

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056083	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/05/2024
NAME OF PROVIDER OR SUPPLIER  Woods Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48729</b></p> <p>Based on observation, interview, and record review, the facility failed to implement infection control practices to reduce and/or prevent the spread of Covid-19 (Coronavirus, a highly contagious respiratory disease caused by SARS-CoV-2 virus that spreads from person to person and can cause mild to severe respiratory illness) in accordance with the facility's policies and procedures (P&amp;Ps) when:</p> <p>a. One of one housekeeper (Housekeeper, HK) entered a Covid-19 isolation room without the required face shield, or goggles as indicated on the sign posted outside Resident 1's room.</p> <p>b. Three of three tumbler cups belonging to facility staff were left on the handrail in the red zone (a cohorting [grouping patients infected or colonized with the same infectious agent] for residents who tested positive for Covid-19).</p> <p>These deficient practices had the potential to result in the spread of Covid-19 infection throughout the facility residents and/or staff.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record (AR), the AR indicated Resident 1 was admitted on [DATE] with multiple diagnoses including hemiplegia (complete loss of strength or paralysis on one side of the body), hemiparesis (weakness or inability to move on one side of the body) following cerebrovascular disease (a group of conditions that affect blood flow and the blood vessels in the brain) affecting the right non-dominant side of the body, and Type 2 diabetes (disease that occurs when one's blood sugar is high) .</p> <p>During a review of Resident 1's Minimum Data Set (MDS - a standardized assessment and care planning tool) dated 5/9/2024, the MDS indicated Resident 1 had intact cognitive skills (ability to reason, make decisions) and was dependent (helper does all of the effort) for toileting and hygiene.</p> <p>During an observation on 8/5/2024 at 9:48 AM in the hallway of the red zone, the Housekeeper (HK) was observed entering Resident 1's room wearing a gown, mask, and gloves. The signage posted outside Resident 1's room was titled, Personal Protective Equipment for Coronavirus 2019 (Covid-19), from the County of Los Angeles Public Health, dated 3/12/2020, the signage indicated personal protective equipment (PPE) was required prior to entering the room, this included performing hand hygiene, donning (putting on) a gown, gloves, and eye protection (goggles or face shield), and mask.</p> <p>(continued on next page)</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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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a concurrent observation and interview on 8/5/2024 at 9:52 AM with the Infection Preventionist Nurse (IPN) in the hallway of the red zone, three tumbler cups with lids and straws were observed on the handrail of the hallway. The IPN stated the tumbler cups belonged to staff and should not be [left] on the handrails due to the potential for cross contamination (process by which bacteria can be transferred from one area to another). The IPN stated cross-contamination could occur especially because the cups were in the red zone and could potentially lead to the spread of infection throughout the facility.</p> <p>During an interview on 8/5/2024 at 10:04 AM with the HK, the HK stated the HK was not wearing eye protection (goggles or face shield) while inside the isolation (staying away/kept away from others) room. The HK stated if the shield was not worn, then goggles must be worn to protect against spreading germs or becoming sick oneself.</p> <p>During of a review of the facility's P&amp;P titled, Standard Precautions dated 5/20/2013, indicated, under 3. Masks, Eye Protection, Face Shields: A. Mask and eye protection or a face shield are worn to protect mucous membranes of the eyes, nose, and mouth during procedures and resident-care activities that are likely to generate splashes or sprays of blood, bodily fluids, secretions, and excretions.</p> <p>During a review of the facility's in-service, titled, Infection Control Storage of Personal Belongings, dated 7/3 to 7/5/2023, the in-service indicated participants would be able to understand the importance of proper storage of personal belongings. The in-service course content indicated, no personal belongings of food in resident rooms, hallways, breakrooms, medication rooms, or linen carts, e.g., sweaters, cell phones, coffee cups, water bottles.</p>		