

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 03/25/2025
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>47112</p> <p>Based on interview and record review, the facility failed to report to the California Department of Public Health (CDPH) suspicion of abuse for one resident (Resident 1).</p> <p>This failure had the potential to delay investigation and affect physical and psychosocial well-being of Resident 1.</p> <p>Findings:</p> <p>During an interview on 3/25/25 at 11:35 a.m. with licensed nurse (LN) 3, LN 3 verbalized heard rumors of the abuse, reported it to the former Operations Manager (FOM). The FOM requested LN 3 write a statement regarding the alleged abuse. LN 3 provided a written statement and did not report the alleged abuse further.</p> <p>During an interview on 3/25/25 at 1:10 p.m. with Human Resources (HR), HR verbalized FOM knew about the allegations, an investigation was conducted. The employee was terminated. they used evidence of text messages and information gathered from a phone to terminate the employee. HR thought the FOM was to notify the CDPH.</p> <p>During an interview on 3/25/25 at 1:30 p.m. with Director of Staff Development (DSD), DSD verbalized the information was given to the FOM and believed the FOM was the one to notify police, CDPH or ombudsman and was not able to explain policy and procedure for reporting abuse to surveyor.</p> <p>During an interview on 3/25/25 at 1:50 p.m. with facility receptionist (REC), REC verbalized, had heard rumors of the alleged sexual misconduct between the staff member and the resident. The DSD informed the FOM and provided a written statement. The REC stated they did not report the alleged sexual misconduct to anyone but the FOM.</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent interview and record review on 3/25/25 at 2:10 p.m. with Director of Nursing (DON) and Operations Manager (OM), the facility's policy and procedure (P&P) titled, Abuse, Neglect, Exploitation or Misappropriation - Reporting and Investigating, dated September 2022 was reviewed. The P&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. OM confirmed staff did not follow the P&P. The DON confirmed the policy indicated if suspected abuse the person must report it to appropriate agencies, and it was not done.</p>		