

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

PRINTED: 06/13/2024
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 06/11/2024
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 during the investigation of a complaint. Complaint Number: CA00900730 Representing the Department: Surveyor ID #43256, HFEN The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility. One deficiency was issued for complaint number CA00900730 at F684.	F 000			
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to follow physician orders for one of two sampled residents (Resident 1), as evidenced by no documentation of the following physician orders: 1. COVID-19 testing on days 3 and 5 after admission.	F 684			

*POC accepted
Adelino, HFES
6-20-24*

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

E. Damron

TITLE

PR. DON

(X6) DATE

6/20/2024

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 684	<p>Continued From page 1</p> <p>2. Check Temperature every shift.</p> <p>This failure had the potential for facility missing changes in Resident 1's health condition and a delay in treatment.</p> <p>Findings:</p> <p>1. During a review of Resident 1's "Order Summary Report (Orders)," dated 3/15/24, the "Orders" indicated, "Perform COVID-19 tests on days 1, 3, and 5 after admission. "</p> <p>During a review of Resident 1's "Medication and Administration Record (MAR)," dated March 2024, the "MAR" indicated, only one COVID-19 test performed on 3/16/24 for day one. No licensed staff initials for days three and five.</p> <p>2. During a review of Resident 1's "Order Summary Report (Orders)," dated 3/15/24, the "Orders" indicated, "Check Temperature every shift. "</p> <p>During a review of Resident 1's "Temperature Summary " for the month of April 2024, the "Temperature Summary" indicated, for the period from 4/17/24-4/24/24, there were three missing entries from day shift (7A-7P) and seven missing entries from night shift (7P-7A)</p> <p>During an interview on 6/3/24 at 1:15 p.m. with Director of Nursing (DON), DON confirmed the physician orders were not followed when two of three COVID-19 tests after admission were not performed and temperature checks every shift from 4/17/24-4/24/24 had three missing entries from day shift, and seven missing entries from</p>	F 684			

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F 684	Continued From page 2 night shift. A review of Potter and Perry, 7th Edition, Mosby's Fundamentals of Nursing, page 419 in the section titled, Legal Implications in Nursing Practice indicates, "Nurses are obligated to follow physician order unless they believe the orders are in error or would harm clients."	F 684			

Ojai Health + Rehab
900780

POC
Accepted
A. [unclear] HHS
6-20-24

This plan of correction constitutes the facility's written credible allegation of compliance. Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged or the conclusion set forth on the Statement of Deficiencies. This plan of correction is prepared and/or executed solely because required by the provisions of the health and safety code section 1280 and 42 CFR 483.

F 684: Quality of Care

Immediate corrective action(s) for those Residents affected by the deficient practice:

Resident 1 is no longer in the facility as of 5.22.24

Plan / Process to identify other residents potentially affected by the same deficient practice and corrective action(s) to be taken:

On 6.5.2024, Medical Records Director and Designee audited the admissions in last 30 days to ensure physician orders are followed and appropriate documentations are evident in the medical records specifically Covid testing frequencies and temperature monitoring every shift. There were 19 admissions reviewed, and corrective actions taken as needed.

Facility measures and systemic changes to ensure the deficient practice does not recur:

On 6.13.24 & 6.17.24, in-services and training was given by Director of Nurses to licensed staff regarding Policies and Procedures on Charting and Documentation, Policies and Procedures on Telephone orders, and Communication, Accountability and Compliance, Changes in Condition, Defensive Documentation, Labs, and Orders.


On 6.4.2024, the Director of Nurses and Director of Operations inserviced the Medical Records personnel on auditing new admissions medical records to ensure physician's orders were followed with evidence of appropriate documentation.

The Medical Records Director or Designee will audit new admission, Monday thru Friday, to ensure admission physician orders are followed with evidence of appropriate documentation specifically Covid testing frequencies and temperature monitoring every shift. Findings will be reported to the Director of Nursing for immediate follow-up and corrective actions.

Facility plans to monitor corrective actions & sustain compliance; Integrate QA Process;

The Medical Record will report findings to the monthly QAA Meeting x 3 months for trends, analysis and recommendations.

Completion Date: 6.18.2024

 R.N. DON. 6/20/2024