room from the unit hallway. FM 1 stated that she had notified multiple facility staff and administration including the Director of Nursing (DON) and was told that they would spray but felt that they had not. During the observation of Resident 2's room which included behind the nightstand, FM 1 removed some items that were on the nightstand on the bed while stating that Resident 2 refused to drink the water from the facility because he (Resident 2) thought that roaches had crawled all over it. Resident was then heard shouting, look! Look!, look!, look! while pointing to a yellow blanket which was wrapped in a plastic covering. A cockroach was observed crawling over the plastic covering. During a concurrent observation and interview with Certified Nursing Assistant (CNA) 1 on 7/21/2026 12:24 pm, CNA 1 confirmed the observation of the roach crawling in Resident 2's room and stated that they could potentially cause infection to the residents. During an observation with the DON on 7/21/2026 12:33 pm of Resident 2's room, the DON confirmed the observation of the roach in Resident 2's room which had been crushed on the floor at this point. During a follow-up interview with the DON on 7/21/2026 (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 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	at 4:04 pm, the DON confirmed that pests such as roaches could potentially spread infection. During a review of the facility's policy and procedures (P&P) titled, Pest Control, reviewed 1/26/2026, the P&P indicated, Our facility shall maintain an effective pest control program. The same P&P indicated under policy interpretation and implementation which included the following: - This facility maintains an on-going pest control program to ensure that the building is kept free of insects and rodents.- Garbage and trash are not permitted to accumulate and are removed from the facility daily.- Maintenance services assist, when appropriate and necessary, in providing pest control services. During a review of the P&P titled, Infection Prevention and Control Program, reviewed 1/26/2026, the P&P indicated, An infection prevention and control program (IPCP) is established and maintained to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. The same P&P indicated, The IPCP [Infection Prevention and Control Program] provides a system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement.		