STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056083	A. Building B. Wing	03/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Woods Health Services	2600 A Street LA Verne, CA 91750

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 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48905 Based on observation, interview, and record review, the facility failed to prevent a fall for one of three sampled residents (Resident 1) who had a history of falls by failing to implement the physician (MD) order dated 1/7/2024 to place bilateral floor mats (a cushioned pad placed to absorb the force when a resident falls) on each side of the bed and a silent bed/chair alarm (a sensor pad device placed under a resident's bottom that triggers an alarm when it detected a change in pressure and was used as an early alert that a resident was trying to get out of bed or chair) for Resident 1. These failures resulted in Resident 1 sustaining a fall resulting in a fracture (partial or complete break in the bone) of the right femoral neck of the hip (hip fracture of the thigh bone below the ball of the ball-and-socket hip joint). Resident 1 was transferred and admitted to the General Acute Care Hospital (GACH) on 2/24/2024. Resident 1 underwent a right hip hemiarthroplasty (surgical procedure that replaced only the ball portion of the hip joint) surgery on 2/26/2024 and discharged from GACH on 2/27/2024. Findings: During a review of Resident 1's Admission Record (AR), the AR indicated Resident 1 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses that included but not limited to muscle weakness, falls, abnormalities of gait (manner of walking) and mobility. During a review of Resident 1's Order Summary Report (OSR) for February 2024, the OSR indicated Resident 1 had an active MD order initiated on 1/7/2024 to place floor mats on each side of Resident 1's bed to prevent injury during a fall and a silent bed/chair alarm. During a review of Resident 1's Fall Risk Evaluation (FRE) dated 1/8/2024, timed at 10:44 PM, the FRE indicated Resident 1 had a fall risk score of seven out of 10 due to Resident 1's history of 1-2 falls in the past 3 months, had balance problem while standing, and required the use of assistive devices such as a walker (a device that gave support to maintain balance or stability while walking). The FRE indicated a score of 10 or higher was consider a high risk for falls. During a review of Resident 1's untitled Care Plan (CP) revised on 1/15/2024, the CP indicated Resident 1 was at risk for falls related to gait/balance problems and had a history of falls. The CP indicated the goal was for Resident 1 to not sustain a serious injury. The approached interventions were for staff (in general) to anticipate and meet Resident 1's needs. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056083	A. Building B. Wing	03/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Woods Health Services	2600 A Street LA Verne, CA 91750

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 0689 Level of Harm - Actual harm Residents Affected - Few	During a review of Resident 1's Minimum Data Set, (MDS, a standardized comprehensive assessment and care screening tool) dated 1/25/2024, the MDS indicated Resident 1's cognitive abilities (ability to think, learn, and process information) were intact. The MDS indicated Resident 1 required the use of a walker and required partial assistance with indoor ambulation. The MDS indicated Resident 1 required substantial assistance with toileting hygiene, and Resident 1 used a bed alarm, chair alarm, and floor mats daily. During a review Resident 1's Post Fall Assessment (PFA) dated 2/24/2024, timed at 1:06 AM, the PFA indicated Resident 1's Physician (MD) 1 was notified regarding Resident 1's fall. During a review of Resident 1's Interdisciplinary Team Conference Record (IDT, team comprised of professionals from various disciplines who collaborate to address a residents multiple physical and psychological needs) dated 2/26/2024, at 10:12 AM, the IDT record indicated on 2/24/2024 at 12 AM, Resident 1 was yelling for help and Certified Nursing Assistant (CNA) 1 found Resident 1 on the floor. The IDT record indicated Resident 1 complained of pain (unrated) in the right leg when staff (unidentified) tried to assist Resident 1 back to bed. During a review of Resident 1's Radiology (X-ray, pictures of bones and soft tissues) Report dated 2/24/2024, at 11:15 AM, the RR indicated Resident 1 had an acute right femoral neck fracture with mild displacement (bone shifts out of alignment). During a review of Resident 1's Situation, Background, Assessment, Recommendation Communication Form (SBAR, standardized form to communicate information about a resident's conditions, needs, or problems) dated 2/24/2024, the SBAR indicated Resident 1 was transferred to a GACH on 2/24/2024 at 1 PM after the X-ray result indicated an acute right femoral neck fracture. During a review of Resident 1's GACH AR dated 2/24/2024, the AR indicated Resident 1 was admitted to the GACH on 2/24/2024 at 8:16 PM. During a review of Resident 1's Orthopedic (branch of medicine that specializes in correction or prevention of deformities, disorders, or injuries of bones) Surgery Progress Note (OSP) dated 2/27/2024, timed at 7:32 AM, the OSP note indicated Resident 1 was post-operative (after surgery) day (POD) 1 for a right hip hemiarthroplasty. During a review of Resident 1's Facility Transfer Checklist (FTC) dated 2/27/2024, the FTC indicated Resident 1 was transferred from the GACH back to the facility on [DATE] at 7 PM. During a concurrent observation of Resident 1 in Resident 1's room and an interview with Resident 1 on 3/11/2024 at 9:55 AM, Resident 1 was lying in bed with both legs elevated on a pillow. Resident 1 stated on 2/24/2024 (unable to recall exact time) Resident 1 got up and used Resident 1's front wheeled walker (FWW, walker with wheels in the front leg) to use the restroom. Resident 1 stated Resident 1 lost her footing (slip, stumble, fall during an activity), fell straight onto the floor, and broke Resident 1's hip. Resident 1 stated Resident 1 was alone in the room during the fall. Resident 1 stated Resident 1 was calling for help while on the floor when staff (unable to identify) arrived. Resident 1 stated there were no floor mats around the bed and no bed alarm was present when Resident 1 fell on [DATE]. Resident 1 stated, I feel sad about the fall . now I have to start all over again. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056083	A. Building B. Wing	03/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Woods Health Services	2600 A Street LA Verne, CA 91750

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 0689 Level of Harm - Actual harm Residents Affected - Few	During an interview on 3/11/2024 at 11:42 AM with Licensed Vocational Nurse (LVN) 1, LVN 1 stated on 2/24/2024 at around 12 AM CNA 1 reported to LVN 1 that Resident 1 was found on the floor. LVN 1 stated LVN 1 notified MD 1 of Resident 1's fall and Resident 1's complaint of pain (unrated) in the right leg. LVN 1 stated MD 1 ordered an X-ray of the hips and Resident 1 was transferred to the GACH after the X-ray result indicated Resident 1 had a right hip fracture. During an interview on 3/11/2024 at 11:44 AM with CNA 1, CNA 1 stated on 2/24/2024 CNA 1 heard yelling from Resident 1's room in the middle of the night (midnight) and CNA 1 found Resident 1 sitting on the floor. CNA 1 stated Resident 1 was shaken up (felt shocked and upset). During an interview on 3/11/2024 at 1:03 PM, CNA 1 stated CNA 1 did not hear a bed alarm sound when Resident 1 was found sitting on the bare floor. CNA 1 stated CNA 1 heard Resident 1 yelling for help and Resident 1 called out Resident 1's room number. During an interview on 3/11/2024 at 2:22 PM with LVN 1, LVN 1 stated there were no floor mats next to Resident 1's bed and no bed alarm was found on Resident 1's bed when Resident 1 fell on [DATE]. During a concurrent interview and record review on 3/11/2024 at 2:57 PM with Registered Nurse (RN) 1, Resident 1's OSR dated 1/7/2024 was reviewed. The OSR indicated Resident 1 had an active MD order dated 1/7/2024 for placement of floor mats on each side of Resident 1's bed to prevent injury and a silent bed/chair alarm. RN 1 stated she did not realize both orders (floor mats and silent bed/chair alarm) were active. RN 1 stated from 1/7/2024 to 2/27/2024 the physician ordered floor mats and silent bed/chair alarm but the floor mats, and silent bed alarm were not in place (in the appropriate or usual position) for Resident 1. During a review of the facility's policy and procedure (P&P) titled, Silent Pad Alarms, dated 1/4/2024, the P&P indicated the pad alarm is a pressure pad device ordered by a physician that emits an audible alert at a remote monitoring unit when triggered by movement. During a review of the facility's undated P&P titled, Fall Management Program, the P&P indicated Falls and related injuries are the most frequent adverse occurrence in Skilled Nursing Facilities. There are many interventions that can help prevent injury and may also reduce the number of falls.