

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  11/27/2024
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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45741</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure one of two sampled residents (Resident 1) was protected from misappropriation of property when a package received was open with missing items.</p> <p>This failure resulted in violating Resident 1's rights to receive unopened, intact packages, and right to privacy.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record (AR), dated 11/27/24, the AR indicated, Resident 1 was admitted with diagnoses including, below the knee amputation (missing their left leg from the knee downwards), acute respiratory failure (difficulty breathing), and depression (feeling of sadness and low energy that affects quality of life.)</p> <p>During a review of Resident 1's, MDS (Minimum Data Sheet - a federally mandated process of clinical assessment for nursing home patients) Assessment, dated 11/5/24, the MDS indicated, Section C - Brief Interview of Mental Status (BIMS) assessment indicated, Resident 1 had a BIMS Score of 15 (The BIMS assessment uses a points system that ranges from 0 to 15 points: 0 to 7 points suggests severe cognitive impairment. 8 to 12 points suggests moderate cognitive impairment. 13 to 15 points suggests that cognition is intact.)</p> <p>During an interview on 11/27/24 at 11 a.m. with Resident 1, Resident 1 verbalized had an order of a six pack of ginger ale from Amazon that was delivered to the facility on [DATE]. Resident 1 stated notification was received from amazon confirming that the six-pack of ginger ale ordered had been delivered and it was signed by [name of staff]. Resident 1 inquired about the package at the front desk staff, it was nowhere to be found. Days later, a night staff employee gave Resident 1 the package, informing the resident the nurse was keeping it in the nursing station, and two ginger [NAME] were missing.</p> <p>During an interview on 11/27/24 at 11:10 a.m. with Licensed Nurse (LN 2), LN 2 confirmed they found Resident 1's package in the nursing station. It was opened, and two bottles of ginger ale were missing. LN 2 further stated they had kept the opened package at the nursing station with the intention of informing administration to replace it, but due to a busy day, they forgot about it.</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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 11/27/24 at 12 p.m. with Director of Nursing (DON), DON verbalized that mail and packages should be delivered to residents right away and unopened.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Mail and Electronic Communication, (undated), the P&amp;P indicated, Mail will be delivered to the resident unopened . mail and packages will be delivered to the resident within -four (24) hours of delivered to the postal service within twenty - four (24) hours of deposit of such mail with the facility.</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Resident Rights, dated 8/2009, the P&amp;P indicated, Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include privacy and confidentiality, privacy in sending and receiving mail.</p>