

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  06/11/2024
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43256</p> <p>Based on interview and record review, the facility failed to follow physician orders for one of two sampled residents (Resident 1), as evidenced by no documentation of the following physician orders:</p> <ol style="list-style-type: none"> <li>1. COVID-19 testing on days 3 and 5 after admission.</li> <li>2. Check Temperature every shift.</li> </ol> <p>This failure had the potential for facility missing changes in Resident 1's health condition and a delay in treatment.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. During a review of Resident 1's Order Summary Report (Orders), dated 3/15/24, the Orders indicated, Perform COVID-19 tests on days 1, 3, and 5 after admission.</li> </ol> <p>During a review of Resident 1's Medication and Administration Record (MAR), dated March 2024, the MAR indicated, only one COVID-19 test performed on 3/16/24 for day one. No licensed staff initials for days three and five.</p> <ol style="list-style-type: none"> <li>2. During a review of Resident 1's Order Summary Report (Orders), dated 3/15/24, the Orders indicated, Check Temperature every shift.</li> </ol> <p>During a review of Resident 1's Temperature Summary for the month of April 2024, the Temperature Summary indicated, for the period from 4/17/24-4/24/24, there were three missing entries from day shift (7A-7P) and seven missing entries from night shift (7P-7A)</p> <p>During an interview on 6/3/24 at 1:15 p.m. with Director of Nursing (DON), DON confirmed the physician orders were not followed when two of three COVID-19 tests after admission were not performed and temperature checks every shift from 4/17/24-4/24/24 had three missing entries from day shift, and seven missing entries from night shift.</p> <p>A review of [NAME] and [NAME], 7th Edition, Mosby's Fundamentals of Nursing, page 419 in the section titled, Legal Implications in Nursing Practice indicates, Nurses are obligated to follow physician order unless they believe the orders are in error or would harm clients.</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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