STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255148	A. BUILDING _____ B. WING _____	C 04/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODLANDS REHABILITATION AND HEALTHCARE CENTER	**102 WOODCHASE PARK DRIVE CLINTON, MS 39056**

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F 000	INITIAL COMMENTS The State Agency (SA) conducted an Annual Recertification survey along with two (2) Complaint Investigations (CI MS #24636 and CI MS #24697), at the facility from 04/09/24 through 04/11/24. The SA investigated CI MS #24636 for dialysis after care and CI MS #24697 for resident-on-resident abuse, grooming, and facility staff. Based on the findings of the Complaint Investigations, the SA determined the facility was not in compliance with the requirement of participation in Medicare and Medicaid and cited F657 and F698. During the Annual Recertification survey, the SA determined the facility was not in compliance with the requirements of participation in Medicare and Medicaid and cited F641, F644, F657, F759, and F880. The facility had a census of 137 and license beds 145.	F 000		
F 657 SS=D	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s).	F 657		5/23/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 05/03/2024

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.

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F 657	Continued From page 1 An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii)Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, record reviews, and the facility policy review, the facility failed to revise the Care Plans for two (2) of 26 sampled residents. (Residents #80 and #105) Findings include: Review of facility's policy titled, "Care Plans, Comprehensive Person-Centered," reviewed 1/23, revealed, " ... A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident ... Facility Interpretation and Implementation ... 13. Assessments of residents are ongoing and care plans are revised as information about the residents and the residents' conditions change. 14. The Interdisciplinary Team must review and update the care plan: a. When there has been a significant change in the resident's conditions; b. When the desired outcome is not met ..." Resident # 80	F 657	1.On 04/11/2024, Director of Nursing contacted (dialysis facility) to get clarification on communications related to dialysis pressure dressing removal for resident #80. On 04/11/2024, Resident #80□s care plan was updated by Minimum Data set (MDS) Registered Nurse to include interventions for the removal of the dialysis pressure dressing. On 4/10/2024, Resident # 105 care plan was updated by the Minimum Data Set (MDS) Licensed Practical Nurse (LPN) to resolve continuous feeding orders and add current bolus feeding orders. 2.The facility has determined that ten (10) dialysis residents and nine (9) tube feed residents had the potential to be affected. 3.On 4/12/2024, DON initiated in-servicing with all licensed nurses and registered nurses on checking dialysis communication forms. On 4/16/2024, an in-service was conducted by the Regional Case Mix Registered Nurse via Teams	

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F 657	Continued From page 2 Record review of the Care Plan, undated revealed "Focus: The resident needs hemodialysis r/t (related to) renal failure. There were no interventions listed for the removal of the dialysis pressure dressing. The facility added an additional intervention to address the dressing removal after the State Agency (SA) entered the facility. On 4/10/24 at 9:29 AM, an observation and interview of Resident #80 revealed a dressing to the resident's right forearm at the location of the AV (Arteriovenous) graft . The resident indicated that the dressing was from the previous day's dialysis session. Record review of the "Hemodialysis Communication" form dated 3/21/24 revealed " ...Follow up includes: Please remove dialysis bandage 1 day after dialysis treatment." Record review of the "Hemodialysis Communication" form dated 3/30/24 revealed " ...Follow up includes: ... Please remove dressing 4-6 hrs (hours) after returning to facility." During an interview on 04/10/24 at 10:56 AM, with Registered Nurse (RN) #4, the dialysis unit Facility Administrator, revealed communication has been sent on several occasions stressing the importance of not the leaving pressure dressing, as it may damage his new access. During an interview on 4/10/24 at 3:00 PM, with RN #2 revealed that it is the responsibility of the RN's and Licensed Practical Nurses (LPNs) to maintain accurate documentation and communication with the multidisciplinary team to	F 657	with Minimum Data set (MDS) Nurses on actuarily documenting care plans and reviewing order changes daily. On 4/11/2024, DON initiated contact with all current dialysis facilities to get clarification related to dialysis pressure dressing removal for all current residents receiving dialysis services. This was completed on 4/12/2024. New orders were obtained for eight (8) of ten (10) residents receiving dialysis on removal of pressure dressings on 04/15/2024 by Medical Records Nurse. On 4/30/2024 Medical Records updated and clarified dialysis pressure dressing removal physician order to reflect change for resident #80. On 5/1/2024 MDS Registered Nurse conducted an audit of current dialysis residents to review care plan for accurate documentation of interventions related to the removal of dialysis pressure dressing. Five (5) current dialysis care plans were updated by the Minimum Data Set (MDS) Registered Nurse on 5/1/2024. On 5/1/2024, an audit of all nine (9) residents requiring tube feeding was conducted to ensure accurate care planning by Director of Nurses (DON). No other negative outcomes were found. 4.Beginning 04/12/2024 the Minimum Data Set Coordinator (MDS) will review new orders daily via the order listing report for twelve (12) weeks for any new orders, discontinued orders, order changes, and will develop and implement the corresponding care plan needed. The order reviews will be given to the Director of Nursing (DON) for review daily attached	

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F 657	Continued From page 3 make sure care plans are up to date with the most recent information for better patient outcomes. She commented the facility failed to get clarification on communications from dialysis regarding the timely removal of the AV shunt dressing. RN #2 confirmed the facility had made no revisions to the care plan for the timely removal of the pressure dressing on Resident #80's AV site, prior to the entrance of the SA. During an interview on 4/10/24 at 3:31 PM, an interview with the Director of Nursing (DON) revealed that it is the responsibility of Registered Nurses and Licensed Practical Nurses (LPNs) to maintain accurate documentation and communication with multidisciplinary team to make sure care plans are up to date with the most recent information for better patient outcomes. The DON revealed the facility failed to get clarification on communications to revise the care plan of Resident # 80. The DON also confirmed the facility did not have revisions to Resident #80's care plan regarding timely removal of the pressure dressing of the resident's AV site prior to SA entrance. Resident #105 Record review, of Resident #105's Comprehensive Care Plan, revealed "Focus The resident requires tube feeding r/t Dysphagia ...Interventions Glucerna 1.5 at 50 cc/hr (cubic centimeters/hour) x 22 hours ..." On 04/10/24 at 10:00 AM, observed Resident #105 sitting up in wheelchair by the nurse's station with no tube feeding infusing. On 4/10/24 at 1:00 PM, during an interview with	F 657	with any corresponding care plan developed and or changed. A report will be submitted to the Quality Assurance Performance Improvement on 05/01/2024 for review and recommendations then monthly for three (3) months. The Minimum Data Set Coordinator (MDS) is responsible for monitoring and compliance.	

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F 657	Continued From page 4 LPN #1, she explained Resident #105 is NPO (nothing by mouth) and gets bolus feedings five (5) times a day, instead of the continuous feedings, as the resident had been known to unhook the feeding, making him a high risk for aspiration. On 4/10/24 at 3:53 PM, during a record review and an interview with LPN #2/Care Plan Nurse, she explained care plans are updated with each new orders daily. LPN #2 reviewed Resident #105's care plan and physician orders and confirmed the resident was no longer on continuous tube feedings, as the order was changed on 3/4/24. The nurse acknowledged that the care plan continued to indicate that the resident was receiving continuous feedings. The Care Plan Nurse confirmed that the care plan was not updated to reflect the new order. Record review of Resident #105's "Order Summery Report" with active orders as of 04/11/24 revealed an order dated 3/4/24 "Enternal Feed Order five (5) times a day Tube Feeding: Glucerna 1.5 Cal, 1 can bolus 5 times a day." At 1:31 PM, on 4/11/24, during an interview with the DON, she explained she expects the care plan nurses to update the care plans daily with all new orders. She revealed the staff has daily meetings to ensure all new orders are recognized and care planned and does not know how orders were missed.	F 657		
F 698 SS=D	Dialysis CFR(s): 483.25(l) §483.25(l) Dialysis. The facility must ensure that residents who	F 698		5/23/24

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F 698	Continued From page 5 require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on observation, interviews, record review, facility policy review, the facility failed to follow physician orders and dialysis aftercare communication related to AV (Arteriovenous) shunt for one (1) of two (2) dialysis residents reviewed. Resident # 80 Findings include: Record review of facility policy titled, "Subject: AV Shunt Care," reviewed 8/11/2020, revealed, " ... Precautions: 1. Observe site of AV shunt for redness, tenderness, and signs of bleeding. 2. Avoid trauma to site (AV shunt is usually placed in the forearm)..." Record review of "Order Summary Report,"with active orders as of 4/9/24 revealed an order, dated 4/2/24, "Monitor AV shunt pressure dressing to R (right) arm for excessive bleeding every shift upon return from dialysis and remove dressing morning after dialysis, every shift... Document checked for excessive bleeding and document dressing present and document dressing removed..." On 04/10/24 at 09:29 AM, an observation and interview with Resident # 80 revealed the resident was awake and alert. The resident had a dressing to his right forearm at the location of AV shunt. The resident revealed that the dressing was from the previous day's dialysis session.	F 698	1. On 4/11/2024 the Director of Nursing verified that Resident #80 pressure dressing was removed according to physician orders and aftercare communication sheet. The dressing was not present. 2. The facility has determined that ten (10) dialysis residents with after care communication sheets had the potential to be affected by this practice. 3. On 4/11/2024, Director of Nursing verified all current dialysis residents after-care communication sheets with dialysis facilities to ensure all orders are being followed. On 4/12/2024 education was initiated by SDC with all active licensed nurses to ensure physician orders and after care communication sheets are being followed as ordered. 4. Beginning 4/15/24, Medical Records will conduct audits of aftercare communication sheets to review physician orders are being followed. This audit will occur weekly for four (4) weeks then monthly for three (3) months. A report will be submitted to the Quality Assurance Performance Improvement on 05/01/2024 for review and recommendations then monthly for three (3) months. The Director of Nursing is responsible for monitoring	

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F 698	Continued From page 6 On 04/10/24 at 10:56 AM, interview with RN #4, the dialysis unit Facility Administrator, revealed communication has been sent on several occasions stressing the importance of not the leaving pressure dressing, as it may damage his new access. However, she stated that he has come back on several occasions with pressures dressings on, from previous sessions. RN #4 commented that when the dialysis unit had attempted to call the facility, they have rarely been able to get anyone on the phone or they were put on hold, or just hung up on. On 04/10/24 at 12:24 PM, in an interview/observation with the Nurse Practitioner (NP) was observed removing the dressing from Right AV site of Resident # 80. An indentation from the pressure dressing, from the previous day, was noted. The NP revealed that she had to remove the dressing twice when she has visited the facility. She stated that she had previous communication with the dialysis unit, regarding the pressure dressing not being taken off in a timely manner. The NP confirmed she had relayed the information to the facility nursing staff regarding the importance of removing the pressure dressing. Record review of the "Hemodialysis Communication" form dated 3/21/24 revealed " ...Follow up includes: Please remove dialysis bandage 1 day after dialysis treatment." Record review of the "Hemodialysis Communication" form dated 3/30/24 revealed " ...Follow up includes: ... Please remove dressing 4-6 hrs (hours) after returning to facility." On 04/10/24 at 3:31 PM. an interview with the	F 698	and compliance.	

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F 698	Continued From page 7	F 698		

Director of Nurses (DON) revealed that it is the responsibility of RN's and Licensed Practical Nurses (LPNs) to maintain dialysis patients AV shunts and report findings as needed to medical staff. The DON stated that the facility has provided in-services on AV shunt care, which included RNs and LPNs. The DON confirmed it is the responsibility of all clinical staff to observe, report and correct any issues that could bring harm to residents. The DON also confirmed the dialysis communications had included information about taking off the resident's dressings. The DON admitted that she nor her staff had followed up on all concerns with the dialysis facility concerning messages prior, as some messages had stated to remove the dressings after four to six hours, while other communication stated remove the next morning following dialysis. The DON revealed the facility failed to get clarification on communications with dialysis and ensure that the needs of the resident were met regarding the care of his AV shunt.

Record review of the "Admission Record" for Resident #80 revealed the facility originally admitted Resident #80 8/23/19. Current diagnoses included Type 2 Diabetes Mellitus with Diabetic Chronic Kidney and Dependence on Renal Dialysis.

Record review of the Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 1/26/24, revealed Resident #80 had a Brief Interview for Mental Status (MDS) score of 13, which indicated the resident was cognitively intact.