

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 06/04/2020
NAME OF PROVIDER OF SUPPLIER THE REHABILITATION CENTER OF SANTA MONICA		STREET ADDRESS, CITY, STATE, ZIP 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 0684 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to adequately monitor Resident 1 for 72 hours following a falls. This deficient practice resulted in lack of timely assessment and monitoring during the 72 hours after Resident 1 experienced a change in condition, and had the potential to result in further deterioration or significant decline in health. Findings: A review of Resident 1's Admission Record indicated the facility readmitted Resident 1 on 11/19/19 with [DIAGNOSES REDACTED]. A review of Resident 1's Minimum Data Set (MDS- a standardized assessment and care-screening tool) dated 1/27/20 indicated Resident 1 was able to express ideas and wants and was able to clearly understand others. Resident 1 required extensive assistance from staff with bed mobility (how the resident moves in bed), dressing, toilet use, and personal hygiene. A review of Resident 1's Fall Risk assessment dated [DATE] indicated Resident 1 had high risk of falls. A review of Resident 1's Nursing Progress Notes dated 10/6/19 and 10/15/19 Resident 1 fell . A review of the facility's undated policy on Guidelines status [REDACTED]. A review of Resident 1's Nursing Progress Note dated 10/6/19 indicated Resident 1 was found on the floor by her bed. Resident 1 was observed with redness on her right thigh and redness on her right elbow, the resident denied any pain or discomfort. Further review of Resident 1's licensed nursing notes indicated no documentation Resident 1's was monitored every shift after Resident 1's fall on 10/6/19. There was no monitoring on 10/7/19 during the day shift, 7 a.m. to 3 p.m., on 10/8/20 on the evening shift 3 p.m. to 11 p.m., and on 10/9/19 during the day shift. Further review of Resident 1's licensed nursing notes indicated no documentation Resident 1's was monitored every shift after Resident 1's fall on 10/15/19. There was no monitoring on 10/15/19 during the evening and night shift (11 p.m. to 7 a.m.), on 10/16/19 during the day and evening shift, on 10/17/19 during the day, evening, and night shift, and on 10/18/19 during the day shift. On 3/25/20 at 11:09 a.m., during a telephone interview, Licensed Vocational Nurse 3 (LVN 3) stated after a fall, nurses should monitor the resident every shift for 72 hours. LVN 3 confirmed licensed nurses did not complete the 72 hours monitoring all shifts after the falls on 10/8/19 and 10/9/19.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

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.