

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 08/21/2024
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>46884</p> <p>Based on observation and interview, the facility failed to ensure a resident ' s room was free from a cracked window for one out of five sampled residents (Resident 5).</p> <p>This failure has the potential to be a safety risk to Resident 5.</p> <p>Findings:</p> <p>During a concurrent observation and interview on 8/21/2024 at 3:31 p.m. with Resident 5 and the Director of Maintenance (DOM) in Resident 5 ' s room, a rectangular shaped window next to Resident 5 ' s bed was noted to have a crack in the glass. The crack had a starburst type pattern (small chip with several cracks radiating out of the center) and approximately 20 cracked lines which extended from the central point to three boarders of the window frame. Resident 5 verbalized they had been at the facility for about five weeks, and the window had been like that since they arrived. The DOM verbalized the window had the crack for a couple of months and it needed to be taken care of.</p> <p>During a concurrent interview and record review on 8/21/2024 at 3:35 p.m., with the DOM, the facility ' s policy and procedure (P&P) titled, Maintenance Service, revised December 2009, and the facility ' s maintenance logs dated 6/26/24 - 8/16/24 were reviewed. The P&P indicated, 1) The maintenance department is responsible for maintaining the buildings, grounds and equipment in a safe and operable manner at all time. 2) Functions of maintenance and personnel include, but are not limited to: b) Maintaining the building in good repair and free from hazards. The DOM verbalized this P&P was not followed. Resident 5 ' s cracked window was not documented in the maintenance logs, to indicate in need of repair, as confirmed by the DOM. The DOM verbalized the window needs to be repaired or replaced and further stated, I didn ' t put it on there.</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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