

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055861	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/04/2024
NAME OF PROVIDER OR SUPPLIER Ojai Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 601 N Montgomery St Ojai, CA 93023	

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)
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47112</p> <p>Based on observation, interview, and record review, the facility failed to provide supervision and assistance for one of two sampled residents (Resident 1) during transportation to and from an appointment outside of the facility.</p> <p>This failure resulted in Resident 1 not waiting for transportation and leaving the appointment. Resident 1 subsequently fell out of their wheelchair near a road with heavy traffic and verbalized they did not know where they were or how to return to the facility.</p> <p>Findings:</p> <p>During a review of Resident 1's Order Summary Report (OSR), dated 2/28/24, the OSR indicated, Resident 1 was admitted to the facility on [DATE] with diagnoses including, major traumatic brain injury (TBI) with concussion (a brain injury caused by a blow to the head), subdural hematoma (a pool of blood between the brain and its outermost covering), fractures to the mandible (Jawbone) and zygomatic arch (a bone that runs alongside of the head). Resident 1 was left with reduced mental acuity (a person's ability to make decisions and execute regular functions in life has been impaired and diminished), dependency (a situation in which you need something or someone and are unable to continue normally without them), and major depressive disorder (Persistently low or depressed mood).</p> <p>During review of Resident 1's Care Plan (CP), dated 1/8/24, the CP indicated, Resident 1 was a high risk for fall and injuries. Resident 1 was non-ambulatory (unable to walk), totally dependent on staff for locomotion (movement or the ability to move from one place to another), used a wheelchair, had poor trunk control, sitting control and balance, with a tendency to slide down in the wheelchair. Resident 1's CP further indicated, Resident 1 had poor safety awareness and judgment, paranoid delusions, (profound fear and anxiety along with the loss of the ability to tell what is real and what is not real), behavior problems, with episodes of inappropriate, disruptive behaviors thoughts of harming self.</p> <p>During a review of Resident 1's Minimum Data Set ([MDS] a standardized assessment tool that measures health status), dated 11/30/23, the MDS indicated, Section C - Cognitive Patterns, Brief Interview for Mental Status, (BIMS) Score of 7 (the BIMS assessment uses a points system that ranges from 0 to 15 points. 0 to 7 points suggests severe cognitive impairment. 8 to 12 points suggest moderate cognitive impairment.)</p> <p>(continued on next page)</p>

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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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility's policy and procedure (P&P) titled, Resident Self-Determination and Participation, dated August 2022, the P&P indicated, Residents are provided assistance as needed to engage in their preferred activities on a routine basis.</p> <p>Facility has no P&P regarding accompanying Residents to appointments.</p>