

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  01/31/2025
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 - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>40913</p> <p>Based on observation, interview and record review, the facility failed to investigate and monitor for signs and symptoms of Respiratory Syncytial Virus (RSV - is a common respiratory virus that usually causes mild, cold-like symptoms that affects infants and older adults who are more likely to develop severe RSV and need hospitalization ) among healthcare personnel/healthcare workers after these healthcare workers exposed to two of two sampled residents (Residents 1 and 2) who tested positive for RSV.</p> <p>These deficient practices had the potential to spread RSV to other residents and staff.</p> <p>Findings:</p> <p>a. During a review of Resident 1's Admission Record (AR), the AR indicated the facility admitted the resident on 6/12/2023, with diagnoses that included hypertensive heart disease (a condition that develops when prolonged high blood pressure damages the heart muscle), chronic kidney disease (a condition where the kidneys gradually lose their ability to filter waste products and excess fluid from the blood. This can lead to a buildup of harmful substances in the body and various health problems).</p> <p>During a review of Resident 1's Laboratory Results Report, dated 1/24/2025, the report indicated Resident 1 was tested for RSV and other respiratory pathogens on 1/22/2025 and confirmed positive for RSV on 1/24/2025.</p> <p>b. During a review of Resident 2's AR, the AR indicated the facility admitted the resident on 1/9/2025, with diagnoses that included dependence on supplemental oxygen, muscle weakness.</p> <p>During a review of Resident 2's Laboratory Results Report, dated 1/28/2025, the report indicated Resident 2 was tested for RSV on 1/27/2025 and conformed positive on 1/28/2025.</p> <p>During an interview on 1/31/2025 at 2:01 PM, the Infection Prevention Nurse (IPN) stated Resident 1 and Resident 2 were diagnosed with RSV.</p> <p>During an interview on 1/31/2025 at 2:27 PM, the IPN stated Resident 1 would leave the room and stay by the nurse's station and continued to go to the nurse's station. The IPN stated Resident 1 was tested for RSV because Resident 1 was exhibiting cough symptoms. The IPN stated Resident 1 and Resident 2 were placed on isolation when both residents were tested positive for RSV.</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 - Some</p>	<p>During an interview on 1/31/2025 at 2:29 PM, the IPN stated Resident 2 would not go to communal dining and activities but Resident 2 would go for rehabilitation. The IPN stated the IPN did not have a list of staff who had close contact to Residents 1 and 2. The IPN stated the IPN did not have the list of residents who were close contact to Resident 1 and Resident 2 but Resident 1's roommate was placed in a separate room with no roommates. The IPN stated all residents would be checked for signs and symptoms of respiratory illness using the Infection Monitoring Form.</p> <p>During an interview on 1/31/2025 at 5:04 PM, the Director of Nursing (DON) stated the Influenza and Respiratory Outbreak Line List only included the two residents. The DON stated there was no tracking of residents or staff who had close contact to Resident 1 and Resident 2. All residents were monitored for signs and symptoms of respiratory illness using the Infection Monitoring.</p> <p>During an interview on 1/31/2025 at 5:10 PM, the IPN stated the IPN did not know if the two staff who called off had close contact to Resident 1 and Resident 2. The IPN stated the two staff who called off stated they were not feeling well as one of the reasons for the call off. The IPN stated the IPN did not know if not feeling well would mean if the two staff were having signs and symptoms of a respiratory illness. The IPN stated the facility would follow Center for Disease Control (CDC), state and local public health guidelines on infection control.</p> <p>During a review of two call off forms for Certified Nursing Assistant 1 (CNA 1) and CNA 2, dated 1/31/2025, the form indicated CNA 1 and CNA 2 reported not feeling well</p> <p>During an interview on 1/31/2025 at 5:20 PM, the Administrator stated, We need to know who had close contacts (staff and residents) to Resident 1 and Resident 2 and monitor the close contact staff and residents for signs and symptoms of respiratory illness.</p> <p>During a review of the facility's Policy and Procedure (P&amp;P) titled, Surveillance for Infections, Policies and Practices - Infection Control, the P&amp;P did not have procedures for tracking close contacts/potential exposures.</p> <p>During a review of the CDC's Viral Respiratory Pathogens toolkit for Nursing Homes, dated 1/8/2025, the toolkit helps nursing home infection preventionists and leadership prepare for and respond to nursing home residents or healthcare personnel who develop signs and symptoms of a respiratory viral infection. The toolkit indicated to investigate respiratory virus spread among residents and healthcare personnel. The toolkit indicated to perform active surveillance to identify any additional ill residents or healthcare personnel using symptom screening and evaluating potential exposures.</p>		