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| 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 09/05/2024 |
| 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.

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| <p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37198</p> <p>Based on interview and record review, the facility failed to follow its policies and procedures (P&P) titled, Falls Management Program, and Care Plans, Comprehensive Person-Centered, by failing to revise the care plan and implement new interventions after multiple falls for two of three sampled residents (Resident 1 and 2).</p> <p>This deficient practice had the potential to place Residents 1 and 2 at risk for further falls and injury.</p> <p>Findings:</p> <p>1. During a review of Resident 1's Admission Record (AR), the AR indicated the facility originally admitted Resident 1 on 5/1/2022, and most recently admitted Resident 1 on 3/12/2024, with diagnoses that included congestive heart failure (happens when the heart cannot pump enough blood to meet the body's needs), bradycardia (slow heart rate), and Parkinson's disease (a disorder that affects the nervous system and the parts of the body controlled by the nerves) without dyskinesia (uncontrolled movements of the face, arms, legs, or trunk).</p> <p>During a review of Resident 1's Minimum Data Set (MDS, a standardized assessment and care screening tool), dated 6/19/2024, the MDS indicated Resident 1 was usually understood by others and usually had the ability to understand others. The MDS indicated Resident 1 was dependent (helper does all the effort) during toileting hygiene, showering/bathing self, lower body dressing, and putting on/taking off footwear.</p> <p>During a review of Resident 1's SBAR Communication Forms (Situation, Background, Appearance, Review and Notify), dated 4/3/2024 and untimed, 4/8/2024 and untimed, 4/29/2024 and untimed, 5/16/2024 and untimed, 5/29/2024 and untimed, and 7/3/2024 and untimed, the SBAR forms indicated Resident 1 had a fall on those dates.</p> <p>During a review of Resident 1's clinical records, Resident 1's clinical records indicated there were no care plan revisions and new interventions implemented after Resident 1's falls on 4/3/2024, 4/8/2024, 4/29/2024, 5/16/2024, and 5/29/2024.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>2. During a review of Resident 2's AR, the AR indicated the facility originally admitted Resident 2 on 3/30/2021, and most recently admitted Resident 2 on 7/31/2021, with diagnoses that included Parkinson's disease and dementia (the loss of the ability to think, remember, and reason to levels that affect daily life and activities).</p> <p>During a review of Resident 2's MDS, dated [DATE], the MDS indicated Resident 2 was usually understood by others and usually had the ability to understand others. The MDS indicated Resident 2 required substantial/maximal assistance (helper lifts or holds trunk or limbs and provides more than half the effort) during showering/bathing self, lower body dressing, and putting on/taking off footwear.</p> <p>During a review of Resident 2's SBAR forms dated 6/8/2024 and untimed, 6/10/2024 and untimed, 7/1/2024 and untimed, 7/14/2024 and untimed, and 7/20/2024 and untimed, the SBAR forms indicated Resident 2 had a fall on those dates.</p> <p>During a review of Resident 2's clinical records, Resident 2's clinical records indicated there were no care plans revisions and new interventions implemented after Resident 2's falls on 6/8/2024 and 7/20/2024.</p> <p>During an interview on 9/5/2024 at 3:27 pm, with Licensed Vocational Nurse 1 (LVN 1), LVN 1 stated staff was to assess the resident, document the change of condition, perform a fall assessment, perform neurological checks (an assessment tool that evaluates the brain and nervous system [the body's command center that includes the brain, spinal cord, and nerves] functioning), and implement a new care plan intervention after every fall.</p> <p>During an interview on 9/13/2024 at 1:51 pm, with the Director of Nursing (DON), the DON stated the care plan needed to be revised after every fall that happened to a resident.</p> <p>During a review of the facility's P&P titled, Goals and Objectives, Care Plans, revised in April 2009, the P&P indicated care plans shall incorporate goals and objectives that lead to the resident's highest obtainable level of independence. The P&P indicated care plan goals and objectives were defined as the desired outcome for a specific resident problem. Goals and objectives were reviewed and/or revised: when there has been a significant change in the resident's condition.</p> <p>During a review of the facility's P&P titled, Falls Management Program, dated 1/16/2014, the P&P indicated the primary goal of the program was to use a multidisciplinary approach to falls, to monitor a resident's risk of falling to reduce the frequency and severity of a fall, and to implement measures that will help reduce fall frequency and injury severity. The P&P indicated to this end, the facility associate staff was empowered to proactively assess and direct efforts toward implementing person-centered fall care planning. The licensed nurse who initially investigates the fall adjusted the care plan to add elements to further fall prevention. The P&P indicated as soon as practicable but in any event within 48 hours of the fall, the Resident Assessment Protocol (RAP) was completed, and the Interdisciplinary Team reviewed the fall and collaborated on further care planning. Although there were certainly falls that did not result in an injury, a serious injury had the potential to reduce the quality or longevity of life in the older person. To minimize these possibilities, the facility Risk and Nursing management developed this Fall Management Program to mitigate potential and actual falls in the residents by implementing person-centered, individualized care planning and fall response.</p> <p>(continued on next page)</p> | | |

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| <p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>During a review of the facility's P&P titled, Care Plans, Comprehensive Person-Centered, revised December 2016, the P&P indicated, assessments of residents were ongoing and care plans were revised as information about the residents and the residents' conditions change. The P&P indicated, the Interdisciplinary Team (IDT, a group of health care professionals with various areas of expertise who work together toward the goals of their patients) must review and update the care plan: when there had been a significant change in the resident's condition and when the desires outcome was not met.</p> | | |

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| <p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>37198</p> <p>Based on interview and record review, the facility failed to follow its policy and procedure (P&P) titled, Charting and Documentation, to have complete documentation for one of three sampled residents (Resident 1).</p> <p>This deficient practice had the potential for lack of communication between the facility staff regarding Resident 1's condition and could result in inconsistencies of care.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record (AR), the AR indicated the facility originally admitted Resident 1 on 5/1/2022, and most recently admitted Resident 1 on 3/12/2024, with diagnoses that included congestive heart failure (happens when the heart cannot pump enough blood to meet the body's needs), bradycardia (slow heart rate), and Parkinson's disease (a disorder that affects the nervous system and the parts of the body controlled by the nerves) without dyskinesia (uncontrolled movements of the face, arms, legs, or trunk).</p> <p>During a review of Resident 1's Minimum Data Set (MDS, a standardized assessment and care screening tool), dated 6/19/2024, the MDS indicated Resident 1 was usually understood by others and usually had the ability to understand others.</p> <p>During a review of Resident 1's Progress Notes (PN), dated 7/31/2024 at 10:28 pm, the PN indicated Resident 1 will have an appointment with a urologist (a medical doctor who specializes in the diagnosis and treatment of diseases and conditions of the urinary tract and reproductive system) on 8/14/2024 at 12:10 pm.</p> <p>During a review of Resident 1's Order Summary Report (OSR), dated 9/4/2024, the OSR indicated a physician order dated 7/31/2024, for a urology (the branch of medicine and physiology concerned with the function and disorders of the urinary system) consult on 8/14/2024 at 12:10 pm for Resident 1.</p> <p>During a review of Resident 1's PN for the month of August 2024, there was no documentation regarding the urology consult appointment for Resident 1.</p> <p>During an interview on 9/5/2024 at 2 pm, with Licensed Vocational Nurse 1 (LVN 1), LVN 1 stated Resident 1's urology consult order for 8/14/2024 was cancelled but was not documented. LVN 1 stated it was supposed to be documented in Resident 1's chart (medical record). LVN 1 stated it was important to document in the chart so staff would know if the urology consult was completed or needed to be rescheduled.</p> <p>During an interview on 9/5/2024 at 3:45 pm, with Social Services (SS), SS stated Resident 1's Responsible Party (RP) informed SS about canceling the urology consult appointment. SS stated the cancellation of Resident 1's urology consult appointment was not documented in Resident 1's chart. SS stated it was important to document in the chart to provide information that everything was done for the resident.</p> <p>(continued on next page)</p> | | |

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| <p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>During a review of the facility's P&P titled, Charting and Documentation, revised in July 2017, the P&P indicated, all services provided to the resident, progress toward the care plan goals, or any changes in the resident's medical, physical, functional, or psychosocial condition, shall be documented in the resident's medical record. The medical record should facilitate communication between the interdisciplinary team regarding the resident's condition and response to care. The P&P indicated, documentation of procedures and treatments will include care-specific details, including whether the resident refused the procedure/treatment, notification of family, physician, or other staff, if indicated, and the signature and title of the individual documenting.</p> | | |

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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>Provide and implement an infection prevention and control program.</p> <p>37198</p> <p>Based on interview and record review, the facility failed to report a communicable disease (an illness that can spread from one person to another, or from an animal to a person, or from a surface or food) to the California Department of Public Health (CDPH) for one of three sampled residents (Resident 1) when Resident 1 tested positive for Hepatitis A virus (a highly contagious virus transmitted through ingestion of contaminated food and water or through direct contact with an infectious person).</p> <p>This deficient practice had the potential for a communicable disease to spread and not be properly and timely investigated.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record (AR), the AR indicated the facility originally admitted Resident 1 on 5/1/2022, and most recently admitted Resident 1 on 3/12/2024, with diagnoses that included congestive heart failure (happens when the heart cannot pump enough blood to meet the body's needs), bradycardia (slow heart rate), and Parkinson's disease (a disorder that affects the nervous system and the parts of the body controlled by the nerves) without dyskinesia (uncontrolled movements of the face, arms, legs, or trunk).</p> <p>During a review of Resident 1's Minimum Data Set (MDS, a standardized assessment and care screening tool), dated 6/19/2024, the MDS indicated Resident 1 was usually understood by others and usually had the ability to understand others. The MDS indicated Resident 1 was dependent (helper does all the effort) during toileting hygiene, showering/bathing self, lower body dressing, and putting on/taking off footwear.</p> <p>During a review of Resident 1's Immunology and Serology test (a test that measures the interaction between antigens [a foreign substance that enters the body] and antibodies [a protein produced by the immune system to attack and fight off antigens] to determine if an infectious disease is present) for hepatitis A, collected at General Acute Care Hospital (GACH) 1 on 8/20/2024 at 5:47 am, the test indicated Resident 1 was reactive (may indicate an active or past infection with hepatitis A virus, or prior hepatitis A vaccination) for hepatitis A Ab (antibody) IgM Interpretation (immunoglobulin M antibodies are produced by the body when someone is first infected with hepatitis A). The test indicated Resident 1's result for hepatitis A Ab IgM was high at 1.19 s/co (signal to cutoff value) with reference range of <= 0.90 (less than or equal to 0.90).</p> <p>During a review of Resident 1's Progress Notes (PN), dated 8/20/2024 at 10:48 am, the PN indicated GACH 1's Infection Preventionist (IP, a professional who makes sure healthcare workers and patients are doing all the things they should to prevent infections) contacted the facility to inform the facility of Resident 1's lab result at GACH 1 which indicated hepatitis A (a very contagious liver infection that can spread by either person to person contact or from food or drink contaminated by the hepatitis A virus).</p> <p>(continued on next page)</p> | | |

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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 review of Resident 1's PN, dated 8/20/2024 at 2:56 pm, the PN indicated the facility reported the information they received from GACH 1 about Resident 1's lab result which indicated hepatitis A to the Department of Public Health (County of Los Angeles DPH). The PN did not indicate if the facility contacted and reported the positive hepatitis A case to the California Department of Public Health.</p> <p>During an interview on 9/4/2024 at 3:40 pm, and on 9/13/2024 at 1:51 pm, with the Director of Nursing (DON), the DON stated the incident regarding Resident 1 with hepatitis A was reported to the (County of Los Angeles) DPH but not to the CDPH. The DON stated DON did not know they were also supposed to report it to CDPH.</p> <p>During a review of the facility's policy and procedure (P&P) titled, Unusual Occurrence Reporting, revised in December 2007, the P&P indicated, as required by federal or state regulations, the facility reports unusual occurrences or other reportable events which affect the health, safety, or welfare of the residents, employees, or visitors. The P&P indicated, Our facility will report the following events to appropriate agencies: an outbreak of any communicable disease Unusual occurrences shall be reported via telephone to appropriate agencies as required by current law and/or regulations within twenty-four (24) hours of such incident or as otherwise required by federal and state regulations.</p> <p>During a review of the facility's P&P titled, Policies and Practices - Infection Control, revised in July 2014, the P&P indicated, This facility's infection control policies and practices are intended to facilitate maintaining a safe, sanitary, and comfortable environment and to help prevent and manage transmission of diseases and infections . The objectives of the infection control policies and practices are to prevent, detect, investigate, and control infections in the facility .</p> <p>During a review of the County of Los Angeles Department of Public Health document titled, Reportable Diseases and Conditions (RDC), revised in 9/6/2024, the RDC indicated hepatitis A, acute (sudden onset) infection, was listed as a reportable communicable disease.</p> |