

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255148		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 04/29/2026	
NAME OF PROVIDER OR SUPPLIER WOODLANDS REHABILITATION AND HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 102 WOODCHASE PARK DRIVE , CLINTON, Mississippi, 39056			
(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) COMPLETION DATE
F0000	INITIAL COMMENTS The State Agency (SA) conducted a Complaint Investigation (CI) at the facility from 4/28/26 through 4/29/26. CI MS # 2974863 was investigated related to physical environment. CI MS # 2964081 was investigated regarding staffing, call lights, physical environment, resident rights and feeding assistance. During the survey, the SA determined the facility was not in compliance with the requirements for participation in Medicare and Medicaid and cited F550, F558 and F690 related to CI MS# 2964081.			F0000			
F0550 SS = D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.			F0550			

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 reverse for further 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
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F0550 SS = D	Continued from page 1 §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, record review, and facility policy review the facility failed to ensure residents were treated with respect and dignity during the provision of care for two (2) of three (3) sampled residents. Resident #2 and Resident #3. Findings Included: Record review of the facility policy, "Nursing Facility Resident Rights" dated 3/06/26 revealed, "The following rights are guaranteed to residents...To be treated with dignity, courtesy and respect...To privacy during personal care, visits, and phone calls..." Record review of the facility document titled, "Skills Checklist: Feeding a Resident" (undated) revealed Procedure Step 11. Stated, "Sits facing resident. Sits at resident's eye level. Sits on the stronger side if resident has one-sided weakness." Record review of the facility document titled, "Peri care-Incontinent Care" revised 1-2023 revealed the procedure indicated "...Provide privacy (draw curtain from foot of bed to side up to wall, pull window curtain) ..." Resident #2 On 4/28/26 at 12:55 PM, during an observation Certified Nursing Assistant (CNA) #1 provided incontinent care for Resident #2 without closing the door to the resident's room and with the privacy curtain partially drawn. The State Agency (SA) was at the bottom right corner of the resident's bed and able to see out into the hallway and watch the procedure during which the resident was uncovered and exposed. On 4/29/26 at 2:15 PM, during an interview CNA#1 confirmed that she was aware that assistance with			F0550			

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F0550 SS = D	Continued from page 2 incontinence care required provision of privacy and that she had received training from the facility and passed a competency check-off for incontinent care that included provision of privacy. She confirmed that in-service training included provision of privacy for respectful care and dignity which was each resident's right. On 4/29/26 at 2:15 PM, during an interview CNA#1 confirmed that she was aware that assistance with incontinence care required provision of privacy and that she had received training from the facility and passed a competency check-off for incontinence care that included provision of privacy. She confirmed that in-service training included provision of privacy for respectful care and dignity which was each resident's right. Record review of the "Admission Record" revealed Resident #2 was admitted to the facility on 12/11/23 with diagnoses that included epilepsy, infection of the skin and subcutaneous tissue, open wound of left upper arm, and gastrostomy status. Record review of the Admission Record for Resident #2 revealed the facility admitted him on 12/11/23 and he had diagnoses of epilepsy, infection of the skin and subcutaneous tissue, open wound of left upper arm, and gastrostomy status. Record review of the Quarterly Minimum Data (MDS) with an Assessment Reference Date (ARD) of 3/13/26 revealed a Brief Interview for Mental Status (BIMS) score of 11, which revealed moderate cognitive impairment. Section GG revealed the facility assessed Resident #2 was dependent for toilet hygiene. Resident #3 On 4/29/26 at 12:15 PM, during an observation CNA #3 assisted Resident #3 to eat lunch while standing over the resident. The Director of Nursing (DON) instructed CNA #3 that staff were to sit next to residents while assisting with eating. On 4/29/26 at 12:20 PM, during an interview CNA #3 revealed that she forgot to sit beside the resident while assisting with eating. On 4/29/26 at 3:00 PM, during an interview CNA #2 revealed that she was the CNA Supervisor and Scheduler and provided orientation and competency checks-offs for new CNAs and would observe the new CNA s to complete the skills check offs ensure competency during orientation and at least annually using the "Skills Checklist: Feeding a Resident" and	F0550					

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F0550 SS = D	Continued from page 3 the "Peri care-Incontinent Care" Skills Checklist. She confirmed that nursing staff (nurses and CNAs) received in-service training on residents' rights and treating residents and providing care in a respectful and dignified manner at least monthly. CNA#2 confirmed that provided training included provision of privacy for incontinent care and that staff were to sit beside residents while assisting with eating to provide respectful and dignified care. On 4/29/26 at 2:45 PM, during an interview with Licensed Practical Nurse (LPN)#1, confirmed that nursing staff (nurses and CNA s) received in-service training on residents rights and treating residents and providing care in a respectful and dignified manner at least monthly and that CNAs competency was assessed through competency checks during orientation upon hire and annually using the "Skills Checklist: Feeding a Resident" and the "Peri care-Incontinent Care" Skills Checklist (among others that addressed specific skills/procedures). She confirmed that in-service training, resident rights and competency check offs included ensuring respectful care during each procedure and resident interaction, which included provision of privacy, especially for any procedure that involved exposure of residents and sitting beside residents while assisting them to eat. On 4/29/26 at 3:12 PM, during an interview the Director of Nursing (DON) stated the facility provided in-service training that included provision of privacy for all procedures that involved exposure of residents and sitting next to residents while assisting with eating to ensure respectful and dignified care in accordance with Residents' Rights. She confirmed that she observed CNA #2 standing over Resident #3 while assisting her to eat lunch on 4/29/26. On 4/29/26 at 4:10 PM, during an interview with the Administrator revealed that she expected call lights to be left within reach of residents and answered in a timely manner. She confirmed that she expected residents' rights to be protected and promoted for all residents as instructed through monthly facility provided in-service training. She confirmed that the Residents' Rights to dignified and respectful treatment included staff be seated while assisting residents to eat and provision of privacy for incontinence care. Record review of the "Admission Record" for Resident #3 revealed the facility admitted the resident on 4/27/26 and she had diagnoses of			F0550			

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F0550 SS = D	Continued from page 4 cerebral infarction (stroke), anemia, hemiplegia and hemiparesis affecting right dominant side.	F0550					
F0558 SS = D	Record review of the "Baseline Care Plan" for Resident #3 revealed "...A.1. Eating...01 Dependent..." Reasonable Accommodations Needs/Preferences CFR(s): 483.10(e)(3) §483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, record review, and skills checklist review the facility failed to ensure a call light was maintained within reach for one (1) of three (3) residents. Resident #2. Findings Included: Record review of the facility policy document titled, "Skills Checklist: Feeding a Resident" (undated) revealed Procedure Step 21 "Leaves call light within resident's reach..." The facility was unable to provide a call light policy. On 4/28/26 at 2:15 PM, observation and interview revealed Resident #2 was awake and resting in bed with his lunch tray on the over the bed table in front of him. The resident's call light was lying on the floor under the head of his bed. He stated that he could use his call light but did not know where it was. On 4/29/26 at 12:00 PM, observation revealed that Resident #2 was resting in bed with his lunch tray on the over the bed table in front of him. The resident's call light was behind the head of his bed, hanging behind the mattress and out of the resident's sight and reach. He stated that he could use her call light but did not know where it was. The Director of Nurses (DON) retrieved the call light and placed it within reach of the resident. On 4/29/26 at 2:15 PM, during an interview Certified Nursing Assistant (CNA) #1 said that call lights were to be within the reach of residents. She confirmed that she had received in-service training and passed competency checked off on regarding feeding/serving resident meals and leaving their call lights within reach.						

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F0558 SS = D	Continued from page 5 On 4/29/26 at 3:00 PM, an interview with CNA #2 confirmed that call lights were to be within the reach of residents and that the facility provided in-service training on resident rights and call lights at least monthly. During an interview on 4/29/26 at 3:15 PM, Licensed Practical Nurse (LPN) #1 stated nurses make rounds throughout the day and use direct observation to ensure call lights are answered in a timely manner, which requires call lights to be within the reach of residents. On 4/29/26 at 3:12 PM, an interview with the DON revealed that she expected call lights to be left within reach of residents and answered in a timely manner. She confirmed that Resident #2 was unable to find or reach his call light at 12:00 PM on 4/29/26. During an interview on 4/29/26 at 4:10 PM, the Administrator stated she expects call lights to be left within the reach of residents and answered in a timely manner. She confirmed the facility does not have a specific policy regarding call light placement. Record review of the "Admission Record" revealed Resident #2 was admitted to the facility on 12/11/23 with diagnoses that included epilepsy, infection of the skin and subcutaneous tissue, open wound of left upper arm, and gastrostomy status. Record review of the Quarterly Minimum Data (MDS) with an Assessment Reference Date (ARD) of 3/13/26 revealed a Brief Interview for Mental Status (BIMS) score of 11, which revealed moderate cognitive impairment.			F0558			
F0690 SS = D	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. §483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that-			F0690			

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F0690 SS = D	Continued from page 6 (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible. \$483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible. This REQUIREMENT is NOT MET as evidenced by: Based on observation, record review, facility policy review, and interviews the facility failed to provide treatment and care in accordance with professional standards of practice to prevent urinary tract infections for one (1) of three (3) sampled residents who required incontinent care. Resident #2 Findings Included: Record review of the facility policy/procedure titled, "Peri Care-Incontinent Care" with revision Date 1-2023 (January 2023) revealed the procedure stated, "FOR MALE RESIDENTS: For a male resident: a. Wet washcloth/cleaning wipes and apply soap or skin cleansing agent. b. Wash perineal area starting with urethra and working outward....c. Retract foreskin of the uncircumcised male. d. Wash and rinse urethral area using a circular motion. e. Continue to wash the perineal area including the penis, scrotum, and inner thighs. F. Thoroughly rinse perineal area in same order, using fresh water and clean washcloth/cleaning wipes. G. Gently dry perineum following same sequence...." On 4/28/26 at 12:55 PM, observation revealed Certified Nursing Assistant (CNA) #1 provided incontinent care for Resident #2. CNA #1 removed Resident #2's wet brief, assisted the resident to turn onto his right side, loosened the fitted sheet, tucked			F0690			

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F0690 SS = D	Continued from page 7 the sheet under the resident, replaced the fitted sheet with a clean one on the left side of his bed, walked to the right side of the bed, assisted him to turn onto his left side and adjusted and secured the fitted sheet and replaced his incontinent brief with a clean, dry brief without cleansing the resident's perineal area front or back. On 4/29/26 at 2:15 PM, during an interview CNA #1 confirmed that she was aware and had completed in-service training and competency check offs for perineal cleansing during incontinent care. She confirmed that on 4/28/26 at 12:55 PM she provided incontinent care for Resident #2, whose incontinence brief was wet with urine, without cleansing his perineal area. She stated that she was nervous but had received training and knew that she was supposed to cleanse the resident's perineal area in addition to replacing his wet brief with a dry one. On 4/29/26 at 3:00 PM, during an interview CNA#2, (the CNA Supervisor and Scheduler) revealed she provided in-service training upon hire and during orientation and competency checks-offs for new CNAs and employees during orientation and then annually to ensure skills competency using the "Peri- care/ Incontinent Care" Skills Checklist. She confirmed that the procedure for incontinent care included cleansing the perineal area, front and back in addition to removal of wet briefs and replacement with a clean dry brief. On 4/29/26 at 2:45 PM, an interview with Licensed Practical Nurse (LPN) #1 confirmed that nursing staff received in-service training using the "Peri Care-Incontinent Care" Skills Checklist. She confirmed that incontinent care included cleansing the perineal area, front and back. On 4/29/26 at 3:12 PM, during an interview the Director of Nursing (DON) stated the facility provided in-service training that included provision of incontinent care and toileting hygiene for all incontinent residents as needed with orientation and annual competency check offs for CNA s. She confirmed that incontinent care included cleansing the perineal area, front and back. On 4/29/26 at 4:10 PM, an interview with the Administrator revealed that she expected CNA s to provide cleansing the perineal area, front and back along with brief changes for incontinent care. Record review of the "Admission Record" revealed Resident #2 was admitted to the facility on 12/11/23 with diagnoses that included epilepsy, infection of			F0690			

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F0690 SS = D	Continued from page 8 the skin and subcutaneous tissue, open wound of left upper arm, and gastrostomy status. Record review of the Quarterly Minimum Data (MDS) with an Assessment Reference Date (ARD) of 3/13/26 revealed a Brief Interview for Mental Status (BIMS) score of 11, which revealed moderate cognitive impairment. Section GG revealed the facility assessed Resident #2 was dependent for toilet hygiene.			F0690			