

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  07/15/2025
NAME OF PROVIDER OR SUPPLIER  Ojai Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  601 North Montgomery Street 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 0728  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	Ensure that nurse aides who have worked more than 4 months, are trained and competent; and nurse aides who have worked less than 4 months are enrolled in appropriate training.  (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
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<p>F 0728</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to: 1. Ensure four employees working as Certified Nursing Assistants (CNAs 1, 2, 3, and 4) had valid and up-to-date CNA certifications. 2. Ensure two employee personnel files (CNAs 1and 3) were complete and up to date.These failures resulted in unlicensed CNAs providing direct care to residents without proper certification and placed residents' safety at risk.1. During an interview on [DATE] at 10:05 a.m. with the Director of Staff Development (DSD), DSD stated the CNA is responsible for maintaining up to date certification and I double check with the files. DSD further stated we had to check three or four months ago and knew the CNAs who were about to expire and reminded them to get it done and that they can't be on the schedule, it's paper tracking and we keep a schedule of who is due. We will let them know when it will expire and prompt them again and when they get the certification, they will bring it in. We only go online to verify if it's expiring or if they don't have the certification handy with them, we will check it. All new CNAs certifications are checked upon hire. During a concurrent interview and record review on [DATE] at 12:40 p.m. with the Director of Nursing (DON), CNA 1's personnel file was reviewed and indicated, Application for employment, dated [DATE]. DON verbalized was unable to locate verification of CNA 1's CNA certification from the California Department of Public Health (CDPH) Licensing and Certification (L&amp;C) website in CNA 1's personnel file.During a concurrent interview and record review on [DATE] at 1:58 p.m. with the DSD, CNA 1's personnel file was reviewed. DSD was unable to locate CNA 1's CNA certification and stated, We tried to look online and it's not showing. It's not in the file from when (CNA 1) was hired .We usually print it out, but we didn't for this one.At the moment there's no proof CNA 1 has a CNA license.We should have printed it out, and I'm not sure if we just verified it and didn't put it in the file. During a review of CNA 1's Human Resources Workday (HRWD), print outs (work hours clocked for payroll), the HRWD indicated, Worker (CNA 1). Job Profile CNA-H and dates worked indicated, CNA 1 worked the following days, 14 days in [DATE] days in [DATE] days in May, 19 days in [DATE], and 7 days in [DATE], for a total of 67 days worked without a CNA certification.During a review of CNA 1's Application for employment, dated [DATE], the Application for employment, indicated, Job Applied to CNA/FT (full time), Question - If applying for a position that requires a medical license or certification, please enter the license number and state. If not, enter NA, Answer is blank, and Offer details - Hire Date [DATE]. Job Profile CNA-H. Business Title CNA. Scheduled Weekly Hours 40.During a concurrent interview and record review on [DATE] at 3:03 p. m. with the DON and Administrator (ADM), the facility's policies and procedures (P&amp;P) titled, Compliance Risks - Resident Quality of Care and Quality of Life, dated [DATE], and Staffing, Sufficient and Competent Nursing, dated [DATE], were reviewed. In addition, Job Description: Certified Nursing Assistant, dated 02/2024 and (facility) CNA schedule dated [DATE] through [DATE] were also reviewed. P&amp;P titled, Compliance Risks - Resident Quality of Care and Quality of Life, indicated, .Sufficient staffing (1) Staffing is provided in sufficient numbers and with staff who have appropriate clinical training, licensure, and/or expertise to meet the needs of residents.Staff screening (1) Background screening and investigations are conducted prior to employment or engagement to ensure that staff, contractors, and/or volunteers meet at least the following criteria: (a) current licensure (if applicable) is in good standing in the state of practice; (b) education, certifications, and training have been verified. P&amp;P titled, Staffing, Sufficient and Competent Nursing, indicated, .Competent staff (2) All nursing staff must meet the specific competency requirements of their respective licensure and certification requirements defined by state law. The Job Description: Certified Nursing Assistant, indicated, .Must be a licensed Certified Nursing Assistant in accordance with laws of the state. DON and ADM confirmed both P&amp;Ps and CNA Job Description were not followed. DON and ADM confirmed CNA 1 was listed on (facility) CNA schedule, and worked multiple days each month from [DATE] through [DATE], CNA 1's CNA certification was not in CNA 1's personnel file, and CNA 1 worked these shifts without verification of CNA certification.During a concurrent interview and record review on [DATE] at 2:55 p. m. with the ADM, CNA 2's personnel file and CNA schedules, dated October and [DATE] were reviewed. CNA 2's personnel file indicated, CNA 2's certification date of [DATE], expiration date [DATE], and a second certification, effective date [DATE], expiration date [DATE], verified by the CDPH L&amp;C website. CNA 2 did not have a valid CNA certification from [DATE] through [DATE]. Review of the CNA schedules indicated, CNA 2 worked 5 days in [DATE] from [DATE] to [DATE] and 12 days in [DATE] from [DATE] through [DATE]. ADM was unable to locate CNA 2's valid CNA certification from [DATE] through [DATE]. The ADM confirmed</p>		