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 06/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODLANDS REHABILITATION AND HEALTHCARE CENTER	**102 WOODCHASE PARK DRIVE CLINTON, MS 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
F 000	INITIAL COMMENTS The State Agency (SA) conducted a complaint survey at the facility for three (3) complaint investigations (CI) MS #21933, CI MS #21934, and CI MS #21947 from 6/29/23 through 6/30/23. During the survey, the SA determined the facility was not in compliance with the requirements for participation in Medicare and Medicaid. The SA investigated CI MS #21934 for Resident Neglect, Resident Abuse, and for Quality of Care related to incontinent care, and cited no deficiencies. The SA investigated CI MS #21947 for Discharge Planning and cited no deficiencies. The SA investigated CI MS #21933 for Quality of care related to call bells, grooming, incontinence care and for Rehabilitation Services related to range of motion and cited two (2) deficiencies, F656 and F688. At the time of the survey the facility was licensed for 145 beds and had a census of 140 residents.	F 000		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as	F 656		8/11/23

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

Electronically Signed | 07/21/2023

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F 656	Continued From page 1 required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and policy review, the facility failed to implement a comprehensive person-centered care plan for one (1) of six (6) resident care plans reviewed. Resident #5. Findings Include:	F 656	1.Resident #5 restorative care plan was reviewed by Director of Nursing and Minimum Data Set Coordinator for completion and accuracy with no issues found. Certified Nurses Aid was in serviced on following resident #5's plan of care and the application of splint on	

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F 656	Continued From page 2 Review of the facility policy titled "Restorative Nursing Services," dated January 2023, revealed, "Residents will receive restorative nursing care as needed to help promote optimal safety and independence... 2. Residents may be started on a restorative nursing program upon admission, during the course of stay or when discharged from rehabilitative care. 3. Restorative goals and objectives are individualized and resident-centered, and are outlined in the resident's plan of care ... 5. Restorative goals may include ...supporting and assisting the resident in: ...adjusting or adapting to changing abilities; developing, maintaining or strengthening his/her physiological and psychological resources ...participating in the development and implementation of his/her plan of care." Review of the facility policy titled "Care Plans, Comprehensive Person-Centered," reviewed January 2023, 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 ..." During a telephone interview on 6/28/23 at 4:23 PM with the RR (Resident Representative) for Resident #5, the RR voiced concern that the resident was "paralyzed" and was not receiving the needed care to maintain the abilities that remained and prevent further complications. Record review of the Care Plan for Resident #5 revealed the Care Plan included a 'Focus' listed as "The resident has limited physical mobility r/t (related to) Neurological deficits (Quadriplegia)"	F 656	6/30/23 by Director of Nursing. 2.Twenty-one residents with orders for splints had the potential to be affected by this deficient practice. 3. Beginning on 6/30/2023, facility staff were in-serviced by Director of Nursing (DON), Director of Therapy and Staff Educator on policies and procedures of the Restorative and Functional Maintenance Program and following resident specific plan of care along with demonstration of correct application. On 6/30/23 the Minimum Data Set Coordinator audited the care plans for the twenty-one residents that had potential to be affected for accuracy and completion. No issues found. 4.On 6/30/23 the Quality Assurance Performance Improvement Committee was held with the Medical Director and Interdisciplinary team to discuss deficient practice. Beginning 07/03/2023, an audit will be conducted weekly for four (4) weeks, then monthly for three (3) months by the Minium Data Set Coordinator to review the comprehensive care plan and its implementation for five (5) residents. The results of these audits will be discussed during the Quality Assurance Performance Improvement Committee meeting held with the Medical Director and Interdisciplinary team on July 31, 2023. The Director of Nursing is responsible for monitoring and compliance and will bring all findings to the Quality Assurance Committee monthly	

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F 656	Continued From page 3 with 'Goal' of "The resident will remain free of complications related to immobility, including contractures" and 'Interventions' which included "Apply bilateral resting hands splint on after lunch and remove after supper". On 6/29/23 at 4:38 PM, during an observation and an interview with Resident #5, he stated that he was "supposed to be wearing the blue hand splints," which were observed laying in the chair at the end of Resident #5's bed. The resident revealed that he was concerned because the splints were supposed to be used to keep his hands from getting worse. Resident #5 confirmed that the hand splints had not been applied at all on 6/29/23. He stated that the splints were supposed to be put on after lunch and removed after supper, however, the resident confirmed that the supper meal had not been served at the time of interview. During an interview on 6/30/23 at 11:30 AM, with CNA #5, she confirmed that she was responsible for the 'Restorative Care' for Resident #5 on 6/29/23. She confirmed that the resting hand splints had not been applied per the resident's care plan, after lunch on 6/29/23. She stated that the reason the splints had not been applied was "he was outside." She explained that the care instructions, based on the resident's care plan were available to the CNAs on the iPad in a computer software program. She stated that on 6/29/23, she had documented application of resting hand splints as "refused" or "no applicable," but reported that Resident #5 had not refused. The CNA acknowledged that it was important for the resident care plan to be followed and for his resting hand splints to be applied per the care plan to prevent worsening of	F 656	for three months.	

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F 656	Continued From page 4 contractures. On 6/30/23 at 12:00 PM, an interview with the Director of Nurses (DON) revealed that Resident #5 had been started on restorative care after discharge from therapy. The DON confirmed that the resident's care plan should have been followed on 6/29/23, as the care plan is individualized to the care of each resident. The DON explained the purpose of the resting hand splint Resident #5 is to prevent worsening of the resident's contractures. Record review of the Admission Record for Resident #5 revealed the resident was admitted by the facility on 4/11/23, and had diagnoses that included Quadriplegia, C1-C4 Incomplete and Central Cord Syndrome. Record review of the Admission Minimum Data Set (MDS) for Resident #5, with Assessment Reference Date (ARD) of 4/18/23, revealed the resident had a Brief Interview for Mental Status (BIMS) score of 15, which indicated no cognitive impairment.	F 656		
F 688 SS=D	Increase/Prevent Decrease in ROM/Mobility CFR(s): 483.25(c)(1)-(3) §483.25(c) Mobility. §483.25(c)(1) The facility must ensure that a resident who enters the facility without limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; and §483.25(c)(2) A resident with limited range of motion receives appropriate treatment and	F 688		8/11/23

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F 688	Continued From page 5 services to increase range of motion and/or to prevent further decrease in range of motion. §483.25(c)(3) A resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a reduction in mobility is demonstrably unavoidable. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and facility policy review the facility failed to ensure that a resident with limited range of motion received appropriate treatment and services to prevent further decrease in range of motion for one (1) of six (6) residents reviewed. Resident #5. Findings Include: Review of the facility policy titled "Restorative Nursing Services," dated January 2023, revealed, "Residents will receive restorative nursing care as needed to help promote optimal safety and independence... 2. Residents may be started on a restorative nursing program upon admission, during the course of stay or when discharged from rehabilitative care. 3. Restorative goals and objectives are individualized and resident-centered, and are outlined in the resident's plan of care ... 5. Restorative goals may include ...supporting and assisting the resident in: ...adjusting or adapting to changing abilities; developing, maintaining or strengthening his/her physiological and psychological resources ...participating in the development and implementation of his/her plan of care." Record review of the facility document titled	F 688	1.Resident #5 was assessed by the Director of Nursing (DON) on 6/29/23 with no adverse findings. The Restorative Aid applied splints to Resident#5 right elbow and the resting hand splint to bilateral hands with Director of Nurses observation. No issues found. Resident #5 application of splint was completed by the Director of nursing on 6/30/23. Weekly monitoring of splint placement and skills check off to be turning into the Director of Nursing weekly. This will be completed by Certified Nursing Aid for four weeks to ensure proper placement for splint on Resident #5. 2.Twenty-one residents with orders for splints had the potential to be affected by this deficient practice. 3.Beginning on 6/30/2023, facility staff were in-serviced by Director of Nursing (DON), Director of Therapy and Staff Educator on policies and procedures of the Restorative and Functional Maintenace Program and following resident specific plan of care. On 6/30/2023, an audit was conducted on all twenty-one residents by the Director of	

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F 688	Continued From page 6 "Contracture Management Program," (undated), revealed, "Intent: To have a program within the facility geared towards the prevention of new contractures and maintenance or improvement of Range of Motion ... Resident's identified as at risk: should progress through the following continuum of care: 1)Rehab screen, evaluation 2)Possible treatments may include but not limited to splinting, ROM (range of motion) and Pain Management 3) Discharge to Restorative Nursing Care for ROM and/or Splinting needs to prevent further declines and continue to improve ROM ..." On 6/28/23 at 4:23 PM, during a telephone interview with the Resident Representative (RR) for Resident #5, revealed that they were concerned because Resident #5 had been admitted by the facility on 4/11/23, after discharged from a local acute care hospital following a spinal cord injury and was not receiving appropriate treatment. She stated that the resident was "paralyzed" and needed care to maintain the abilities that remained and prevent further complications. On 6/29/23 at 4:38 PM, an observation and interview with Resident #5 revealed his recollection was that upon admission, his right elbow was less contracted. The resident stated that his goal had been to improve his range of motion enough to be able to feed himself. He explained that he was supposed to be wearing the blue hand splints, which were observed lying in the chair at the end of the resident's bed. He stated that the hand splints were supposed to be placed on each of his hands after lunch, by the Certified Nurse Aide (CNA). The resident stated that he was very concerned because the splints were supposed to keep my hands from "getting	F 688	Nurses to ensure splints were implemented following the physician orders. No issues were found. 4.On 6/30/23 the Quality Assurance Performance Improvement Committee was held with the Medical Director and Interdisciplinary team to discuss deficient team. Beginning 07/03/2023, an audit will be conducted weekly for four (4) weeks, then monthly for three (3) months by the Director of Nursing/ Registered Nurse on observation of (5) residents to observe splint placement being completed as ordered for (4) weeks then monthly for (3) months by the Director of Nursing for review and further recommendations. The Director of Nursing is responsible for monitoring and compliance and will bring all findings to the Quality Assurance Meeting monthly for three months. The results of these audits will be discussed during the Quality Assurance Performance Improvement Committee meeting held with the Medical Director and Interdisciplinary team on July 31, 2023.	

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F 688	Continued From page 7	F 688		

worse." Resident #5 confirmed that the hand splints had not been applied at all on 6/29/23. He commented that the splints were to be removed by staff after supper and the supper meal had not yet been served.

On 6/29/23 at 4:52 PM, an interview with the Occupational Therapy Assistant (OTA)/Therapy Director revealed that Resident #5 had been discharged from therapy services with instructions for the resident to receive "Restorative Services" and confirmed that the restorative services instructions included the application of resting hand splints to both hands after lunch each day and removed after supper each evening. She explained that the purpose of the resting hand splints was to reduce the risk of further contracture of the resident's hands.

During an interview on 6/30/23 at 11:30 AM, with CNA #5, she confirmed that she was responsible for the 'Restorative Care' for Resident #5 on 6/29/23. She confirmed that the resting hand splints had not been applied per the resident's care plan, after lunch on 6/29/23. She stated that the reason the splints had not been applied was "he was outside." She explained that the care instructions, based on the resident's care plan were available to the CNAs on the iPad in a computer software program. She stated that on 6/29/23, she had documented application of resting hand splints as "refused" or "no applicable," but said that Resident #5 had not refused. The CNA acknowledged that it was important for his resting hand splints to be applied to prevent worsening of contractures.

On 6/30/23 at 12:00 PM, an interview with the Director or Nurses (DON), revealed that Resident

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F 688	Continued From page 8	F 688		

#6 had been started on restorative care after he was discharged from therapy. She stated that she did not know of any reason the resting hand splints would not have been applied on 6/29/23, per care instructions based on the resident's care plan. The DON confirmed that it was important for the resident's resting hand splint to be applied to prevent worsening of his contractures.

Record review of the "Admission Record" for Resident #5 revealed the resident was admitted by the facility on 4/11/23, with diagnoses that included Quadriplegia, C1-C4 Incomplete and Central Cord Syndrome.

Record review of the Admission Minimum Data Set (MDS) for Resident #5, with an Assessment Reference Date (ARD) of 4/18/23 revealed the resident had a Brief Interview for Mental Status (BIMS) score of 15, which indicated no cognitive impairment.

Record review of the "Splint and ROM (Range of Motion) Competency and Discharge Planning Form: Care Giver and/or Resident" form signed by CNA #5 and the OTA /Therapy Director dated 5/19/23, included instructions and times for application and removal of resting hand splints to both hands to be applied "after lunch" and removed "after supper".