

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 11/04/2024
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 0837</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Establish a governing body that is legally responsible for establishing and implementing policies for managing and operating the facility and appoints a properly licensed administrator responsible for managing the facility.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43019</p> <p>Based on observation, interview, and record review, the facility failed to follow facility polices and procedures for unusual occurrence when Resident 1 was brought to the hospital for an alleged overdose of medication.</p> <p>This failure resulted in the facility failing to report the unusual occurrence to the California Department of Public Health.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record, the Admission Record indicated, Resdient 1 was a [AGE] year-old female admitted to the facility on [DATE] with a diagnoses including, DM II (high blood sugar levels), thrombocytopenia (a condition with low number of platelets or blood component that help form clots to stop bleeding), lymphedema (a condition that causes swelling due to accumulation of watery fluid that carries nutrients, white blood cells throughout the body), repeated falls, contusion (bruise) of the knee, acute respiratory (lung) infection, history of psychoactive (a drug that causes changes in mood, awareness, thoughts, feelings or behavior) substance abuse.</p> <p>During a review of Resident 1's Change of Condition (COC) Report, dated 10/25/24, the COC indicated in part, Resident 1 was lethargic and unable to follow commands, assessed by a physician and suspected opioid (a drug used to reduce moderate to severe pain) abuse and was immediately administered Naloxone/Narcan (a medicine that rapidly reverses opioid overdose) which provided relief. Resident 1 was sent out to the acute care hospital for further evaluation and management.</p> <p>During a review of Resident 1's Emergency Department Physician Report, dated 10/25/24, the Report indicated, . took some methadone shortly prior to arrival . not prescribed to her . patient had 2 episodes of loss of consciousness since this happened .</p> <p>During an interview on 10/04/24 at 11:26 a.m. with Resident 1, Resident 1 verbalized she does not take any medication that was not prescribed by the facility. Resident 1 also verbalized that to her knowledge, she had an overdose of Naloxone.</p> <p>During an interview on 10/05/24 at 1 p.m. with the Director of Nurses (DON), the DON verbalized she was not aware this unusual occurrence was reportable to the Department.</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 0837</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, Unusual Occurrence Reporting, revision date 12/07, the P&P indicated in part, 2. Unusual occurrence shall be reported via telephone to appropriate agencies as required by current law and/or regulations within twenty-four 24-hours of such incident or as otherwise required by federal and state regulations.</p>