

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265749	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/25/2025
NAME OF PROVIDER OR SUPPLIER Woodland Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 1347 East Valley Watermill Road Springfield, MO 65803	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45176</p> <p>Based on observation, interview, and record review, the facility failed to provide care per standards of practice when staff failed to address and notify the provider in a timely manner of a change in condition for one resident (Resident #1) when the resident showed decline in cognition and required increased assistance with cares. The facility census was 87.</p> <p>Review of the facility's current policy titled Change in a Resident's Condition or Status, showed the following:</p> <ul style="list-style-type: none"> -The facility promptly notifies the resident, his/her attending physician, and the resident representative of changes in the resident's medical/mental condition and/or status; -The nurse will notify the resident's attending physician or physician on-call when there has been a significant change in the resident's physical/emotional/mental condition or the need to transfer the resident to the hospital; -Prior to notifying the physician or healthcare provider, the nurse will make detailed observations and gather relevant and pertinent information for the provider, including for example information prompted by the Interact SBAR Communication form (designed to enhance the nursing evaluation of and documentation on residents who have an acute change in condition). <p>1. Review of Resident #1's face sheet (brief resident profile sheet) showed the following:</p> <ul style="list-style-type: none"> -admitted [DATE]; -Diagnoses included acute and chronic respiratory failure, acute kidney failure (kidneys lose their ability to filter waste products), reduced mobility, malignant neoplasm of the uterus (cancer that develops in the uterus), non traumatic intracerebral hemorrhage (bleeding within the brain), and pneumonia (infection in the lungs). <p>Review of the resident's care plan, dated 03/16/23, showed the following:</p> <ul style="list-style-type: none"> -Resident had a diagnosis of hypertension (condition in which the force of blood against the walls of the arteries are consistently too high) related to inappropriate diet, lifestyle choices, stroke, congestive heart failure (heart muscle is weak), or smoking; <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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 265749	If continuation sheet Page 1 of 9

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265749	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/25/2025
NAME OF PROVIDER OR SUPPLIER Woodland Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 1347 East Valley Watermill Road Springfield, MO 65803	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Resident had impaired vision;</p> <p>-Resident had an activities of daily living (ADL) self care performance deficit related to weakness, impaired mobility, unsteady gait, and change in condition with increased weakness and lethargy;</p> <p>-Assistance required for safe transfers.</p> <p>Review of the resident's admission Minimum Data Set (MDS - a federally mandated assessment instrument completed by facility staff), dated 12/31/24, showed the following information:</p> <p>-Moderately impaired cognitive skills;</p> <p>-Dependent upon staff for toileting hygiene, showers, upper/lower body dressing, and substantial assistance with personal hygiene.</p> <p>Review of resident's Monthly Observation Detail List Report, dated 02/03/25, showed the following:</p> <p>-Memory okay, modified independence, and some difficulty in new situations only;</p> <p>-Makes self understood, has clear speech, and understands others;</p> <p>-Limited assistance with bed mobility, transfers, toilet use, and personal hygiene;</p> <p>-One person physical assist with moving between surfaces and dressing;</p> <p>-Wheeled self and other person wheeled resident;</p> <p>-Special treatments include chemotherapy, monitoring acute medical conditions, oxygen therapy, and radiation.</p> <p>During an interview on 02/21/25, at 1:27 P.M., Certified Nurse Aide (CNA) H said the following:</p> <p>-The resident was not fully dependent upon staff, but did need one person assist for getting out of bed and toileting;</p> <p>-The resident was normally oriented and able to make his/her needs know;</p> <p>-He/she worked with the resident on 02/07/25. That evening the resident was showing some confusion. He/she thought he/she had an appointment but he/she did not. The resident was still talkative and had no complaints;</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265749	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/25/2025
NAME OF PROVIDER OR SUPPLIER Woodland Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 1347 East Valley Watermill Road Springfield, MO 65803	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-On 02/08/25, he/she was getting the resident up and the resident was not pivoting as normal. CNA H got another aide to assist him/her as the resident required more help and was not verbal. He/she told Licensed Practical Nurse (LPN) A shortly after getting the resident up, about the resident's changes, the disorientation, and not being alert to surroundings. During lunch, the resident fell asleep, so after lunch the staff laid the resident down. The resident normally did not nap during the daytime. The resident stayed in bed the remainder of his/her shift. He/she wasn't sure if LPN A assessed the resident and was told to keep an eye on the resident. He/she knows the resident's vitals were taken one time on 02/08/25;</p> <p>-On 02/09/25, the resident still had trouble with talking and even more trouble with toileting. He/she told LPN A about the increased problems the resident had with standing and speaking and he/she wasn't given any direction.</p> <p>During an interview on 02/21/25, at 2:15 P.M., LPN A said the following:</p> <p>-Aides should report a change in condition to him/her;</p> <p>-He/she assesses the resident, taking vitals, looks for any clues as to what's going on, and after assessing usually calls the doctor;</p> <p>-The resident is an assist, standby with one person and able to transfer with one person assist;</p> <p>-On 02/08/25, he/she was watching the resident, because he/she thought the resident was more sleepy. He/she did vitals signs on 02/08/25 and they were good, they do them each shift when there's a change. He/she puts the vitals in the electronic record. At the end of the day the aides reported the resident seemed more sleepy. He/she told the aides to keep an eye on the resident. The resident went down to the dining room and he/she didn't see any issues;</p> <p>-On 02/09/25, the resident got up in the morning and staff took him/her to the dining room. Between breakfast and lunch or not sure if it was after lunch, the resident was still sleepy and not as responsive so he/she took vital signs and they were normal. He/she called the doctor after lunch, and while waiting for the return call, the family came. Then the aide told LPN A the resident was not standing or acting normal in the morning. The resident was able to talk the day before. He/she doesn't believe the aide told him/her about the resident's change until after lunch. The resident didn't eat breakfast or lunch. He/she called the doctor before the family arrived, the doctor had not returned the call, and the family was back and forth on whether they wanted the resident sent out. He/she sent the Resident out for altered mental status;</p> <p>-He/she passed on a change in condition to the next shift, which he/she did passed along to the Assistant Director of Nursing (ADON) on 02/08/25;</p> <p>-He/she told the ADON on 02/08/25 that resident wasn't feeling quite him/herself and they're watching the resident and doing more frequent checks;</p> <p>-When resident has a change staff check vitals more often.</p> <p>During an interview on 02/21/25, at 1:44 P.M., the ADON said the following:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265749	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/25/2025
NAME OF PROVIDER OR SUPPLIER Woodland Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 1347 East Valley Watermill Road Springfield, MO 65803	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-He/she expected the nurse to assess the resident, chart on vital signs, mental status, and notify the doctor, Director of Nursing (DON), ADON, Administrator, and family with a change in condition;</p> <p>-Vitals are taken as needed, with certain meds, weekly during skin assessments, when residents readmit, during monthly and quarterly assessments;</p> <p>-On 02/08/25, he/she worked that evening a few hours. The resident may have been in bed. He/she didn't know about any changes in the resident;</p> <p>-Nursing does shift change reports and should be passing on information to the next staff and writing it on the white board;</p> <p>-He/she only worked a few hours and he/she believes the Administrator worked the night shift.</p> <p>Review of the resident's monthly vitals, located in the resident's medical record, showed staff documented vitals taken on 02/08/25, at 12:18 P.M. The electronic medical record did not contain any additional vitals for 02/08/25 or 02/09/25.</p> <p>Review of the resident's progress notes showed the following:</p> <p>-On 02/028/25, staff did not document regarding the resident's change in condition, monitoring, or physician notification of the change in condition;</p> <p>-On 02/09/25, at 3:44 P.M., LPN A documented the resident had increased lethargy and weakness yesterday and today. The resident's vital signs were stable. The resident refused breakfast and lunch this day. The resident had poor fluid intake. Staff placed call to primary care provider on call to request labs at 3:00 P.M. Family arrived at 3:25 P.M., and voiced concerns over resident's poor responsiveness. The Family Nurse Practitioner (FNP) returned call at 3:30 P.M. and gave orders to send resident to the emergency room for evaluation and treatment for altered mental status per family request. The resident left the facility at 3:55 P.M. , with emergency medical services, for hospital;</p> <p>-On 02/10/25, at 9:25 A.M., staff documented calling the hospital for an update on the resident. The resident was currently on medical intensive care unit floor with diagnosis of sepsis with urinary tract infection and pneumonia.</p> <p>Review of the resident's hospital records, dated 02/09/25, showed the following:</p> <p>-Resident presented with altered mental status. The onset was two days ago. The course/duration of symptoms was unknown. The character of the symptoms was decreased responsiveness. The degree at onset was severe. The degree at present was severe. Baseline status is conversational, now aphasic (difficulty speaking);</p> <p>-At 7:12 P.M., resident was very hypothermic (low body temperature) and placed under a bail [NAME] (air warming blanket that helps prevent hypothermia). Urine showed acute UTI (urinary tract infection), chest xray possible right upper lobe pneumonia;</p> <p>-Care discussed with pulmonology intensivist and they will admit due to the severe hypothermia.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265749	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/25/2025
NAME OF PROVIDER OR SUPPLIER Woodland Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 1347 East Valley Watermill Road Springfield, MO 65803	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 02/21/25, at 2:42 P.M., Nurse Aide (NA) F said the following:</p> <ul style="list-style-type: none"> -When a resident had a change in condition, he/she told the charge nurse and the nurse assesses the resident; -He/she worked with the resident. The resident was normally one person assist. <p>During an interview on 02/21/25, at 1:15 P.M., Certified Medication Technician (CMT) G said the following:</p> <ul style="list-style-type: none"> -If a resident's mental status changes, and/or they require more assistance with cares, he/she would take the resident's vial signs and report the change to the nurse; -Once the nurse is notified they will do an assessment of the resident and call the doctor. <p>During an interview on 02/21/25, at 2:07 P.M., Licensed Practical Nurse (LPN) I said the following:</p> <ul style="list-style-type: none"> -CNAs should let the nurse know when there's a change in condition; -The nurse completes vitals and call the doctor and family; -If a resident was not doing well, vitals should be done at shift change; -He/she heard the resident wasn't doing well over the weekend and LPN A sent the resident to the hospital. <p>During an interview on 02/25/25, at 10:10 A.M., the FNP said the following:</p> <ul style="list-style-type: none"> -When residents have a change in condition, he/she would expect staff to call and or page him/her; -He/she would expect staff to obtain vitals, determine what's going on with the resident, the resident's baseline, and how long the changes have been going on, and pass this along to him/her; -If there is a change in the mental status, or amount of care the resident requires, he/she would expect staff to call immediately so that he/she could order a urinalysis, labs, or depending on the vitals, if not stable, send the resident out to the hospital; -Staff paged him/her about the resident on 02/09/25 at 3:08 P.M. <p>During an interview on 02/21/25, at 2:50 P.M., the DON said the following:</p> <ul style="list-style-type: none"> -Aides should report a change in resident's condition to the charge nurse with as much detail as possible to what's going on with the resident; -After a nurse gets a change in condition from the aide, they should assess, determine baseline, and communicate with nurse practitioner or the doctor; <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265749	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/25/2025
NAME OF PROVIDER OR SUPPLIER Woodland Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 1347 East Valley Watermill Road Springfield, MO 65803	
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-He/she was not aware of any changes to the resident until the day the resident went to the hospital on 02/09/25;</p> <p>-LPN A came to him/her about some changes and he/she told LPN A he/she needed to call the doctor to at least get some labs on the resident;</p> <p>-The family came in and requested the resident go to the hospital;</p> <p>-If the resident went from one person to a two person assist, and had changes in mental status, the aide should have been telling the nurse and the nurse should have done an assessment and followed up with the doctor immediately;</p> <p>-If a resident was not doing well the nurse should be passing that on to the next shift.</p> <p>During interviews on 02/21/25, at 2:50 P.M., and on 02/25/25, at 11:11 A.M., the Administrator said the following:</p> <p>-When there is a change in a resident's condition, aides should report this to the nurse and the nurse will complete an assessment and call the nurse practitioner, doctor, and family;</p> <p>-The family requested the resident be sent out when they came to the facility;</p> <p>-He/she did not receive a report of a change in condition for resident on 02/08/25 or 02/09/05.</p> <p>MO00249286</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265749	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/25/2025
NAME OF PROVIDER OR SUPPLIER Woodland Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 1347 East Valley Watermill Road Springfield, MO 65803	
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 0728</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that nurse aides who have worked more than 4 months, are trained and competent; and nurse aides who have worked less than 4 months are enrolled in appropriate training.</p> <p>45176</p> <p>Based on interview and record review, the facility failed to have a system in place to ensure nurse aides (NA) completed their training, competencies, and testing in a timely manner when five NA's failed to complete a state approved certified nursing assistant (CNA) training program, competency evaluation, and certification test within four months of hire and continued to work providing direct care to residents. The facility's census was 87.</p> <p>Review showed the facility did not provide a policy regarding NA training classes.</p> <p>1. Review of the facility's list of NA's currently employed at the facility, and working the floor as an NA, as of 02/24/25, showed the following:</p> <ul style="list-style-type: none"> -NA B was hired as a NA on 07/22/24; -NA C was hired as a NA on 08/05/24; -NA D was hired as a NA on 10/29/24; -NA E was hired as a NA on 11/19/24; -NA F was hired as a NA on 01/21/25. <p>During an interview on 02/21/25, at 2:42 P.M., NA F said the following:</p> <ul style="list-style-type: none"> -He/she has worked at the facility since August 2024; -He/she hasn't started NA classes; -He/she has been fired and rehired four times; -He/she took one class at the end of last year and nothing more. <p>During an interview on 02/24/25, at 3:30 P.M., NA C said the following:</p> <ul style="list-style-type: none"> -He/she has worked at the facility almost six months; -He/she is currently an NA, and was hired as an NA; -He/she has not taken NA classes, or been offered to take NA classes; -He/she received and email today, to begin online classes; -He/she didn't know how long an NA had to become certified, so he/she looked it up online and it's four months. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265749	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/25/2025
NAME OF PROVIDER OR SUPPLIER Woodland Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 1347 East Valley Watermill Road Springfield, MO 65803	
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 0728</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During interviews on 02/21/25, at 1:44 P.M., on 02/24/25, at 11:15 A.M., and on 02/25/25, at 11:11 A.M., the Assistant Director of Nursing (ADON) said the following:</p> <ul style="list-style-type: none"> -NA's complete nursing classes online; -When NA's first apply, they're enrolled through online provider the 16 hour online course that's completed before they're hired; -Once the 16 hours are completed, they're put on the schedule to work and are orientated by another aide; -They're enrolled in the CNA course, once enrolled the CNA completes the 120 hours and the nurse signs off on this and it's sent to the online provider; -A profile is completed through the online provider and once the course is completed, another profile is set up to take the test; -When a test is scheduled, if there is not enough people for a test, it's canceled. He/she has had one person reschedule three times; -NA C was one who couldn't get signed in for online classes. When a NA goes to the online provider website, there are two options. They can sign up for the 16 hour course or the CNA online courses. There was a time when it reverted to the 16 hour courses and wouldn't allow him/her to sign NA C up for classes; -The online provider sends notification once an NA completes the online training course; -Corporate keeps track of the NA's and when they're enrolled and pass the class; -They try to schedule the staff to test as soon as possible, but sometimes it's difficult; -Its' hard to say how long after completion of the course before staff are scheduled for the test; -Once hired the NA has 120 days to complete the test and become certified; -He/she was not aware of any NA's working past the 120 day requirement; -If the aides are employed past the 120 days, and don't become certified, they're moved to non care areas such as maintenance or dietary; -NA B has completed the online classes and he/she is waiting to take the test; -NA C and NA D, haven't began classes, the facility just paid for them to start; -NA E hasn't began classes. <p>During an interview on 02/21/25, at 2:50 P.M., Director of Nursing (DON) said the following:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265749	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/25/2025
NAME OF PROVIDER OR SUPPLIER Woodland Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 1347 East Valley Watermill Road Springfield, MO 65803	
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 0728</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-NAs complete classes online and do the on the job training at the facility;</p> <p>-The NAs complete their 16 hours before they begin working the floor;</p> <p>-He/she doesn't know off the top of his/her how long NAs have to become certified;</p> <p>-He/she doesn't know if any NAs are working the floor if they're not certified within the 120 days;</p> <p>-He/she knows if they're not certified in that time frame they should be moved to a non-care area or let go;</p> <p>-He/she doesn't do anything with the NA classes or scheduling the test.</p> <p>During an interview on 02/21/25, at 3:10 P.M., the Administrator said the following:</p> <p>-NA's go through the 16 hours of training upon hire;</p> <p>-NA's are supposed to be certified within four months;</p> <p>-He/she is not aware of any NAs working over the 120 days;</p> <p>-If they're employed over the 120 days and not certified, they're moved to laundry or somewhere that does not do patient care;</p> <p>-The ADON is in charge of getting the staff set up for the classes and monitoring the progress;</p> <p>-NA F has only been at the facility a couple of weeks. He/she did work at the home a while back.</p> <p>MO00249599</p>		