

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255148	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/11/2024
NAME OF PROVIDER OR SUPPLIER Woodlands Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 102 Woodchase Park Drive Clinton, MS 39056	

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)
<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>43283</p> <p>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)</p> <p>Findings include:</p> <p>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 .</p> <p>Resident # 80</p> <p>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.</p> <p>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.</p> <p>Record review of the Hemodialysis Communication form dated 3/21/24 revealed .Follow up includes: Please remove dialysis bandage 1 day after dialysis treatment.</p> <p>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.</p> <p>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.</p> <p>(continued on next page)</p>

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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255148	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/11/2024
NAME OF PROVIDER OR SUPPLIER Woodlands Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 102 Woodchase Park Drive Clinton, MS 39056	
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)		
<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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 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.</p> <p>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.</p> <p>Resident #105</p> <p>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 .</p> <p>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.</p> <p>On 4/10/24 at 1:00 PM, during an interview with 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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>47873</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255148	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/11/2024
NAME OF PROVIDER OR SUPPLIER Woodlands Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 102 Woodchase Park Drive Clinton, MS 39056	
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)		
<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>47873</p> <p>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</p> <p>Findings include:</p> <p>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) .</p> <p>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 .</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Record review of the Hemodialysis Communication form dated 3/21/24 revealed .Follow up includes: Please remove dialysis bandage 1 day after dialysis treatment.</p> <p>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.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255148	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/11/2024
NAME OF PROVIDER OR SUPPLIER Woodlands Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 102 Woodchase Park Drive Clinton, MS 39056	

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)
<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 04/10/24 at 3:31 PM. an interview with the 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.</p> <p>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.</p> <p>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.</p>