

POC reviewed and accepted on 10/28/2021
#36924

PRINTED: 10/13/2021
FORM APPROVED

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA950000092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/29/2021
---	--	--	---

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

WOODS HEALTH SERVICES

2600 A STREET
LA VERNE, CA 91750

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	<p>Initial Comments</p> <p>The following reflects the findings of the California Department of Public Health during a COVID-19 SKILLED NURSING FACILITY STATE MONITORING INFECTION CONTROL MITIGATION SURVEY.</p> <p>A COVID-19 STATE MONITORING INFECTION CONTROL MITIGATION SURVEY was conducted by the California Department of Public Health on 09/29/2021.</p> <p>Representing the Department of Public Health: Health Facilities Evaluator Nurse (HFEN): 35893, 36924, 37897.</p> <p>Total Residents: 38</p> <p>The facility was found not to be in compliance with the California Code of Regulations, title 22 section(s) outlined below related to implementation of the SKILLED NURSING FACILITY STATE MONITORING INFECTION CONTROL MITIGATION SURVEY.</p> <p>§ 72321. Nursing Service -Patients with Infectious Diseases. (a) Patients with infectious diseases shall not be admitted to or cared for in the facility unless the following requirements are met: (1) A patient suspected of or diagnosed as having an infectious or reportable communicable disease or being in a carrier state who the attending officer determines is a potential danger, shall be accommodated in a room, vented to the outside, and provided with a separate toilet, hand-washing facility, soap dispenser and individual towels. (2) There shall be:</p>	C 000	<p>Disclaimer: The following plan of correction is completed in accordance with State and Federal laws. It is not an admission to the alleged findings shown in the statement of deficiencies.</p> <p>STATE MONITORING SURVEY MRVT11</p> <p>C000</p> <p>72321 Nursing Service – Patients with Infectious Diseases</p> <p>C4190</p> <p>T22 DIV5 CH3 ART5-72523 (c)(3) Patient Care Policies and Procedures</p> <p>1.) Immediate corrective action for residents identified as being affected: Resident #1 was not adversely affected by the alleged deficient practice.</p>	

Licensing and Certification Division

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

MRVT11

If continuation sheet 1 of 5

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA950000092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 09/29/2021
NAME OF PROVIDER OR SUPPLIER WOODS HEALTH SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 2600 A STREET LA VERNE, CA 91750			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
C 000	Continued From page 1 (A) Separate provisions for handling contaminated linens. (B) Separate provisions for handling contaminated dishes. (b) The facility shall adopt, observe and implement written infection control policies and procedures. These policies and procedures shall be reviewed at least annually and revised as necessary. (c) The following shall be available in each nurse's station: (1) The facility's infection control policies and procedures. (2) Name, address and telephone numbers of local health officers. § 72523. Patient Care Policies and Procedures. (c) Each facility shall establish and implement policies and procedures, including but not limited to: (3) Infection control policies and procedures. A deficiency was written at the below state regulation(s).	C 000	2.) <u>Process of identifying other residents with potential to be affected:</u> All residents have the potential to be affected by the alleged deficient practice, however, no other residents were affected. 3. <u>Systemic measures to prevent recurrence:</u> In-services were conducted on 9/29/21, 9/30/21, 10/01/21, and 10/04/21, for nursing staff by the Director of Staff Development and Director of Nursing on the proper use of PPE and specifically the updated guidance updated on 9/24/21 indicating that in Yellow and Red Cohorts, all staff regardless of vaccination status should wear N95 respirators when providing resident care, when entering a resident room and/or within 6 ft. of a resident. The new guidance also indicates that Cal-OSHA no longer allows for re-use of N95 respirators or extended use when used for respiratory protection for confirmed or suspected cases for		
C4190	T22 DIV5 CH3 ART5-72523(c)(3) Patient Care Policies and Procedures (c) Each facility shall establish and implement policies and procedures, including but not limited to: (3) Infection control policies and procedures. This Statute is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure N95 respirators	C4190			

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA950000092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 09/29/2021
NAME OF PROVIDER OR SUPPLIER WOODS HEALTH SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 2600 A STREET LA VERNE, CA 91750			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
C4190	<p>Continued From page 2</p> <p>(respiratory protective device designed to achieve a very close facial fit and very efficient filtration of airborne [transported by air] particles) were properly worn in the Yellow (area for residents deemed suspected or under investigation for possible coronavirus [COVID-19, a severe respiratory illness caused by a virus and spread from person to person]) and Green Zone (area for residents who do not have COVID-19) for three out of three sampled staff in accordance with the local Public Health guidelines.</p> <p>This deficient practice could result in the transmission of infection, including COVID-19 infection that could result in residents' and staff illness.</p> <p>Findings:</p> <p>During an observation on 9/29/21 at 10:14 a.m., Registered Nurse 1 (RN 1) was observed entering Resident 1's room in the Yellow Zone. RN1 was observed assisting Resident 1 with her portable heater. RN1 was observed kneeling in front of the heater on the floor next to the resident's bed while talking to Resident 1. RN1 was observed wearing only a blue surgical mask and not wearing an N95 mask while in Resident 1's room.</p> <p>During an interview on 9/29/21 at 10:25 a.m., RN 1 stated she was supposed to have on an N95 mask while in the yellow zone.</p> <p>During an interview on 9/29/21 at 1:52 p.m. Licensed Vocational Nurse 1 (LVN 1) stated she uses the same N95 mask in between rooms, one per shift unless it becomes soiled, then it is changed. LVN 1 stated she wears the same N95 mask in green or yellow rooms.</p>	C4190	<p>positive confirmed or suspected cases of COVID 19. The licensed nurse received 1:1 coaching on donning and doffing of PPE.</p> <p>4.) <u>How system changes will be monitored:</u> Random audits will be conducted monthly by Director of Nursing or designee, monitoring proper use of PPE by all staff. These findings will be reported to the QAPI committee until 100% compliance is achieved for three consecutive months.</p> <p>5.) <u>Date deficiency was corrected:</u> 10/15/21 and verified by Sue Fairley, NHA for the facility.</p>		

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA950000092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/29/2021
---	---	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

WOODS HEALTH SERVICES

**2600 A STREET
LA VERNE, CA 91750**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C4190	<p>Continued From page 3</p> <p>During an interview on 9/29/21 at 1:57 p.m., Certified Nurse Assistant 1 (CNA 1) stated she wears a surgical mask over her N95 mask when she goes into the yellow room. CNA 1 stated she takes off and disposes surgical mask when exiting the room. CNA 1 stated she does not change N95 between rooms.</p> <p>During an interview on 9/29/21 at 2:11 p.m., the Director of Nursing (DON) stated staff were required to wear an N95 mask in yellow zone rooms. DON stated staff can use the same N95 mask unless they have difficulty breathing. DON stated staff would need to change the N95 mask if it was soiled or after the staff provided breathing treatment to a resident.</p> <p>A review of the facility's policy and procedure (P&P), dated 5/13/20, titled, "Personal Protective Equipment," indicated training on the proper donning, use and disposable of PPE is provided upon orientation and at regular intervals.</p> <p>A review of the Centers for Disease Control (CDC) and Prevention guidelines, titled, "Strategies for Optimizing the Supply of N95 Respirators," updated on 9/16/2021, indicated the following:</p> <ol style="list-style-type: none"> 1. N95 respirators were intended to be used once and then properly disposed of and replaced with a new N95 respirator. 2. When practicing extended use (practice of wearing the same N95 respirator for repeated close contact encounters with several different patients, without removing the respirator between patient encounters) of N95 respirators over the course of a shift, considerations should include 1) the ability of the N95 respirator to retain its fit 2) 	C4190		

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA950000092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 09/29/2021
NAME OF PROVIDER OR SUPPLIER WOODS HEALTH SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 2600 A STREET LA VERNE, CA 91750			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
C4190	<p>Continued From page 4</p> <p>contamination concerns, 3) practical considerations (e.g., meal breaks), and 4) comfort of the user. N95 respirators must be discarded immediately after being removed. If removed for a meal break, the respirator must be discarded and a new respirator put on after the break.</p> <p>A review of Los Angeles County Public Health guidelines titled, "Coronavirus Disease 2019: Guidelines for Preventing & Managing COVID-19 In Skilled Nursing Facilities," updated on 9/24/2021, indicated in the Yellow and Red Cohorts, all staff regardless of vaccination status should wear N95 respirators when providing resident care (e.g., entering resident room and/or within 6 ft of resident). It also indicated the California Occupational Safety and Health Administration (Cal-OSHA) no longer allows for re-use (over multiple shifts) of N95 respirators or extended use (with multiple residents in the same shift) when used for respiratory protection for confirmed or suspected cases, (e.g., in Yellow Zone and Red Zones, an area for positive COVID-19 residents). However, staff might wear N95 respirators in an extended fashion if they would not be interacting with confirmed or suspect cases of COVID-19.</p>	C4190			