

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/01/2023
FORM APPROVED
OMB NO. 0938-0391

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 C 08/30/2023
NAME OF PROVIDER OR SUPPLIER OJAI HEALTH & REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 601 N MONTGOMERY ST OJAI, CA 93023		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health, Licensing and Certification, during an Abbreviated Standard Survey for the investigation of a Complaint. Complaint #: CA00850178 - Substantiated Representing the Department: 43256 - HFEN The inspection was limited to the specific Complaint investigated and does not represent the findings of a full inspection of the facility.	F 000			
F 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §483.70(i)(2) The facility must keep confidential all information contained in the resident's records,	F 842	This plan of correction as submitted shall serve as provider's letter of credible allegation in reference to the survey findings. Preparation and/or execution of this plan of correction do not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the statement of deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provisions of Health and Safety Code Section 1280 and 42 CFR 405.1907.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.

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F 842	<p>Continued From page 1</p> <p>regardless of the form or storage method of the records, except when release is-</p> <p>(i) To the individual, or their resident representative where permitted by applicable law;</p> <p>(ii) Required by Law;</p> <p>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</p> <p>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed</p>	F 842			

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F 842	<p>Continued From page 2</p> <p>professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to maintain a complete medical record for 1 of 2 sampled residents (Resident 1) when monitoring of ordered Oxygen saturation (the amount of oxygen that's circulating in your blood) was not consistently documented in Resident 1's Health Record.</p> <p>This failure had the potential for Resident 1 to not receive timely treatment if the oxygen saturation was low and for the resident to sustain complications.</p> <p>Findings:</p> <p>During a review of the facility's policy and procedure (P&P) titled, "Charting and Documentation," dated December 2022, the P&P indicated, "The following information are examples of documentation that may be included in the resident medical record ...C. Treatments or services performed ..."</p> <p>During a review of Resident 1's "Order Summary Report," dated 6/21/23, the order indicated, "to monitor pulse oximetry q shift" (check and record the oxygen level every shift) with order start date of 1/24/23.</p> <p>During a review of Resident 1's "Electronic Health Record (EHR)," dated 2/23 through 7/23, the EHR indicated, the facility staff was not consistently documenting Resident 1's oxygen saturation.</p>	F 842	<p>F 842</p> <ul style="list-style-type: none"> The resident was no longer in the facility during the visit. Director of Nursing and designee reviewed a list of residents with monitoring of Oxygen saturation on 9/5/23 and corrected the orders. Director of Nursing and Director of Staff Development in-serviced licensed nurses on 9/8/23 regarding ensuring that the monitoring of Oxygen Saturation every shift is carried over to the EMAR as ordered. 		

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F 842	Continued From page 3 During an interview on 8/17/23 at 2:20 p.m., with Licensed Nurse (LN 3), LN 3 stated there were orders to monitor Resident 1 ' s oxygen saturation every shift, but it wasn ' t always recorded on the medical record. During an interview on 8/28/23 at 3:20 p.m., with Director of Nursing (DON), DON confirmed the staff was expected to record Resident 1 ' s oxygen saturation every shift (twice in a 24 hour period) beginning 1/24/23 per physicians orders in the residents medical record, but failed to do so.	F 842	<ul style="list-style-type: none"> • Director of Nursing or Medical Record Director to review the Readmission/Admissi on orders to ensure the monitoring orders are properly marked in the EMAR. On -going • Director of Nursing or Medical Record Director to report any discrepancies to the QAPI Committee for the next 3 months. • Completion date : 10/6/2023 		