

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265324	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/31/2025
NAME OF PROVIDER OR SUPPLIER Woodland Manor Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Woodland Court Arnold, MO 63010	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</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

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on observation, interview, and record review, the facility failed to provide showers for three residents (Resident #1, #2, and #5) out of six sampled residents. The facility's census was 124. Review of the facility's policy, Showers, dated January 5, 2017, showed:- It is the policy of the facility to provide showers on a bi-weekly basis;- Requests for more frequent showers will be granted and addressed via the plan of care;- Shower sheets will be reviewed by the charge nurse;- The charge nurse will forward all completed shower sheets to the clinical nurse managers;- Clinical nurse managers will ensure a shower sheet is received for each shower and ensure interventions are in place for any areas identified during showers and track the area weekly on the weekly skin or pressure report;- Shower sheets will be kept in the clinical managers' office for a period of two weeks. Review of the Certified Nursing Assistant (CNA) Meeting notes, dated November 25, 2025, showed:- Showers need to be completed in a timely manner, not at the end of a shift. Day shift - after breakfast and Evening shift - before dinner unless time doesn't permit or resident requests after;- Residents are to be showered twice weekly on their scheduled days and if missed, made up on Sundays;- If a resident refused a shower, notify the charge nurse. We cannot force care, but we can and should encourage residents;- Make sure to fill out shower sheets and document in activities of daily living (ADL) charting. If it is not documented, it did not happen. Fill out sheets for refusals as well and have resident sign if capable. 1. Review of Resident #1's medical record showed:- admission date of 06/17/24;- Diagnoses of multiple sclerosis (a chronic autoimmune disease affecting the brain and spinal cord, where the immune system attacks the protective covering of nerve fibers, disrupting nerve signals), chronic obstructive pulmonary disease (COPD - a condition involving constriction of the airways and difficulty or discomfort in breathing), and weakness. Review of the resident's quarterly Minimum Data Set (MDS - a mandatory assessment completed by the facility) assessment, dated 11/22/25, showed:- No cognitive impairment;- Dependent on staff for dressing;- Supervision or touching assistance from staff for personal hygiene;- Dependent on staff for showering/bathing. Review of the facility shower schedule showed:- From 10/02/25 to 10/20/25, the resident's shower days were Monday and Thursday;- From 10/20/25 to 11/05/25, the resident's shower days were Wednesday and Saturday;- From 11/05/25 to 12/20/25, the resident's shower days were Monday and Thursday. Review of the resident's shower sheets from October 1 to December 30, 2025 showed:- October had eight opportunities for receiving a shower. The resident received a shower on 10/20. Seven showers were missed out of eight opportunities.-November had eight opportunities for receiving a shower. The resident received a shower on 11/10, 11/13, 11/17, 11/20, and 11/24. Three showers were missed out of eight opportunities;- December, had nine opportunities for receiving a shower. The resident received a shower on 12/8, 12/18, and 12/22. Six showers were missed out of nine opportunities. 2. Review of Resident #2's medical record showed:- admission date of 02/27/19;- Diagnoses of COPD, heart failure (a condition in which the heart muscle can't pump enough blood to meet the body's needs for blood and oxygen), and rheumatoid arthritis (a chronic autoimmune disease where the immune system mistakenly attacks the lining of the joints, causing inflammation, pain, swelling, and stiffness, usually in the hands, wrists, and feet). Review of the resident's quarterly MDS assessment, dated 11/08/25, showed:- No cognitive impairment;- Substantial/maximal assist from staff for upper body dressing;- Dependent on staff for lower body dressing;- Partial or moderate assistance from staff for personal hygiene;- Dependent on staff for showering/bathing. Review of the facility's shower schedule showed the resident's shower days were Monday and Thursday. Review of the resident's shower sheets from October 1 to December 31, 2025 showed:- In October, the resident received no showers, for a total of eight missed showers out of eight opportunities;- In November, the resident received no showers, for a total of eight missed showers out of eight opportunities;- In December, the resident received a shower on 12/15, for a total of eight missed showers out of nine opportunities. During an interview on 12/31/25 at 12:29 P.M., Resident #2 said he/she did not get his/her showers twice a week. He/she received a shower every two or three weeks but wanted one at least once a week. He/she did not get a bed bath in between showers. Staff only wiped his/her butt when they cleaned him/her up. He/she couldn't remember the last time he/she had a shower. Observation of the resident's room during the interview showed a musty urine/body odor. 3. Review of Resident #5's medical record showed:- admission date of 03/16/23;- Diagnoses of muscle weakness, need for assistance with personal care, and Parkinson's disease (a progressive movement disorder of the nervous system). Review of the resident's quarterly MDS assessment dated 12/21/25 showed:- Moderate cognitive impairment;- Partial or moderate</p>		