

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 02/10/2026
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)
F 0730 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observe each nurse aide's job performance and give regular training. Based on interview and record review, the facility failed to complete an annual performance review for four of four sampled Certified Nursing Assistants (CNA). This failure had the potential to result in the CNA's giving the residents improper care, making clinical errors, and causing resident injury. Findings: During a review of CNA 1's employment record, the record indicated CNA 1 was hired on 4/25/2024. CNA 1's last performance review was done on 11/4/2024. The record did not indicate a performance review was done in 2025. During a review of CNA 2's employment record, the record indicated CNA 2's last performance review was done on 12/30/2024. The record did not indicate a performance review was done in 2025. During a review of CNA 4's employment record, the record indicated CNA 4 was hired on 7/19/2007. CNA 4's last performance review was done on 12/28/2023. The record did not indicate a performance review was done in 2024 and 2025. During a review of CNA 5's employment record, the record indicated CNA 5 was hired on 10/16/2023. CNA 5's last performance review was done on 2/12/2024. The record did not indicate a performance review was done in 2025. During an interview on 2/10/2026 at 1:45 pm with the Director of Staff Development (DSD), the DSD stated performance reviews should be done every year. The DSD stated she has not completed any performance reviews for the CNAs since starting in April 2025. During a review of the facility's policy and procedure (P&P) titled, Job Descriptions and Performance Evaluations, dated September 2020, the P&P indicated performance reviews will be done with the employee's direct supervisor annually.

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
---	-------	-----------