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	11/19/2025

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to follow its own Unusual Occurrence Reporting policy, which requires that unexpected resident deaths be reported to the State Licensing Agency within 24 hours.This failure resulted in a delay of state regulatory notification, which has the potential to delay timely oversight, review, and investigation of resident safety incidents.Findings: During a review of Resident 1's admission Record (AR), the facility admitted Resident 1 on [DATE], with diagnoses including pneumonia (a lung infection), and sepsis (a life-threatening complication of an infection). During a review of Resident 1's History and Physical (H&P), dated [DATE], the H&P indicated Resident 1 had the mental capacity to make medical decisions. During a review of Resident 1's Nurses' Note, dated [DATE], the Nurses' Note indicated Resident 1 died on [DATE]. During an interview on [DATE] at 1:30PM with the Administrator, the Administrator stated the resident's death was considered an unusual occurrence because it was not expected and acknowledged the report was submitted past the 24-hour requirement. During a review of the facility's policy and procedure (P&P) titled, Unusual Occurrence Reporting Policy, the policy stated: All unusual occurrences, including unexpected resident deaths, must be reported to CDPH (State Licensing Agency) within 24 hours of identification.

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