

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

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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 07/30/2026
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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. Based on interview and record review, the facility failed to ensure that the resident rights to be informed regarding informed consent (provider explaining a treatment's risks, benefits, and alternatives so a patient can freely agree to or refuse care) for psychotropic (any substance or medication that changes how the brain works, affecting a person's mood, thoughts, feelings, behavior, or perception) medication was adhered to for one of one sampled residents (Resident 1) according to according to the facility's policy and procedures (P&P) titled Informed Consent for Psychotropic Drugs -Pharmacy services dated 1/29/2026. This deficient practice resulted in the violation of Resident 1's rights to be informed and make decisions about psychotropic medication. Findings: A review of Resident 1's admission Record indicated the facility admitted Resident 1 on 7/3/2026 with diagnoses including dysphagia (difficulty swallowing), depression (a medical brain condition that causes deep sadness, low energy, and a loss of joy that lasts for weeks or more), and encephalopathy (when a person has trouble thinking clearly). A review of Resident 1's skilled Nursing facility orders dated 7/3/2026 at 9:54 A.M., indicated .bipolar disorder (very large and intense shifts in their mood, energy, and activity levels) A review of Resident 1's history and physical (H&P - a doctor's complete health check) dated 7/4/2026, indicated . has fluctuating capacity (a person's ability to make sound decisions changes over time) to understand and make decisions. A review of Resident 1's physician order dated 7/4/2026 indicated Resident 1 to receive Bupropion (medication mainly used to treat depression) tablet 100 milligram (mg -unit of measure for weight), give 1 tablet via gastrostomy tube (g-tube) two times a day for depression . A review of Resident 1's psychotherapeutic (treating mental health) drug informed consent dated 7/4/2026 indicated Bupropion 100mg .Resident/Resident's representative signature line was blank/not signed . A review of Resident 1's psychotherapeutic drug informed consent dated 7/4/2026 indicated Diazepam 5mg .Resident/Resident's representative signature line blank/not signed . A review of Resident 1's Minimum Data Set (MDS - resident assessment tool) dated 7/10/2026, indicated Resident 1 has severe cognitive impairment (when a person has trouble remembering, learning new things, concentrating, or making decisions that affect their everyday life). The MDS indicated Resident 1 was dependent on staff with Activities of daily living (ADL- activities such as bathing, dressing and toileting a person performs daily) care. A review of Resident 1's physician order dated 7/21/2026 indicated Resident 1 to receive Zyprexa (medication used to treat serious mental health conditions) oral tablet 10 mg give 1 tablet via g-tube two times a day for bipolar disorder . A review of Resident 1's psychotherapeutic drug informed consent dated 7/21/2026 indicated Zyprexa 10mg .Resident/Resident's representative signature line with a scribble on the line. A review of Resident 1's physician order dated 7/25/2026 indicated Resident 1 to receive Diazepam (medication used to calm the brain) 5 mg give 1 tablet via g-tube every 6 hours as needed for anxiety for 14 days manifested by restlessness, screaming and yelling for no apparent reason. During a concurrent interview and record review, on 7/29/2026, at 10:16 A.M., with the Director of (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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Nursing (DON), Resident 1's medical record was reviewed. The DON stated that an informed consent is a verification that the physician has informed the resident and/or representative that a certain medication will be given including alternate treatments/side effects of the medication which is done at the time of admission or at the start of a medication that requires an informed consent. The DON stated that if a resident is admitted to the facility on a psychotropic medication, the facility obtains the facility's own informed consent from the residents regarding that specific medication. The DON stated that the informed consent is signed by the physician, resident or the resident's representative if the resident does not have the capacity. The DON stated that Resident 1 has a physician order for psychotropic medications Zyprexa, informed consent was signed by the resident, Buspirone and diazepam consents signature line was left blank which means it was neither signed for by the resident or their representative. The DON stated that a brief interview for mental states (BIM) score of 6 means the resident is severely cognitively impaired. The DON stated that a resident with fluctuating capacity and a severe cognitive impairment is unable to sign for an informed consent because they have impaired cognition. A review of the facility's P&P, titled Informed Consent for Psychotropic Drugs -Pharmacy services dated 1/29/2026, indicated, Purpose This policy ensures compliance with federal Centers for Medicare & Medicaid Services (CMS) regulations (e.g., 42 CFR S483.45(e), F605 -Chemical Restraints and Unnecessary Psychotropic Medications; F757 - Unnecessary Drugs; F758 -PRN Psychotropic Medications; F552 -Resident Rights to be Informed) 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. Scope This policy applies to all residents in Medicare-and/or Medicaid-certified skilled nursing facilities (SNFs) prescribed psychotropic drugs, including new initiations, dose increases, or changes. It covers all psychotropic drugs as defined by CMS. It does not apply to emergency situations where immediate action is needed, though post-emergency consent and documentation are required. Definitions . Informed Consent: Disclosure of material information (e.g., reasons for use, benefits, risks including black box warnings, alternatives including non pharmacological 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. Responsibilities. Obtain informed consent for all psychotropic medications prior to initiation or dose increase. Discuss material information with the resident/representative in a language they understand. For residents lacking capacity without a representative: Follow state-specific procedures for surrogate decision-making or unbefriended residents (e.g., ethics committee, court appointment) . Facility role Verify (but not obtain) informed consent; ensure documentation in the medical record. Maintain written policies/procedures on consent processes, documentation methods, and identifying surrogates for residents lacking capacity.		

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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. Based on observation and interview, the facility failed to ensure that the resident was cared for in a manner that promoted and enhanced the wellbeing, feeling of self-worth and self-esteem for one of one sampled resident (Resident 2) according to the facility's policy and procedures (P&P) titled Dignity, revised 1/29/2026. This deficient practice resulted in Resident 2 not being cared for in a manner that promoted and enhanced her wellbeing and feeling of self-worth. Findings: A review of Resident 2's admission Record indicated the facility admitted Resident 2 on 7/3/2025 and readmitted Resident 2 on 7/3/2026 with diagnoses including hypotension (low blood pressure), major depressive disorder (deep, ongoing feeling of sadness, hopelessness, and a loss of interest in daily activities), and vascular dementia (blocked blood vessels [flexible tube or pipeline that carries blood through your body] or tiny strokes [part of the brain loses its blood supply] in the brain). A review of Resident 2's Minimum Data Set (MDS - resident assessment tool) dated 6/21/2026, indicated Resident 2 is cognitively impaired (when a person has trouble remembering, learning new things, concentrating, or making decisions that affect their everyday life). The MDS indicated Resident 2 required setup/clean up to dependence on assistance from staff with Activities of daily living (ADLs-activities such as bathing, dressing and toileting a person performs daily) care. During an observation on 7/29/2026, at 8:05 A.M., in Resident 2's room, Certified Nursing Assistant (CNA) 1 was seen standing over Resident 2 while assisting her with eating her breakfast. During an interview on 7/29/2026, at 8:07 A.M., with CNA 1, CNA 1 stated that when assisting residents with eating, to provide dignity, she needs to make sure the resident swallows her food, have the resident's head of bed high, make sure that the resident is comfortable and provide the resident with privacy. During an interview on 7/29/2026, at 10:01 A.M., with the Director of Nursing (DON), the DON stated that facility staff expectation when assisting resident with eating is that staff should be sitting down at eye level with the resident not standing, for dignity and respect for the resident. A review of the Facility P&P titled Dignity, revised 1/29/2026 indicated, Policy Statement Each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life, and feelings of self-worth and self-esteem. 1. Residents are treated with dignity and respect at all times. 2. The facility 'culture supports dignity and respect for 'residents by honoring resident goals, choices, preferences, values and beliefs. This begins with the initial admission and continues throughout the resident's facility stay. 3. Individual needs and preferences. of the resident are identified through the assessment process. e. provided with a dignified dining experience.		

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F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. Based on observation, and interview, the facility failed to ensure that guidelines for the use if a pump for enteral feeding were adhered to according to the facility's policy and procedure (P&P) titled Enteral Tube Feeding Via Continuous Pump, dated 1/21/2026 for one of one sampled resident (Resident 1) when, tube enteral feeding formular was hang without a date or rate, enteral feed free water was hang without a label and tube feeding formula was not labeled. This deficient practice had the potential to cause infection and/or possible hospitalization. Findings: A review of Resident 1's admission Record indicated the facility admitted Resident 1 on 7/3/2026 with diagnoses including dysphagia (difficulty swallowing), depression (a medical brain condition that causes deep sadness, low energy, and a loss of joy that lasts for weeks or more), and encephalopathy (when a person has trouble thinking clearly). A review of Resident 1's Minimum Data Set (MDS - resident assessment tool) dated 7/10/2026, indicated Resident 1 has severe cognitive impairment (when a person has trouble remembering, learning new things, concentrating, or making decisions that affect their everyday life). The MDS indicated Resident 1 was dependent on staff with Activities of daily living (ADL- activities such as bathing, dressing and toileting a person performs daily) care. A review of Resident 1's physician order dated 7/14/2026 indicated Resident 1 to receive enteral feed order every shift . Isosource 1.5 (nutritional formula) via g-tube for a total of 1 000 cubic centimeter (cc -unit of measure in volume) per 1500 calories (kcal -unit of measure for energy) at rate of 50cc per hour (hr) for 20hrs or until dose met. During an observation on 7/29/2026, at 8:02 A.M., in Resident 1's room, the tube feeding formular Isosource 1.5 was connected to resident 1 and running at 50cc/hr via a tube feeding tube that was not labelled, free water bag did not have a label on it and the label on the formular did not have a date or rate on it. During a concurrent observation and interview on 7/29/2026, at 8:56 A.M., with Licensed Vocation Nurse (LVN) 1 in Resident 1's room, the tube feeding formular was connected to Resident 1 and running at 50cc/hr via a tube feeding tube that was not labelled, free water bag did not have a label on it and the label on the formular did not have a date or rate on it. LVN 1 stated that the tube feeding formular bag, water bag should have a label with the resident's name, date, time, formular and rate, and the tube feeding tube needed to be labeled with the date and time to prevent infection. LVN 1 stated that Resident 1's formular label was missing the date and rate, the water bag and the tube feeding tube did not have labels on them for infection control. During an interview, on 7/29/2026, at 10:16 A.M., with the Director of Nursing (DON), the DON stated that tube feeding formular, water bag and tube feeding tube need to have a label on them which includes the date name, initials, date, time for infection prevention and for nurses to know when they need to be changed. A review of the facility's P&P, titled Enteral Tube Feeding Via Continuous Pump dated 1/21/2026, indicated, Purpose The purpose of this procedure is to provide a guideline for the use of a pump for enteral feedings. General guidelines .3. Check the enteral nutrition label against the order before administration. Check the following information: a. Resident name, ID and room number; b. Type of formula; c. Date and time formula was prepared; d. Route of delivery; e. Access site; f. Method (pump, gravity, syringe); and g. Rate of administration (mL/hour). Steps in the procedure .5. Check the label on the enteral formula against the physician order.		

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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. Based on interview and record review, the facility failed to ensure nursing staff met the specific competency requirement of their respective licensure and certification for one of two sampled staff (Certified Nursing assistant [CNA] 1) according to the facility's policy and procedures (P&P) titled Competency of Nursing Staff, revised 1/29/2026. This deficient practice had the potential to negatively impact on the safety and wellbeing of the residents in the facility. Findings: During an observation on 7/29/2026, at 8:05 A.M., in Resident 2's room, CNA 1 was seen standing over Resident 2 while assisting her with eating her breakfast. During an interview on 7/29/2026, at 8:07 A.M., with CNA 1, CNA 1 stated that when assisting residents with eating, to provide dignity, she needs to make sure the resident swallows her food, have the resident's head of bed high, make sure that the resident is comfortable and provide the resident with privacy. During an interview on 7/29/2026, at 8:40 A.M., with Registered Nurse Supervisor (RNS) 1, RNS 1 stated that when assisting residents with eating, to provide them with dignity, facility staff needed to keep an eye level with the resident by making sure the bed is the same height as the staff feeding the resident and make sure that the staff can reach the food without leaning over. During an interview on 7/29/2026, at 10:01 A.M., with the Director of Nursing (DON), the DON stated that facility staff expectation when assisting resident with eating is that staff should be sitting down at eye level with the resident not standing, for dignity and respect for the resident. A review of the facility's (P&P) titled Competency of Nursing Staff, revised 1/29/2026 indicated Policy statement All nursing staff must meet specific competency requirements of their respective licensure and certification requirements defined by State law. In addition, licensed nurses and nursing assistants employed (or contracted) by the facility will: .b. demonstrate specific competencies and skill sets deemed necessary to care for the needs of residents . A review of the Facility P&P titled Dignity, revised 1/29/2026 indicated that, Policy Statement Each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life, and feelings of self-worth and self-esteem. 1. Residents are treated with dignity and respect at all times. 2. The facility 'culture supports dignity and respect for 'residents by honoring resident goals, choices, preferences, values and beliefs. This begins with the initial admission and continues throughout the resident's facility stay. 3. Individual needs and preferences. of the resident are identified through the assessment process. e. provided with a dignified dining experience.		