

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  11/15/2024
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>43256</p> <p>Based on interview and record review, the facility failed to follow physician orders for one of three sampled residents (Resident 1), when a pain medication was not available within 24 hours from order date.</p> <p>This failure had the potential for Resident 1 to have untreated pain and hinder recovery.</p> <p>Findings:</p> <p>During a review of Resident 1's Order Summary Report (Orders), dated 10/14/24, the Orders indicated, Oxycodone HCl 20 mg tablet (controlled substance, pain medication). Give 1 tablet by mouth every 6 hours as needed for pain management.</p> <p>During a review of Resident 1's Medication and Administration Record (MAR), dated October 2024, the MAR indicated, the order start date was 10/15/24, but first dose of Oxycodone HCl 20 mg tablet was not given until 10/19/24.</p> <p>During a review of Resident 1's Controlled Drug Record, with administration dates from 10/19/24-10/30/24, the Drug Record label indicated, the fill date for the Oxycodone was 10/18/24 with first dose given on 10/19/24 at 9:50 a.m.</p> <p>During a concurrent interview and record review on 11/15/24 at 4:40 p.m. with Director of Nursing (DON), Resident 1's Orders, MAR, and Controlled Drug Record were reviewed. DON confirmed medication was not received and given per order, it is expected within 1 day from the order. No explanation was able to be given as to what exactly happened here but stated it shouldn't have happened.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Administering Medications, dated 2001, the P&amp;P indicated, Medications are administered in accordance with prescriber orders, including any required time frame.</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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