STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115421	A. Building B. Wing	08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Woodstock Center for Nursing and Healing LLC	105 Arnold Mill Road Woodstock, GA 30188

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Dispose of garbage and refuse properly. Based on observations, staff interviews, and review of the facility's policy titled, Disposal of Garbage Refuse, the facility failed to ensure areas around the garbage dumpsters were kept free from debris and failed to ensure the sliding doors of two of two garbage dumpsters were kept closed when not in use to prevent pests and rodents.Findings include:A review of the facility's policy titled Disposal of Garbage Refuse revised April 2024 documented under Policy Explanation and Compliance Guidelines: . 7.Containers and dumpsters shall be kept covered when not being loaded. Surrounding area should be kept clean so that accumulation of debris and insect/rodent attraction are minimized.During an initial tour of the kitchen accompanied by the facility's Administrator on 8/12/2025 at 11:21 am revealed that there were two garbage dumpsters. One of two garbage dumpsters had a sliding lid left open while not in use. There were some used gloves and other materials on the ground around the two dumpsters during the tour. During an interview on 8/12/2025 at 11:22 am, the Administrator stated someone must have just used the dumpster and not closed the door. The Administrator continued that Housekeeping and Food Service employees were responsible for keeping the dumpster area clean. Observation on 8/14/2025 at 11:55 am through 12:05 pm revealed that one garbage dumpster door was visibly open from the facility's dining room.During an observation on 8/14/2025 at 12:55 pm, accompanied by the Dietary Manager, revealed two of two garbage dumpsters doors were open while not in use. In an Interview 8/14/2025 at 12:55 pm, the Dietary Manager revealed the staff should have closed the sliding doors to the garbage dumpster after every time they dumped waste.

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.

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

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F 0570 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Assure the security of all personal funds of residents deposited with the facility. Based on staff interviews, record review, and review of the facility's policy titled, Resident Personal Funds, the facility failed to purchase a sufficient Surety Bond to assure the security of all funds. The deficient practice had the potential to affect 56 total accounts of 125 residents managed by facility. Findings include:In a review of the facility's policy titled, Resident Personal Funds revised on 4/1/2024, revealed under Assurance of Financial Security: 1. The company will purchase a surety bond or otherwise provide assurance satisfactory to assure the security of all personal funds of the residents deposited with the company.Review of the facility's last six months banks statements revealed that the facility had a surety bond of $100,000.00 USD (United States Dollars) effective 9/1/2024 through 9/1/2025. February 2025- The beginning balance was $106,898.12; ending balance was $128, 274,71March 2025 - The beginning balance was $128,274,71; ending balance was $133,677.33April 2025 - The beginning balance was $133,677.33; ending Balance was $133,831.89May 2025 - The beginning balance was $133,831.89; ending balance was $124,002.45June 2025 - The beginning balance was $124,002.45; ending balance was $124,598.44July 2025 - The beginning balance was $124,598.44; ending balance was $72,101.74During an Interview on 8/25/2025 at 10:38 am, The Administrator revealed the facility should have a surety bond that is large enough to cover the balance on the financial statement.In an interview on 8/25/2025 at 11:08 am, the Director of Regulatory Compliance (DRC) revealed the facility may have an additional surety bond.During a follow-up interview on 8/26/2025 at 3:51 pm, the DRC provided an updated surety bond that went into effect on 5/1/2025. The amount was increased from 100,000.00 USD to 150,000.00 USD. The DRC confirmed the updated surety bond did not cover the financial statements prior to 5/1/2025.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, resident and staff interviews, and review of the facility policy titled, Safe and Homelike Environment, the facility failed to maintain a safe, clean, comfortable, and homelike environment by failing to repair roof leaking in a timely manner, failing to repair a hole in the wall in Resident (R) (R2)s room in a timely manner, and failing to eliminate offensive odors in the 100, 200 and 300 hallways.Findings include:Review of the facility policy titled Safe and Homelike Environment dated April 2025 documented it was in accordance with Residents rights, the facility will provide a safe, clean, comfortable and homelike environment. The facility will minimize odors by disposing of soiled linens and reporting lingering odors and bathrooms to the housekeeping department. The facility will report unresolved environmental concerns to the administrator.1. Review of R2s quarterly Minimum Data Set (MDS) assessment dated [DATE] documented a Brief Interview for Mental Status (BIMS) score of 14/15, indicating no cognitive impairment.Review of R72s quarterly Minimum Data Set (MDS) assessment dated [DATE] documented a BIMS score of 15/15, indicating no cognitive impairment.Observation and interview on 8/13/2025 at 2:08 pm revealed Regional Nursing Home Administrator (RNHA) OO picking up a wet caution sign and placing it on the floor next to R2's room. She stated water leaked from the ceiling vents.Observations on 8/13/2025 at 2:03 pm showed the ceiling vents continuously dripped water in the 100, 200 and 300 hallways. The ceiling vents showed dark black spots around the air vents. Continuous lingering odors were detected from the front lobby, through the 100, 200 and 300 hallways, and through the hallways into resident rooms.Observation and interview on 8/14/2025 at 10:21 am revealed R2 in bed and she pointed to the wall next to her bed and stated the facility had not repaired the hole in the wall, despite her numerous complaints. Observations showed the large hole was approximately ten inches wide and fifteen inches long. R2 stated the hole had been there since she occupied the room and stated Maintenance was aware. During an interview on 08/14/2025 at 12:34 pm, Licensed Practical Nurse (LPN) EE revealed the facility had not attempted to make necessary repairs in the building, despite numerous complaints from staff. LPN EE stated there was black mold around ceiling vents and stated water leaked around the ceiling vents onto the floor daily. LPN EE concluded the facility was aware of the overwhelming odor and nothing had been done.During an interview on 8/14/2025 at 12:41 pm, the new Maintenance Director (MD) FF stated he realized the piping in the ceiling was accumulating water and stated he was trying to understand the cause of the odor inside the facility. MD FF believed the water leaks were due to condensation and were caused by water vapor on the cooling pipes, located in the ceiling and concluded the facility would need new piping and insulation.During an interview on 8/18/2025 3:39 pm, R2 stated the facility had not repaired the damaged hole on the wall. Observation showed the visible hole on the wall had not been repaired. R2 stated she was not comfortable in her room and was afraid there could be critters hiding in the hole.During an interview on 8/19/2025 at 12:10 pm, the Resident Council President (RCP) R72 revealed the facility had done nothing to repair the leaking roof and the persistent odors for over eight months. R72 stated the facility was to blame due to inconsistency in management and explained the facility hired and fired six administrators in the last six months.During an interview 8/19/2025 12:10 pm, the Regional Nurse Consultant (RNC) AA stated the facility would request quotes, reinsulate all the pipes and install attic fans to keep the condensation down. RNC AA stated she believed the underground sewage drainage leaked and concluded the facility had installed some scent neutralizers to alleviate the odors.During observation and interview on 8/19/2025 12:14 pm, RNC AA walked into R2's room and observed the hole in R2s wall. She explained the facility would attempt to get the wall repaired as soon as possible. RNC AA expected R2s room to be comfortable and homelike.During an interview on 8/20/2025 at 1:30 pm, the facility Property [NAME] Manager (PVM) PP explained the odor had existed particularly in the front (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	lobby of the building, and the 100, 200 and 300 halls for several months. PVM PP explained the plumbing system was pulling back the odor into the facility and stated tests were ongoing in search of a solution to the problem. PVM PP concluded that the persistent odor was not the desired homelike environment for the Residents.During an interview on 8/25/2025 at 10:45 am, the Maintenance Director (MD) FF stated the plumbers were at the property and were able to detect the source of the odor. MD FF revealed the source of the odor was due to a break in the underground sewer pipes and he concluded the facility had approved a budget to start work on the project immediately. MD FF stated he was not sure when the repairs would be completed.2. During an observation on 8/19/2025 at 1:06 pm to 1:10 pm, the ceiling directly above two residents R (R30 and R86) was leaking. The table linen was getting soaked. Two of the three Certified Nursing Assistants (CNAs) assisting residents in the dining room observed the leaking ceiling and moved R30 and R86 from the table. There were 11 residents in the dining room at this time. At 1:20 pm, two housekeeping staff were in the process of containing the leakage by placing some linens on the floor.During an observation on 8/19/2025 at 1:24 pm, a soiled linen tub was placed underneath the ceiling to collect the leakage.During an interview on 8/19/2025 at 2:05 pm, CNA WW revealed he and his colleague moved R30 and R86 when they observed the roof leaving above the two residents in the dining room. CNA WW also revealed verbally notifying Maintenance about the leaky roof.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, resident and staff interviews, record review, and review of the facility's policy title, Activities of Daily Living (ADLs), the facility failed to ensure staff provided ADLs for three of 19 Residents (R) (R115, R107, and R82) who required assistance from staff with ADLs. The deficient practice had the potential to cause R115, R107, and R82 a decline in ADL abilities and not to achieve and maintain their highest practicable outcomes. Findings include: Review of the facility’s policy titled, “Activities of Daily Living (ADLs) last revised January 2024 documented under Policy: The facility will, based on the resident’s comprehensive assessment and consistent with the resident’s needs and choices, ensure a resident’s abilities in ADLs do not deteriorate unless deterioration is unavoidable. Care and services will be provided for the following activities of daily living: 1. Bathing, dressing, grooming and oral care; …3. A resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. 1. Review of the electronic medical record (EMR) revealed R115 was admitted to the facility with diagnoses that included but not limited to dementia, diabetes mellitus, cyst of kidney, insomnia, chronic kidney disease stage 2, and fracture of first lumbar vertebra, healing. Review of R115’s care plan revealed the resident had an ADL self-care performance deficit related to activity intolerance, dementia, and limited mobility. The care plan also stated the resident required limited assistance of one staff member with personal hygiene and transfers. R115 was care planned for incontinence of bowel and bladder revealing interventions of cleansing peri-area with each incontinent episode. The staff was to offer the use of the toilet or bedpan as tolerated. An observation on 8/14/2025 at 10:22 am of R115 sitting on the side of the bed with soiled linens (a brown circle had formed underneath the resident’s buttock). R115’s lower back of shirt had been soaked in urine, along with the resident’s briefs and upper pants. An interview on 8/14/2025 at 11:10 am with the DON revealed the staff was supposed to make sure the residents were checked on at least every two hours and as needed. The DON stated all of the nursing staff were responsible for assisting the residents with incontinent care. 2. A review of the EMR for R107 revealed admission with diagnosis of but not limited to cerebral Infraction, hemiplegia and hemiparesis following cerebral infraction affecting left dominant side, idiopathic peripheral autonomic neuropathy, vascular dementia, land eft ankle contracture. A review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed R107 had a BIMS score of 14, indicating R107 was cognitively intact. Review of the R107’s shower sheets for the month of August 2025 revealed the following: 8/1/2025 - the observation questions on the shower sheet were answered, signed and dated, however, not sure if it was a shower, bed bath or refusal. Nails cleaned? circled yes 8/5/2025 - the observation questions on the shower sheet were answered, signed and dated, however, not sure if it was a shower, bed bath or refusal. Nails cleaned? circled yes (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	8/12/2025 - the observation questions on the shower sheet were answered, signed and dated, however, not sure if it was a shower, bed bath or refusal. Nails cleaned? circled yes 8/15/2025 - the observation questions on the shower sheet were answered, signed and dated, however, not sure if it was a shower, bed bath or refusal. Nails cleaned? circled yes 8/19/2025 - the observation questions on the shower sheet were answered, signed and dated, however, not sure if it was a shower, bed bath or refusal. Nails cleaned? circled yes During an observation on 8/13/2025 at 11:08 am, R107 fingernails were untrimmed and dirty. R107 stated he believed the nurse should be cutting his fingernails. During an observation on 8/21/2025 at 4:33 pm, R107’s fingernails remained untrimmed and dirty. During an interview on 8/21/2025 at 4:35 pm, R107 stated, “I need to get these cut.” During an interview on 8/21/2025 at 4:39 pm, Certified Nursing Assistant (CNA) WW revealed he cut R107’s fingernails during their respective shower days. CNA WW stated, “I will take care ‘R107’s’ nails right away.” During an interview on 8/27/2025 at 9:35 am, CNA RR revealed she would ask the nurse to cut residents’ nails because she was terrified of cutting the nails. She revealed she didn’t document that the nails had been clipped. CNA RR confirmed providing a shower for R107 on 8/12/2025, noting the nails were cleaned. When asked if CNA RR asked a nurse to clip R107’s fingernails, CNA RR did not recall. 3. Review of the EMR for R82 revealed admission with pertinent diagnosis including but not limited to cerebrovascular disease, nontraumatic intracranial hemorrhage, surgical aftercare following surgery on the nervous system, traumatic subdural hemorrhage with loss of consciousness, generalized anxiety disorder, Alzheimer's Disease, essential hypertension, chronic peripheral venous insufficiency, depression, psychosis, dementia, trans ischemic attack, cerebral infarctions without residual deficits, and polyneuropathy. Review of R82s last admission minimum data set (MDS) date 5/23/2025 completed 6/2/2025 revealed a BIMS score of 5 out of 15, indicating severe cognitive impairment, clear speech, he can make himself understood and usually understands others. R82s modification of a quarterly MDS dated [DATE] for range of motion documented in Section GG (Functional Abilities and Goals) impairment in one side upper and one side lower extremity. R82 uses a wheelchair. R82 section for shower/bathe self: The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower needs substantial/maximal assistance. BIMS score was 2 out of 15, indicating severe cognitive impairment, clear speech. No delirium, no behaviors. Adequate hearing, R82 usually makes himself understood and usually understands others. Review of R82s care plans included impaired cognitive function and poor decision-making skills related to Alzheimer’s, dementia, head injury, and neurological symptoms, activities of daily living (ADL) self-care performance deficit related to Alzheimer's disease, confusion, dementia, (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	impaired balance, stroke initiated on 6/30/2025 with a goal that R82 will maintain current level of function in (bed mobility, transfers, eating, dressing, toilet use and personal hygiene; ADL score) through the review date 6/30/2025, The resident had actual falls prior to admission related to poor balance, unsteady gait 5/26/2025, fall on 6/24/2025, fall with injury on 6/28/2025, fall with injury significant trauma initiated on 6/30/2025 with interventions including “Provide activities that promote exercise and strength building where possible. Provide 1:1 (one on one) activities if bedbound initiated on 06/30/2025. Incontinent care every (sic) during rounding and as needed. Provide privacy and dignity with ADL care. Review of a Grievance dated 6/9/2025 reported by R82’s daughter stated, “had concerns of father being wet and needing a shower and clean linen.” Summary of Actions Taken: Resident will receive showers on his scheduled shower days and as needed. He will receive bed baths on the alternating days that he is not scheduled for showers. During an interview on 8/21/2025 at 10:11 am with CNA YY, who was taking care of R82 that day, revealed we got him out of bed once he got anxious, we put him in a chair and put him at the nurse’s station so he could be better observed and so he didn’t fall. CNA YY said R82 was incontinent of bladder, and they took him to the bathroom. CNA YY did not mention giving baths or showers. During an interview on 8/25/2025 at 2:02 pm, the Director of Regulatory Compliance said there were no bath sheets for R82 for May 2025 or June 2025, so there was no documented information that R82 received a shower or bed bath for those months. During an interview on 8/27/2025 at 9:35 am with CNA RR revealed she filled out the shower sheets right after giving the resident a shower. During an interview on 8/27/2025 at 10:39 am, CNA SS revealed for showers, we knocked on the door, introduced ourselves, asked the resident if they wanted a shower, and if they answered yes, then we took them to shower. If the resident said yes, we filled out shower sheets for any scratches. If a resident refused a shower, we wrote on the paper that they refused and told the nurse. We wrote down if we gave them a bed bath on the form. Most bed baths were done by Hospice, but for CNAs, we gave showers.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, record review and the review of the facility's policies titled, Charting and Documentation and Medication Administration, the facility failed to follow physician's order for one resident (R) (R89) of 33 sampled residents. Specifically, TED Hose (compression stocking for swelling) were documented as applied to R89 but were observed not to have been applied.Findings include:Review of the facility's policy titled Charting and Documentation revised July 2017 revealed under Policy Interpretation and Implementation: .3. Documentation in the medical record will be objective (not opinionated or speculative), complete and accurate.Review of the facility's policy titled Medication Administration revised April 2025 revealed under Policy Explanation and Compliance Guidelines: .20. Sign ?MAR' (medication administration record) after administered.Review of the electronic medical record (EMR) for R89 revealed diagnosis of but not limited to cerebral infarction due to embolism of left middle cerebral artery, hypertension, hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, left lower leg, atrophy right lower leg, and acute respiratory failure with hypoxia.A review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed that R89 had a Brief Interview for Mental Status (BIMS) score of 00, indicating R89 was severely cognitively impaired.Review of R89's Physician order dated 8/1/2024 revealed that TED hose to BLE (bilateral lower extremities) everyday (ON when out of bed (OOB) in morning and OFF at bedtime). Review of R89's Mediation Administration Record (MAR) for August 2025 revealed R89's [NAME] Hose were administered daily.Review of R89's Medication audit report revealed that R89's TED Hose were placed him on 8/18/2025 at 8:01 am.In a review of R89's MAR revealed that his ted hose were placed on him on 8/21/2025.During an observation on 8/14/2025 at 9:34 am, R89 pulled out his TED Hose from his drawer. R89 was attempting to communicate that the ted hose needed to be placed on him. The call light was turned on. A facility staff member entered the room and explained the ted hose went on the resident's leg in the mornings when he woke up.During an observation on 8/18/2025 at 8:10 am, R89 was in the dining room. R89 did not have his [NAME] Hose on his right lower extremity (RLE). Observation on 8/18/2025 at 8:49 AM, R89's [NAME] Hose were stored in his drawer.Observation on 8/18/2025 at 3:18 pm, R89 was in the dining room with his head down while others were watching television. R89 did not have his compression sleeve on his RLE. During an observation on 8/21/2025 at 2:27 pm, R89 lifted his pant leg to reveal his lower extremity. R89 did not have his [NAME] Hose on.During a phone interview on 8/14/2024 at 10:16 am, R89's Responsible Party (RP) revealed the facility staff did not place R89's [NAME] Hose on his legs to manage his swelling.During a phone interview on 8/19/2025 at 3:31 pm, Licensed Practical Nurse (LPN) XX revealed she normally would confirm with the night nurse if they put the [NAME] Hose on R89 and she must not have done that yesterday. LPN XX continued that R89 was normally already up by the time she got to work so the night nurse usually put on the [NAME] Hose. LPN XX confirmed she didn't put on the [NAME] Hose on R89 on 8/18/2025. When asked why she documented the MAR she had, LPN XX stated she could not answer that. During an Interview on 8/21/2025 at 3:13 pm, LPN Nurse EE revealed she did not know R89 had an order for a [NAME] Hose that went on his lower right leg. LPN EE was asked to review the MAR for 8/21/2025 and confirmed marking administering of the [NAME] Hose. When asked why she marked it when it was not on R89, she stated she didn't even know about the [NAME] Hose and stated she could not answer that. LPN EE continued that she knew R89 had an arm brace, and that was what she was marking as administered. Interview on 8/19/2025 at 3:38 pm, the Director of Nursing (DON) revealed it was her expectation that the nurse would mark medication given or task done in real time. It was not common practice for the staff not to mark something they did not do themselves.