

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 03/27/2026
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)
<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>Based on record review and staff interview, the facility failed to ensure compliance with the required 3.5 direct care hours per patient day, resulting in insufficient staffing on 2 of 28 days reviewed. This failure had the potential to result in unmet care needs, inadequate supervision, delayed response to changes in condition, and avoidable adverse outcomes for residents. A review of the facility's Direct Care Hours Per Patient Day (DHPPD) staffing logs for the month of 2/1/26 - 2/28/26, showed the facility reported the following direct care hours: 2/2/26 - 3.40 hours 2/8/26 - 3.46 hours. The records confirmed that 2 of 28 days reviewed, the facility failed to meet the staffing minimum of 3.5 DHPPD. During an interview on 4/2/26 at 11:40 a.m. with Director of Nursing (DON), stated to be aware of the 3.5 DHPPD staffing requirement, but were not aware that the facility did not the staffing minimum of 3.5 DHPPD requirement for the month of February 2026. A review of the facility's program waiver for staffing, dated June 2, 2025, (A program waiver for staffing is an authorized exception that allows healthcare facilities to operate below minimum mandatory staffing ratios due to workforce shortages.) Indicated, This letter is in response to the request submitted by Ojai Health & Rehabilitation for a workforce shortage waiver pursuant to Health and Safety Code section 1276.65(l) and in accordance with AFL 18*16. Your request is approved only as applicable to the required 2.4 CNA staffing standard, valid from July 1, 2025, until June 30, 2026, under the following conditions: The facility shall provide no less than 3.5 direct care service hours per patient day. The waiver expressly confirms that the facility remains required to provide the mandated 3.5 DHPPD.</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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