

California Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>CA950000092</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>07/28/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>WOODS HEALTH SERVICES</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2600 A STREET LA VERNE, CA 91750</b>		
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A 000	<p>Initial Comments</p> <p>The following reflects the findings of the California Department of Public Health during a staffing audit visit for 24 randomly selected days from 10/01/2020 to 12/31/2020.</p> <p>Representing the Department: M.D., Associate Governmental Program Analyst.</p> <p>Welfare and Institutions (W&amp;I) Code section 14126.022 sets forth the Department's authority to conduct audits of direct caregiver nursing services provided to residents of skilled nursing facilities, and to establish procedures for conducting such audits through All Facility Letters (AFLs). &lt;<a href="http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=14126.022.&amp;lawCode=WIC">http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=14126.022.&amp;lawCode=WIC</a>&gt;</p> <p>AFL 21-11, setting forth the audit process and guidelines for facilities is available through the following link: &lt;<a href="https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-11.aspx">https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-11.aspx</a>&gt;</p> <p>Health and Safety Code (HSC) 1337-1338.5, sets forth the requirements for Certified Nurse Assistants is available through the following link: &lt;<a href="https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?division=2.&amp;chapter=2.&amp;lawCode=HSC&amp;article=9">https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?division=2.&amp;chapter=2.&amp;lawCode=HSC&amp;article=9</a>&gt;</p> <p>W&amp;I section 14126.022 requires the Department to assess an administrative penalty to a SNF if the Department determines that the SNF fails to meet the DHPPD requirements pursuant to HSC sections 1276.5 or 1276.65. The Department shall assess an administrative penalty to any facility that fails to meet the applicable standard</p>	A 000		

Licensing and Certification Division

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

TITLE

(X6) DATE

STATE FORM

6899

XJX811

If continuation sheet 1 of 4

*[Signature]*

*Vice President of Health Services / NHA*

*5/30/2023*

California Department of Public Health

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A 000	<p>Continued From page 1</p> <p>for staffing requirements on any given day. The applicable standard is 3.5 DHPPD and 2.4 DHPPD (CNA), unless an approved Workforce Shortage, Patient Needs, or COVID-19 Waiver is granted.</p> <p>The statute was not met as evidenced by the following findings:</p> <p>Final Audit Result:</p> <p>Total Distinct Non-Compliant Day(s) = 2</p> <table border="1"> <thead> <tr> <th>Date</th> <th>3.5</th> <th>2.4</th> </tr> </thead> <tbody> <tr><td>10/01/2020</td><td>5.37</td><td>2.99</td></tr> <tr><td>10/03/2020</td><td>5.20</td><td>3.04</td></tr> <tr><td>10/05/2020</td><td>5.43</td><td>3.19</td></tr> <tr><td>10/07/2020</td><td>5.79</td><td>3.09</td></tr> <tr><td>10/20/2020</td><td>5.25</td><td>2.83</td></tr> <tr><td>10/24/2020</td><td>4.23</td><td>2.46</td></tr> <tr><td>10/26/2020</td><td>5.48</td><td>3.11</td></tr> <tr><td>10/28/2020</td><td>5.23</td><td>2.61</td></tr> <tr><td>10/30/2020</td><td>5.83</td><td>2.77</td></tr> <tr><td>11/03/2020</td><td>4.98</td><td>2.61</td></tr> <tr><td>11/06/2020</td><td>4.99</td><td>2.64</td></tr> <tr><td>11/08/2020</td><td>4.53</td><td>2.63</td></tr> <tr><td>11/10/2020</td><td>4.68</td><td>2.65</td></tr> <tr><td>11/11/2020</td><td>4.96</td><td>2.58</td></tr> <tr><td>11/22/2020</td><td>4.62</td><td>2.79</td></tr> <tr><td>11/23/2020</td><td>4.96</td><td>2.54</td></tr> <tr><td>11/24/2020</td><td>5.55</td><td>*2.33*</td></tr> <tr><td>11/26/2020</td><td>4.05</td><td>*2.25*</td></tr> <tr><td>12/01/2020</td><td>5.52</td><td>2.66</td></tr> <tr><td>12/15/2020</td><td>5.70</td><td>2.81</td></tr> <tr><td>12/19/2020</td><td>5.09</td><td>3.41</td></tr> <tr><td>12/21/2020</td><td>6.06</td><td>3.67</td></tr> <tr><td>12/23/2020</td><td>5.34</td><td>3.04</td></tr> <tr><td>12/29/2020</td><td>5.60</td><td>2.98</td></tr> </tbody> </table> <p>*x.xx* = non-compliant date</p>	Date	3.5	2.4	10/01/2020	5.37	2.99	10/03/2020	5.20	3.04	10/05/2020	5.43	3.19	10/07/2020	5.79	3.09	10/20/2020	5.25	2.83	10/24/2020	4.23	2.46	10/26/2020	5.48	3.11	10/28/2020	5.23	2.61	10/30/2020	5.83	2.77	11/03/2020	4.98	2.61	11/06/2020	4.99	2.64	11/08/2020	4.53	2.63	11/10/2020	4.68	2.65	11/11/2020	4.96	2.58	11/22/2020	4.62	2.79	11/23/2020	4.96	2.54	11/24/2020	5.55	*2.33*	11/26/2020	4.05	*2.25*	12/01/2020	5.52	2.66	12/15/2020	5.70	2.81	12/19/2020	5.09	3.41	12/21/2020	6.06	3.67	12/23/2020	5.34	3.04	12/29/2020	5.60	2.98	A 000	<p><b>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.</b></p> <p><b><u>A 000</u></b></p> <p>a.) <u>Immediate corrective action for residents identified as being affected:</u></p> <p>DON, DSD, and Scheduler meet and review schedules daily assuring adequate staffing patterns for daily census. Additional agency resources have been vetted to supplement should scheduled staff call off. If staffing cannot be assured to meet needs potential admissions will be deferred.</p>	
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A 205	Continued From page 2	A 205		
A 205	<p>HSC 1276.65(c)(1)(C) SAS - 2.4 Standard</p> <p>(C) Skilled nursing facilities shall have a minimum of 2.4 hours per patient day for certified nurse assistants in order to meet the requirements in subparagraph (B).</p> <p>This Statute is not met as evidenced by: Facility Failed to meet 2.4 Direct Care Service Hours Per Patient Day (DHPPD) performed by certified nurse assistants, pursuant to HSC 1276.65(c)(1)(C) for 2 out of 24 days.</p> <p>The total number of actual direct care nursing hours performed by direct caregivers per patient day divided by the average census during the patient day failed to meet DHPPD Staffing Standard(s).</p>	A 205	<p><u>b.) Monitoring process and position of persons responsible for assuring corrections:</u></p> <p>Director of Nursing, Director of Staff Development, and Staff Scheduler will be responsible for reviewing scheduling and, attendance, and occupancy daily assuring proper staffing is in place. In the event coverage is not adequate, appropriate administrative personnel will be assigned to runs and new admissions will be denied.</p>	
A 040	<p>AFL 21-11 II.B SAS-Form 612</p> <p>B. Facilities must use CDPH 612. Failure to use this CDPH required form will result in a finding of non-compliance for each audited day the form is not available. The facility is responsible for ensuring all entries are accurate and legible.</p> <p>This Statute is not met as evidenced by: Facility failed to use CDPH Form 612 per AFL</p>	A 040	<p><u>c. Dates when corrective action will be completed:</u></p> <p>Corrective actions were completed by May 23, 2023, the day we received notice of this alleged non-compliant staffing pattern.</p>	

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A 040	Continued From page 3  21-11, Section II, Guidelines, subsection B, pursuant to W&I 14126.022.	A 040	<p><b>A040</b></p> <p>a.) <u>Immediate corrective action for residents identified as being affected:</u></p> <p>The staffing agency failing to provide staffing details on CDPH 612 were immediately contacted and corrective action was made. They were notified that failure to provide proper forms would result in their not being called for services.</p> <p>b.) <u>Monitoring process and position of persons responsible for assuring corrections:</u></p> <p>The staffing scheduler regularly monitors documentation provided by agencies and follows up for correct forms before further services are provided. Additionally, she is responsible for making certain community staffing records are correctly reported.</p> <p>c. <u>Dates when corrective action will be completed:</u></p>	