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	06/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Woodlands Rehabilitation and Healthcare Center	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)
F 0580 Level of Harm - Actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. 42807 Based on record review, resident and staff interview, and facility policy review the facility failed to notify the physician of a resident's severe pain rated initially at a ten (10) on a pain scale of (0-10) with 10 being the most severe for one (1) of four (4) sampled residents. Resident #2. Findings include: Record review of the facility policy titled Medication Policies, revised 10/1/19, revealed, .Procedure .12. When contacting the attending physician regarding a change in condition where it is likely the physician will order a medication, the nurse is to inform the physician of the availability of remote medications in the facility (i.e. the contents of the remote drug supply). This will facilitate timely drug administration . During a telephone interview on 6/6/24 at 12:20 PM, Resident #2 revealed that upon arrival/admission at the facility, she reported severe pain in her right hip. She reported that she did not receive any medication for pain until later in the evening. The resident was unable to recall the exact time but reported that it was hours after her arrival. She stated that the nursing staff was not responsive to her reports of pain. Record review of the Progress Notes dated 5/8/24 at 5:05 PM, revealed Resident transferred to facility .at 3:00 PM .due to right hip fracture .Resident is alert .oriented x (times) 4 .Resident reports pain 9 out of 10 on pain scale during assessment .Narcotic script .faxed to pharmacy . standing order for Acetaminophen 325 MG (milligrams) two (2) tablets every six (6) hours as needed . Record review of the Baseline Care Plan-V-2 revealed .B. Communication: 1. Can the resident communicate easily with staff? . Yes .2. Cognitive status: Cognitively intact .E. Pain: 5/08/24 at 4:58 PM .Most recent pain level: 10 . Resident admitted to facility for skilled services .aftercare following joint replacement surgery . Record review of the facility's electronic Medication Administration Record (eMAR) revealed Resident #2 received (1) tablet of Oxycodone-Acetaminophen 7.5-325 MG on 5/8/24 at 8:35 PM, (2) tablets of Acetaminophen 325 MG on 5/9/24 at 12:47 AM, (1) tablet of Oxycodone-Acetaminophen 7.5-325 MG on 5/9/24 at 2:55 AM and again at 8:56 AM. (continued on next page)

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 06/06/2024
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)
F 0580 Level of Harm - Actual harm Residents Affected - Few	During an interview on 6/6/24 at 3:40 PM, Registered Nurse (RN) #1 confirmed that on 5/08/24 she had been on duty from 7:00 AM to approximately 5:15 PM. The nurse stated that at approximately 3:00 PM, Resident #2 had arrived at the facility, and she had conducted a pain assessment. RN #1 confirmed that Resident #2 had reported pain rated 9 on a 0-10 pain scale during her initial admission assessment. RN #1 confirmed that she had not administered any pain medication to Resident #2 on 5/08/24. She confirmed that the facility had a policy and procedure in place that addressed pain management which included reporting to the resident's primary healthcare provider for direction and informing the physician of the availability of remote medications in the facility. She confirmed that she had not notified the resident's primary healthcare provider regarding the resident's pain. During an interview on 6/6/24 at 6:11 PM, the Director of Nurses (DON) confirmed that in case pain was unrelieved by a resident's current pain regimen, the resident's nurse could notify the primary healthcare provider and report the resident's description of pain and make the provider aware of pain medications readily available. She confirmed that there was no documentation or indication of any report of unrelieved pain to the primary healthcare provider. During an interview on 6/06/24 at 6:20 PM, the Administrator confirmed that according to the documentation the resident complained of unrelieved pain not reported to the resident's primary healthcare provider on 5/08/24. Record review of the Admission Record for Resident #2 revealed the facility admitted the resident on 5/08/24, with diagnoses that included Aftercare Following Joint Replacement, Pain in right Hip, and Presence of Right Artificial Hip Joint.

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 06/06/2024
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)
F 0697 Level of Harm - Actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. 42807 Based on staff and resident interview, record review and facility policy review, the facility failed to respond and administer pain medication timely for a resident's complaint of severe pain rated initially at a ten (10) on a pain scale of (0-10) with 10 being the most severe for one (1) of four (4) sampled residents. Resident #2. Findings Include: Record review of the facility policy titled, Pain Management Program Policy, revised 10/22, revealed, The facility will ensure that residents receive the treatment and care in accordance with professional standards of practice, the comprehensive care plan, and the resident's choices, related to pain management . Monitoring . 5. If a resident is experiencing pain during that shift, then pain medication and or alternative therapies should be administered as ordered . Additional Guidance . If pain has not been adequately controlled, it may be necessary to reconsider the current approaches and revise or supplement them as indicated . Record review of the facility policy titled Medication Policies, revised 10/1/19, revealed, Subsection: Ordering and Receiving Medications from Pharmacy Subject: Remote Medication Kits (Emergency Kits) and Controlled (Narcotic) Kits or Safe, .An initial or STAT supply of medications for first dose and continued doses until next regular, scheduled delivery, is maintained in the facility in limited quantities by the provider pharmacy in a portable, sealed containers per state and federal regulations. Procedure .12. When contacting the attending physician regarding a change in condition where it is likely the physician will order a medication, the nurse is to inform the physician of the availability of remote medications in the facility (i.e. the contents of the remote drug supply). This will facilitate timely drug administration . On 6/6/24 at 12:20 PM, a telephone interview with Resident #2 revealed that upon arrival/admission at the facility, she reported severe pain in her right hip. She reported that she did not receive any medication for pain until later in the evening. The resident was unable to recall the exact time but reported that it was hours after her arrival. She stated that the nursing staff was not responsive to her reports of pain. Record review of the New Admit/Readmits Hospital Report Sheet, dated 5/8/24 regarding a Nurse-to-Nurse Phone Report, revealed the facility was made aware that Resident #2 had Pain issues prior to admission to the facility. The nursing staff was made aware that the last pain medication Resident #2 received prior to admission to the facility was on 5/8/24 at 12:15 PM. Record review of the hospital History and Physical dated 5/07/24 revealed that Resident #2 had right total hip arthroplasty (hip replacement) on 5/06/24. Record review of the Progress Notes dated 5/8/24 at 5:05 PM, revealed Resident transferred to facility .at 3:00 PM .due to right hip fracture .Resident is alert .oriented x (times) 4 .Resident reports pain 9 out of 10 on pain scale during assessment .Narcotic script .faxed to pharmacy . standing order for Acetaminophen 325 MG (milligrams) two (2) tablets every six (6) hours as needed . (continued on next page)

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 06/06/2024
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)
F 0697 Level of Harm - Actual harm Residents Affected - Few	Record review of the Baseline Care Plan-V-2 revealed .B. Communication: 1. Can the resident communicate easily with staff? . Yes .2. Cognitive status: Cognitively intact .E. Pain: 5/08/24 at 4:58 PM .Most recent pain level: 10 . Resident admitted to facility for skilled services .aftercare following joint replacement surgery . Record review of the Order Summary Report, with active orders as of 5/8/24, revealed an order dated 5/8/24 Oxycodone-Acetaminophen Tablet 7.5-325 MG Give 1 (one) tablet by mouth every 6 (six) hours as needed for pain for 7 (seven) days. An additional order dated 5/8/24 revealed Acetaminophen Oral Tablet 325 MG . Give 2 (two) tablet by mouth every 6 hours as needed for pain. Record review of the facility's electronic Medication Administration Record (eMAR) revealed Resident #2 received (1) tablet of Oxycodone-Acetaminophen 7.5-325 MG on 5/8/24 at 8:35 PM, (2) tablets of Acetaminophen 325 MG on 5/9/24 at 12:47 AM, (1) tablet of Oxycodone-Acetaminophen 7.5-325 MG on 5/9/24 at 2:55 AM and again at 8:56 AM. On 6/6/24 at 3:15 PM, during an interview with Licensed Practical Nurse (LPN) #1 she confirmed that she was on duty on 5/08/24, when Resident #2 was admitted by the facility. She confirmed that she had not administered any pain medication to Resident #2 during her shift on 5/08/24. LPN #1 stated that she did not remember the resident's report of pain or an assessment regarding the resident's pain. LPN #1 revealed that pharmacy deliveries were usually made after 7:00 PM each evening. On 6/6/24 at 3:40 PM, an interview with Registered Nurse (RN) #1 confirmed that on 5/08/24 she had been on duty from 7:00 AM to approximately 5:15 PM. The nurse stated that at approximately 3:00 PM, Resident #2 had arrived at the facility, and she had conducted a pain assessment. She confirmed that the resident had a written physician's prescription with her upon arrival for Oxycodone/Acetaminophen 7.5-325 MG one (1) tablet by mouth every 6 hours as needed for pain and she had faxed the prescription to the facility pharmacy. RN #1 confirmed that Resident #2 had reported pain rated 9 on a 0-10 pain scale during her initial admission assessment. She stated that Resident #2 also had physician orders for Acetaminophen 325 MG two (2) tablets by mouth every six (6) hours as needed for pain. RN #1 confirmed that she had not administered any pain medication to Resident #2 on 5/08/24, as she was the RN Supervisor, not the resident's medication nurse. She confirmed that the facility had a policy and procedure in place that addressed pain management which included reporting to the resident's primary healthcare provider for direction and informing the physician of the availability of remote medications in the facility, although she said she was not sure which medications were in the emergency medication kit. She confirmed that she had not notified the resident's primary healthcare provider regarding the resident's pain. (continued on next page)

Printed: 08/28/2024
Form Approved OMB
No. 0938-0391

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 06/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Woodlands Rehabilitation and Healthcare Center	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)
F 0697 Level of Harm - Actual harm Residents Affected - Few	On 6/6/24 at 6:11 PM, an interview with the Director of Nurses (DON) and record review of the New Admit/Readmits Hospital Report Sheet, for Resident #2 revealed that the DON had taken the telephone report from a nurse at the hospital regarding discharge and history and physical for Resident #2. She indicated that she had recorded that the hospital nurse had reported the last pain medication (medication name not included) administration at the hospital was at 12:15 PM on 5/08/24. The DON confirmed that based on her notes the resident could have Oxycodone-Acetaminophen 7.5-325 MG at 6:30 PM on 5/08/24. She confirmed that in case pain was unrelieved by a resident's current pain regimen, the resident's nurse could notify the primary healthcare provider and report the resident's description of pain and make the provider aware of pain medications readily available. She confirmed that there was no documentation or indication of any report of unrelieved pain to the primary healthcare provider. The DON confirmed that the resident had a total hip replacement surgery on 5/06/24. She confirmed that there was documentation of a report of pain rated 9 on a 0-10 pain scale during initial assessment and no documentation of administration of pharmacological or non-pharmacological pain management interventions for Resident #2 from 3:00 PM until 8:35 PM on 5/08/24. She confirmed that the facility had a policy and procedure for pain management which included notification of the resident's primary healthcare provider who could call in a prescription in accordance with the provider's determination of need and if available the medication could be retrieved from the emergency medication kit or delivered to the facility by the pharmacy. On 6/06/24 at 6:20 PM, an interview with the Administrator revealed that nurses were responsible for pain assessments for new and existing residents. She said she was not aware that Resident #2's physician orders for Oxycodone-Acetaminophen 7.5-325 MG was not administered per orders at 6:15 PM on 5/08/24. She confirmed that the facility had procedures in place to obtain medications for new residents to be administered in a timely manner according to physician's orders. She confirmed that according to the documentation the resident complained of unrelieved pain not reported to the resident's primary healthcare provider on 5/08/24. Record review of the contents of the facility's EDK (Emergency Drug Kit) revealed the kit contained Oxycodone-Acetaminophen 5-325 mg and Oxycodone-Acetaminophen 10-325 mg. Record review of the Admission Record for Resident #2 revealed the facility admitted the resident on 5/08/24, with diagnoses that included Aftercare Following Joint Replacement, Pain in right Hip, and Presence of Right Artificial Hip Joint.