

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  03/14/2025
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>45741</p> <p>Based on observation, interview, and record review, the facility failed to follow its policies and procedure when a Certified Nurse Assistant (CNA 1) reported an alleged incident of sexual abuse for one of three sampled residents (Resident 1) to a nurse, who did not report the allegation to the administration.</p> <p>This failure resulted in a delay in the investigation of the alleged sexual abuse.</p> <p>Findings:</p> <p>During a review of the facility's policy and procedure (P&amp;P) titled, Abuse, Neglect, Exploitation or Misappropriation - Reporting and Investigating, dated 2001, the P&amp;P indicated: If resident abuse, neglect, exploitation, misappropriation of resident property, or injury of unknown source is suspected, the suspicion must be reported immediately to the administrator and to other officials according to state law.</p> <p>During an interview on 3/13/25 at 2:11 p.m. with CNA 1, CNA 1 stated that during rounds at 6:30 a.m., Resident 1 reported that her roommate was fondled by a male staff member during a brief change last night. CNA 1 stated that she immediately reported Resident 1's allegation to the night shift Licensed Nurse (LN 1).</p> <p>During an interview on 3/13/25 at 12:15 p.m. with Licensed Nurse (LN 2), LN 2 stated that was unaware of the allegations. LN 2 further stated that LN 1 did not mention the alleged sexual abuse reported by Resident 1 during the change-of-shift report that morning.</p> <p>During an interview on 3/13/25 at 2:34 p.m. with LN 1, LN 1 stated before leaving her shift, she checked on Resident 1, but was sleeping. LN 1 stated that she did not follow up on the allegation and did not report it to anyone.</p> <p>During an interview on 3/13/25 at 3:30 p.m. with the Director of Nursing (DON), the DON stated any allegations made by a resident must be investigated. The DON stated LN 1 should have reported the allegation immediately and that the failure to do so delayed the investigation process.</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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