

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  11/09/2024
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 - Some</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 31699</p> <p>Based on observation and interview the facility failed to maintain a temperature range of 71-81 degrees Fahrenheit in the facility when temperatures throughout the facility measured between 64.9 and 65.2-degrees Fahrenheit, and one resident (Resident 1) was found with a plugged in space heater in their shared room.</p> <p>These facility failures violated all 72 resident's rights to have comfortable and safe temperatures within the facility and posed a risk for fire with a space heater in a resident ' s shared room.</p> <p>Findings:</p> <p>During a tour of the facility on 11/09/24 at 2:45 AM, the facility temperature felt cold throughout the facility even with a warm jacket on. Residents were observed with multiple blankets on sleeping. Staff were awake and were using blankets and all were wearing jackets. The resident in room [ROOM NUMBER] B had a space heater in their room. It was plugged in and the light was on, but the heater itself was off. Resident 1 was asleep in bed.</p> <p>During an interview on 11/09/24 at 2:55 AM with a certified nursing assistant (CNA 1), CNA 1 indicated the residents complained to her often the facility was too cold at night. She indicated the residents were always given extra blankets and the facility had enough extra blankets on hand.</p> <p>During an interview on 11/09/24 at 3:07 AM with another CNA (CNA 2), CNA 2 indicated he was really cold and he felt bad for the residents because it was so cold in the facility. He stated that he gave all of the residents he was caring for extra blankets every night he was working.</p> <p>During an interview on 11/09/24 at 3:27 AM with a licensed nurse (LVN 1), LN 1 indicated the facility was cold at night, and sometimes to warm during the day. She indicated the residents had complained about the facility being cold and that she had instructed the CNA's to make sure the residents all had extra blankets.</p> <p>During an interview on 11/09/24 at 3:41 AM with another licensed nurse, (LVN 2), LN 2 indicated she was new to the facility, but felt it was cold in the facility compared to other facilities she had previously worked in.</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 11/09/24 at 3:56 AM with the charge nurse, the charge nurse indicated the facility was often cold at night and that she had been working at the facility since April, 2024. The charge nurse was made aware of the space heater in room [ROOM NUMBER] B and immediately went to the room and unplugged and removed the space heater. The resident did not awaken.</p> <p>The following temperatures were recorded between 3:55 AM and 4:05 AM on 11/09/24:</p> <ol style="list-style-type: none"> <li>1. the facility temperature at nursing station one was measured at 65.2 degrees Fahrenheit.</li> <li>2. the facility temperature at nursing station two was measured at 64.9 degrees Fahrenheit.</li> <li>3. the facility temperature in resident room [ROOM NUMBER] was measured at 64.9 degrees Fahrenheit.</li> <li>4. The facility temperature in all facility hallways was measured at 64.9 degrees Fahrenheit.</li> </ol> <p>LVN 1 confirmed the temperature reading at station one.</p> <p>The charge nurse confirmed the temperature reading at station one.</p> <p>CNA 1 confirmed the reading in the hallways.</p> <p>CNA 4 confirmed the temperature reading in resident room [ROOM NUMBER].</p> <p>During an interview on 11/10/24 at 10:44 AM with the Director of Nursing (DON), the DON agreed the facility temperature was too cold and mentioned the regulations regarding temperatures being no less than 71 degrees Fahrenheit at all times.</p>

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<p>F 0839</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Employ staff that are licensed, certified, or registered in accordance with state laws.</p> <p>31699</p> <p>Based on observation and interview, the facility failed to follow state laws regarding name badges for employees working in the facility actively caring for residents when 6 of 7 employees working did not have name badges.</p> <p>This facility failure had the potential for unauthorized people to act like employees in the facility, and also prevents residents knowing who is caring for them.</p> <p>Findings:</p> <p>According to the California Business &amp; Professional Code, under Section 680 a) except as otherwise provided in this section, a health care practitioner shall disclose, while working his or her name and practitioner ' s license status, as granted by this state, on a name tag in at least 18-point type. A health care practitioner in a practice or an office, whose license is prominently displayed, may opt to not wear a name tag. If a health care practitioner or a licensed clinical social worker is working in a psychiatric setting or in a setting that is not licensed by the state, the employing entity or agency shall have the discretion to make an exception from the name tag requirement for individual safety or therapeutic concerns. In the interest of public safety and consumer awareness, it shall be unlawful for any person to use the title nurse in reference to himself or herself and in any capacity, except for an individual who is a registered nurse or a licensed vocational nurse, or as otherwise provided in Section 2800. Nothing in this section shall prohibit a certified nurse assistant from using his or her title.</p> <p>(b) Facilities licensed by the State Department of Social Services, the State Department of Public Health, or the State Department of Health Care Services shall develop and implement policies to ensure that health care practitioners providing care in those facilities are in compliance with subdivision (a). The State Department of Social Services, the State Department of Public Health, and the State Department of Health Care Services shall verify through periodic inspections that the policies required pursuant to subdivision (a) have been developed and implemented by the respective licensed facilities.</p> <p>During a tour of the facility on 11/09/24 at 2:45 AM, six of the seven employees working were observed without name tags.</p> <p>During an interview on 11/09/24 at 2:55 AM with a certified nursing assistant (CNA 1), CNA 1 indicated she did not have a name tag and also indicated she was from an outside registry. CNA 1 indicated it was her first night on shift at the facility.</p> <p>During an interview on 11/09/2024 at 3:07 AM with CNA 2, CNA 2 stated he was never given a name badge. CNA 2 stated he had been working at the facility since last August doing fill in shifts and that he was also from an outside registry. CNA 2 named the same Registry that CNA 1 was from.</p> <p>During an interview on 11/09/24 at 03:15 AM with CNA 3, CNA 3 indicated she had been working at the facility since the first week of September and she was never given a name tag. CNA 3 stated she was an employee of the facility.</p> <p>(continued on next page)</p>		

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<p>F 0839</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 11/09/24 at 0327 AM, with CNA 4, CNA 4 indicated she was from a registry and named the same registry that CNA 1, and CNA 2, are from. CNA 4 indicated she was never given a name tag.</p> <p>During an interview on 11/09/24 at 3:41 AM, with a registered nurse (RN 1) and a licensed vocational nurse (LVN 2), LVN 2 indicated it was her third night on orientation and that she was new to the facility. RN 1 indicated she was hired as an employee by the facility. LVN 2 indicated she was never given a name tag by the HR department.</p> <p>During an interview on 11/09/24 at 0341 AM with LVN 1, LVN 1 indicated she worked for a registry. LVN 1 named the same registry that CNA's 1, 2, and 4 were from. LVN 1 indicated she was never given a name tag.</p> <p>During an interview on 11/09/24 at 3:56 AM with RN 1, RN 1 indicated she was aware that staff working the shift did not have name tags. She further indicated it took her many months to get her name tag. RN 1 confirmed the findings and agreed the staff was supposed to have name tags.</p> <p>During an interview on 11/10/24 at 10:44 AM with the Director of Nursing (DON), the DON agreed that staff need to wear name badges and stated, My HR person is onsite now and is making badges for all staff.</p>		