STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055861	A. Building B. Wing	05/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ojai Health & Rehabilitation	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)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. 43745 Based on record review and interview, the facility failed to ensure staff observations of resident skin issues and/or conditions were consistently and accurately documented in the skin monitoring form for two of two sampled residents (Residents 1 and 2). These failures had the potential to result in inaccuracies of information which could affect the delivery of care and services for these residents affecting health and safety. Findings: During a concurrent interview and record review on 5/14/25 at 11:55 a.m., with the facility's (Interim) Director of Nursing (DON), the facility form titled, Skin Monitoring (SM): CNA (Certified Nursing Assistant) Shower Review, was reviewed. DON verbalized that the SM form is used by CNAs to document skin observations of their assigned residents during bed baths/showers. The SM form included a list of skin issues/conditions and a body chart to graph the exact location of the skin issue/condition. DON further verbalized the CNA will report the observed skin issues/conditions to the charge nurse. During a review of Resident 1's Nursing - Comprehensive Skin Evaluation/Assessment, dated 4/8/25, the assessment indicated in part, Section B. Skin Assessment . Noted wound on right medial malleolus (area located on the inner side of the ankle) with light serous drainage (a clear to yellow fluid that leaks out of the wound) During a review of Resident 1's Skin and Wound Evaluation (SWE), report dated 5/12/25, the report indicated in part, Resident 1's wound on his right medial malleolus area persists. During a review of Resident 1's SM forms dated 5/2/25, 5/6/25, and 5/10/25, the forms failed to indicate documentation of Resident 1's existing wound on his right medial malleolus area. During a review of Resident 2's Nursing - Comprehensive Skin Evaluation/Assessment, dated 10/13/24, the assessment indicated in part, Section B. Skin Assessment . Left Heel Pressure, Suspected Deep Tissue Injury (DTI - a type of pressure ulcer where underlying tissue damage occurs without an open wound) . Right Toe(s), Pressure, Suspected DTI . left Toe(s), Pressure, Suspected DTI . Sacrum (area at the base of the spine just above the buttock), Pressure, Stage IV (a stage of pressure ulcer with full thickness skin and tissue loss with exposed bone, tendon or muscle). (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055861	A. Building B. Wing	05/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ojai Health & Rehabilitation	601 N Montgomery St Ojai, CA 93023

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a review of Resident 2's SWE report dated 5/5/25, the report indicated in part, Resident 2's Stage IV pressure ulcer on the sacrum area persists. During a review of Resident 2's SM forms dated 12/29/24, 2/2/25, 2/5/25, 2/9/25, 2/23/25, 2/26/25, 5/9/25, and 5/12/25, the forms failed to indicate documentation of Resident 2's existing Stage IV pressure ulcer on the sacrum. During a concurrent interview and record review, on 5/14/25 at 12:30 p.m., with DON, the SM forms for Residents 1 and 2 on the specified dates noted above were reviewed. DON verified the staff's failures to document on the form accurate observations of existing skin issues/conditions for these residents. DON was not able to provide a specific policy for CNA documentation of resident skin observations.