STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055861	A. Building B. Wing	05/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ojai Health & Rehabilitation	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)
F 0575 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Post a list of names, addresses, and telephone numbers of all pertinent State agencies and advocacy groups and a statement that the resident may file a complaint with the State Survey Agency. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46000 Based on observation and interview, the facility failed to accurately post contact information with the name, addresses, and phone number for the State agency (California Department of Public Health [CDPH]) in an accessible and understandable manner and failed to ensure the posting included a statement that the resident may file a complaint with the State Survey Agency. These failures had the potential that residents rights to be informed of these agencies and services would not be supported. Findings: During an interview on 4/25/24 at 10:24 a.m. with Resident 1, Resident 1 stated, I asked the administrator for the phone number to file a complaint and they wouldn't give it to me. Resident 1 further stated, I know it's supposed to be posted somewhere. During a concurrent observation and interview on 4/25/24 at 1 p.m. with the director of nursing (DON), the Important Facility Information was observed posted in a glass display case on the wall beside the First Hall nurses station. The posted information in the display case did not accurately include the names, addresses (mailing and email), and telephone numbers of all pertinent State agencies. In addition, the signage did not accurately reflect the current name of the State Survey Agency. Listed on the sign was, Department of Public Health, Licensing and Certification, [NAME] District Office, 1889 North Rice Avenue, Suite 200. Further inspection of the required posting indicated the font size of the print was very small and difficult to read for someone in a wheelchair. There was no statement that a resident may file a complaint with the State Survey Agency concerning any suspected violation of state or federal nursing facility regulation. The DON agreed the information required to be posted was incomplete and the font size utilized for the sign was too small. During a concurrent observation and interview on 4/25/24 at 1:11 p.m. with the facility's director of operations (DOO), DOO was shown a small (approximately 3 x 1 1/2) white piece of paper in the large glass display case on the wall beside the First Hall nurses station that indicated, Department of Public Health, Licensing and Certification, [NAME] District Office, 1889 North Rice Avenue, Suite 200. DOO acknowledged the names, addresses (mailing and email), and telephone numbers of all pertinent State agencies was missing from the posting. DOO was asked where residents and visitors could find contact information for the CDPH. DOO stated, I don't know. (continued on next page)

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F 0575 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Based on observation and interview, the facility failed to accurately post contact information with the name, addresses, and phone number for the State agency (California Department of Public Health (CDPH)) in an accessible and understandable manner and failed to ensure the posting included a statement that the resident may file a complaint with the State Survey Agency. These failures had the potential that residents rights to be informed of these agencies and services would not be supported. Findings: During an interview on 4/25/24 at 10:24 a.m. with Resident 1, Resident 1 stated, I asked the administrator for the phone number to file a complaint and they wouldn't give it to me. Resident 1 further stated, I know it's supposed to be posted somewhere. During a concurrent observation and interview on 4/25/24 at 1 p.m. with the director of nursing (DON), the Important Facility Information was observed posted in a glass display case on the wall beside the First Hall nurses station. The posted information in the display case did not accurately include the names, addresses (mailing and email), and telephone numbers of all pertinent State agencies. In addition, the signage did not accurately reflect the current name of the State Survey Agency. Listed on the sign was, Department of Public Health, Licensing and Certification, [NAME] District Office, 1889 North Rice Avenue, Suite 200. Further inspection of the required posting showed that the font size of the print was very small and difficult to read for someone in a wheelchair. There was no statement that a resident may file a complaint with the State Survey Agency concerning any suspected violation of state or federal nursing facility regulation. The DON agreed the information required to be posted was incomplete and the font size utilized for the sign was too small. During a concurrent observation and interview on 4/25/24 at 1:11 p.m. with the facility's director of operations (DOO), DOO was shown a small (approximately 3 x 1 1/2) white piece of paper in the large glass display case on the wall beside the First Hall nurses station that indicated, Department of Public Health, Licensing and Certification, [NAME] District Office, 1889 North Rice Avenue, Suite 200. DOO acknowledged the names, addresses (mailing and email), and telephone numbers of all pertinent State agencies was missing from the posting. DOO was asked where residents and visitors could find contact information for the CDPH. DOO stated, I don't know.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. 46000 Based on observation, interview, and record review, the facility failed to maintain a safe and sanitary environment for 61 of 61 residents when: 1. The residents' drinking water dispenser contained several areas of a brown slimy substance in the drip tray. 2. The air gap vent on the ice machine had a brown grime substance and broken drain pipe. These failures had the potential to cause waterborne illness, from drinking contaminated water, in a vulnerable resident population. Findings: During an observation on 4/25/24 at 10:23 a.m. in First Hall, the residents' drinking water dispenser (a hospital-grade machine that provides safe drinking water) was observed to have a brown slimy substance in several areas of the drip tray. During a concurrent observation and interview on 4/25/24 at 10:24 a.m. with Certified Nursing Assistant (CNA), CNA stated, the water dispenser in First Hall was used by all residents was observed. CNA acknowledged the residents' drinking water dispenser was dirty and had a brown slimy substance in several areas of the drip tray. During an observation and interview on 4/25/24 at 10:24 a.m. with the facility's director of operations (DOO), in First Hall, the residents' drinking water dispenser was observed. The DOO confirmed the residents' drinking water dispenser had a brown slimy substance in several areas of the drip tray. DOO stated, It looks dirty. During an interview on 4/25/24 at 10:40 a.m. with housekeeping staff (HS), HS confirmed the drinking water dispenser had a brown slimy substance in the drip tray. HS indicated, there was no way to tell when the drinking water dispenser was last cleaned or sanitized. HS stated, It should be cleaned every day, or whenever it is dirty. During a concurrent observation and interview on 4/25/24 at 10:45 a.m. with HS, a Daily Cleaning Log, was observed posted on the wall to the right of the residents' drinking water dispenser. HS indicated the daily cleaning log should be dated each time the water dispenser is cleaned and sanitized. HS confirmed the logs were incomplete and the last date entered on the daily cleaning log was 1/31/24. During an interview on 4/25/24 at 11:25 a.m., with the facility's maintenance supervisor (MSV), the current daily cleaning logs for the resident's drinking water dispensers, and the ice machine were requested. MSV was not able to provide daily cleaning logs. MSV stated, If there is a log, I don't know if it's kept up. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent observation and interview on 4/25/24 at 10:34 a.m., with the DOO, the air gap vent on the facility's ice machine was observed and had a brown grime substance, hair, and broken drain pipe. DOO acknowledged the dirty air gap vent and broken drain pipe. DOO indicated the air gap vent should be clean and sanitary. During an interview on 4/25/24 at 12:50 p.m. with DOO, the facility's policy and procedure (P&P) on cleaning and maintenance of the residents' drinking water dispenser was requested. DOO was not able to provide a P&P for cleaning and maintenance of the drinking water dispenser. During a review of the facility's policy and procedure (P&P) titled, Infection Control, last revised October 2018, the P&P indicated, This facility's infection control policies and practices are intended to facilitate maintaining a safe, sanitary, comfortable environment to help prevent and manage transmission of diseases and infections . the objectives of our infection control policies and practices are to: (a.) Prevent, detect, investigate, and control infections in the facility; (b.) Maintain a safe, sanitary, and comfortable environment for personnel, residents, visitors, and the general public. Based on observation, interview, and record review, the facility failed to maintain a safe and sanitary environment for 61 of 61 residents when; 1. The residents' drinking water dispenser contained several areas of a brown slimy substance in the drip tray. 2. The air gap vent on the ice machine had a brown grime substance and broken drain pipe. These failures had the potential to cause waterborne illness, from drinking contaminated water, in a vulnerable resident population. Findings: During an observation on 4/25/24 at 10:23 a.m., in First Hall , the residents' drinking water dispenser (a hospital-grade machine that provides safe drinking water) was observed to have a brown slimy substance in several areas of the drip tray. During a concurrent observation and interview on 4/25/24 at 10:24 a.m. with Certified Nursing Assistant (CNA), CNA stated, the water dispenser in First Hall that was used by all the residents was observed. CNA acknowledged the residents' drinking water dispenser was dirty and had a brown slimy substance in several areas of the drip tray. During an observation and interview on 4/25/24 at 10:24 a.m. with the facility's director of operations (DOO), in First Hall, the residents' drinking water dispenser was observed. The DOO confirmed the residents' drinking water dispenser had a brown slimy substance in several areas of the drip tray. DOO stated, It looks dirty. During an interview on 4/25/24 at 10:40 a.m. with housekeeping staff (HS), HS confirmed the drinking water dispenser had a brown slimy substance in the drip tray. HS indicated, there was no way to tell when the drinking water dispenser was last cleaned or sanitized. HS stated, It should be cleaned every day, or whenever it is dirty. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a concurrent observation and interview on 4/25/24 at 10:45 a.m. with HS, a Daily Cleaning Log, was observed posted on the wall to the right of the residents' drinking water dispenser. HS indicated the daily cleaning log should be dated each time the water dispenser is cleaned and sanitized. HS confirmed the logs were incomplete and the last date entered on the daily cleaning log was 1/31/24. During an interview on 4/25/24 at 11:25 a.m., with the facility's maintenance supervisor (MSV), the current daily cleaning logs for the resident's drinking water dispensers, and the ice machine were requested. MSV was not able to provide daily cleaning logs. MSV stated, If there is a log, I don't know if it's kept up. During a concurrent observation and interview on 4/25/24 at 10:34 a.m., with the DOO, the air gap vent on the facility's ice machine was observed and had a brown grime substance, hair, and broken drain pipe. DOO acknowledged the dirty air gap vent and broken drain pipe. DOO indicated the air gap vent should be clean and sanitary. During an interview on 4/25/24 at 12:50 p.m. with DOO, the facility's policy and procedure (P&P) on cleaning and maintenance of the residents' drinking water dispenser was requested. DOO was not able to provide a P&P for cleaning and maintenance of the drinking water dispenser. During a review of the facility's policy and procedure (P&P) titled, Infection Control, last revised October 2018, the P&P indicated, This facility's infection control policies and practices are intended to facilitate maintaining a safe, sanitary, comfortable environment to help prevent and manage transmission of diseases and infections . the objectives of our infection control policies and practices are to: (a.) Prevent, detect, investigate, and control infections in the facility; (b.) Maintain a safe, sanitary, and comfortable environment for personnel, residents, visitors, and the general public.

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. 46000 Based on interview, observation, and record review, the facility failed to provide a safe, functional, and sanitary environment for residents, staff, and the public when the maintenance department was cluttered and trash bins were overflowing. This failure had the potential to create an unsafe environment for the residents and visitors due to possible pest infestation, spread of diseases in the facility, and exposure to hazardous materials. Findings: During an interview on 4/25/24 at 11:05 a.m. with the facility ' s maintenance staff (MS), MS indicated the maintenance department is responsible for providing services to all areas of the facility. During an observation on 4/25/24 at 11:08 a.m. MS opened a door to the maintenance department. Observations of the maintenance department and the facility ' s grounds revealed the following: 1. Multiple large cardboard boxes were piled up and overflowing with trash. 2. A broken closet door leaning against a wall, covering an open doorway. 3. Air conditioner vent covered with a black organic substance. 4. Trash bins overflowing with yard waste. 5. Trash cans overflowing with trash. 6. Harzardous items left out in the open: a one-gallon can of paint, a one-gallon container of Spectracide Bug Stop Home Barrier. During a concurrent observation and interview on 4/25/24 at 11:10 a.m. with MS, MS acknowledged the clutter and trash in the maintenance department. MS also acknowledged trash bins overflowing with yard waste. MS stated that the maintenance department always looks like this. During a review of the facility ' s policy and procedure (P&P) titled, Maintenance Service, dated December 2009, the P&P indicated in part, Maintenance service shall be provided to all areas of the building, grounds, and equipment. 1. The Maintenance Director is responsible for developing and maintaining a schedule of maintenance service to assure that the buildings, grounds, and equipment are maintained in a safe and operable manner. 7. Maintenance personnel shall follow established infection control precautions in the performance of their daily work assignments. 10. Maintenance personnel shall follow established safety regulations to ensure the safety and well-being of all concerned. (continued on next page)

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Based on interview, observation, and record review, the facility failed to provide a safe, functional, and sanitary environment for residents, staff, and the public when the maintenance department was cluttered and trash bins were overflowing. This failure had the potential to create an unsafe environment for the residents and visitors due to possible pest infestation and spread of diseases in the facility. Findings: During an interview on 4/25/24 at 11:05 a.m. with the facility's maintenance staff (MS), MS indicated the maintenance department is responsible for providing services to all areas of the facility. During an observation on 4/25/24 at 11:08 a.m. MS opened a door to the maintenance department. Observations of the maintenance department and the facility's grounds revealed the following: 1. Multiple large cardboard boxes were piled up and overflowing with trash. 2. A broken closet door leaning against a wall, covering an open doorway. 3. Air conditioner vent covered with a black organic substance. 4. Trash bins overflowing with yard waste. 5. Trash cans overflowing with trash. 6. Harzardous items left out in the open: a one-gallon can of paint, a one-gallon container of Spectracide Bug Stop Home Barrier. During a concurrent observation and interview on 4/25/24 at 11:10 a.m. with MS, MS acknowledged the clutter and trash in the maintenance department. MS also acknowledged trash bins overflowing with yard waste. MS stated that the maintenance department always looks like this. During a review of the facility's policy and procedure (P&P) titled, Maintenance Service, dated December 2009, the P&P indicated in part, Maintenance service shall be provided to all areas of the building, grounds, and equipment. 1. The Maintenance Director is responsible for developing and maintaining a schedule of maintenance service to assure that the buildings, grounds, and equipment are maintained in a safe and operable manner. 7. Maintenance personnel shall follow established infection control precautions in the performance of their daily work assignments. 10. Maintenance personnel shall follow established safety regulations to ensure the safety and well-being of all concerned.