STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265749	A. Building B. Wing	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Woodland Manor	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)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on observation, interview, and record review, the facility failed to maintain medical records on each resident that were complete and accurate when staff failed to document medication administrations during a multi-day internet/phone outage for four residents (Resident #1, #2, #3, and #4). The census was 87.Review of the facility's policy titled, Administering Medication, revised 04/19, showed the following:-Medications are administered in a safe and timely manner, and as prescribed;-The Director of Nursing (DON) supervises and directs all personnel who administer medications and/or have related functions;-Medications are administered in accordance with prescriber orders, including any required time frame;-Medication administration times are determined by resident need and benefit, not staff convenience;-Medications are administered within one hour of their prescribed time, unless otherwise specified (for example, before and after meal orders);-If a drug is withheld, refused, or given at a time other the scheduled time, the individual administering the medication shall initial and circle the Medication Administration Record (MAR) space provided for that drug and dose;-The individual administering the medication initials the resident's MAR on the appropriate line after giving each medication and before administering the next ones;-As required or indicated for a medication, the individual administering the medication records in the resident's medical record the date and time the medication was administered, the dosage, the route of administration, the injection site (if applicable), any complaints or symptoms for which the drug was administered, any results achieved and when those results were observed, and the signature and title of the person administering the drug;-Topical medications used in treatments are recorded on the resident's Treatment Administration Record (TAR). Review of the facility's policy titled, Charting and Documentation, revised 07/17, showed the following:-All services provided to the resident, progress toward the care plan goals, or any changes in the resident's medical, physical, functional, or psychosocial condition, shall be documented in the resident's medical record. The medical record should facilitate communication between the interdisciplinary team regarding the resident's condition and response to care;-Documentation in the medical record may be electronic manual or a combination;-The following information is to be documented in the resident medical record, medications administered, treatments or services performed, and changes in the resident's condition;-Documentation in the medical record will be objective (not opinionated or speculative), complete, and accurate;-Documentation of procedures and treatments will include care-specific details, including, The date and time the procedure/treatment was provided, named and title of the individual providing the care, and whether the resident refused the procedure/ treatment.1. Review of Resident #1's face sheet (a document that gives a resident's information at a quick glance) showed the following:-admission date of 01/09/25;-Diagnoses included complete traumatic amputation at level between right hip and knee, urinary tract infection, complete traumatic amputation at level between right hip and knee, and type II diabetes. Review of the resident's quarterly Minimum Data Set (MDS - a federally mandated assessment instrument completed by facility staff), dated 12/25/25, showed the following:-Cognitively intact;-The resident had taken antianxiety, anti-depressant, anticoagulant (prevents the blood from clotting as quickly), diuretic (used to help removed fluid (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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265749	A. Building B. Wing	01/15/2026

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Woodland Manor	1347 East Valley Watermill Road Springfield, MO 65803

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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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	through the kidneys), and insulin medication in the last seven days. Review of the resident's care plan, dated 12/26/25, showed the following:-The resident is on a diuretic due to edema (swelling) or hypertension (high blood pressure);-The resident has a diagnosis of hypothyroidism (thyroid does not provide sufficient thyroid hormone levels in the body);-The resident has diabetes mellitus;-The resident uses an anticoagulant and is at risk of abnormal bleeding, hemorrhage (loss of blood from a damaged vessel), and for increased/easy bruising due to anticoagulant medication.Review of the resident's January 2026 Physicians Order Sheet (POS) showed an order, dated 01/09/25, for aspirin tablet chewable, 81 milligram (mg), one tablet every morning.Review of the resident's paper MAR/TAR created 01/06/26, at 8:13 P.M., for the week of 12/29/25 through 01/12/26, showed the following:-An order, dated 01/09/25, for aspirin tablet chewable, 81 mg, one tablet every morning;-Staff did not document administration on 01/06/26, 01/07/26, 01/08/26, 01/09/26, 01/10/26, and 01/11/26.Review of the resident's Electronic Medical Record (EMR) MAR/TAR, dated 01/2026, showed the following:-An order, dated 01/09/25, for aspirin tablet chewable, 81 mg one tablet every morning;-Staff did not document administration on 01/08/26 and 01/09/26.Review of the resident's January 2026 POS showed an order, dated 11/13/25, for blood glucose monitoring four times a day.Review of the resident's EMR MAR/TAR, dated 01/2026, showed the following:-An order, dated 11/13/25, for blood glucose monitoring four times a day;-Staff did not document blood glucose monitoring on 01/07/26 nighttime, 01/08/26, 01/09/26, 01/10/26 nighttime, 01/11/26 nighttime, and 01/12/26.Review of the resident's paper MAR/TAR created 01/06/26, at 8:13 P.M., for the week dates of 12/29/25 through 01/12/26, showed the following:-An order, dated 11/13/25, for blood glucose monitoring four times a day;-Staff did not document blood glucose monitoring on 01/06/26, 01/07/26, 01/08/26, 01/09/26, 01/10/26, or 01/11/26.Review of the resident's January 2026 POS showed an order, dated 01/09/25, for fenofibrate (medication used to treat cholesterol) tablet, 54 mg, administer one tablet, once a morning/Review of the resident's EMR MAR/TAR, dated 01/2026, showed the following:-An order, dated 01/09/25, for fenofibrate tablet, 54 mg, administer one tablet, once a morning;-Staff did not document administration on 01/08/26 and 01/09/26.Review of the resident's paper MAR/TAR created 01/06/26, at 8:13 P.M., for the week dates of 12/29/25 through 01/12/26, showed the following:-An order, dated 01/09/25, for fenofibrate tablet, 54 mg, administer one tablet, once a morning;-Staff did not document administration on 01/06/26, 01/07/26, 01/08/26, 01/09/26, 01/10/26, or 01/11/26;Review of the resident's January 2026 POS showed an order, dated 12/28/25 to 01/15/26, for florasave (probiotic) capsule, delayed release, 10 billion cell - 15mg, administer one tablet once every morning, give one tablet for 20 days.Review of the resident's EMR MAR/TAR, dated 01/2026, showed the following:-An order, dated 12/28/25 to 01/15/26, for florasave capsule, delayed release, 10 billion cell -15mg, administer one tablet once every morning, give one tablet for 20 days;-Staff did not document administration on 01/08/26 and 01/09/26.Review of the resident's paper MAR/TAR created 01/06/26, at 8:13 P.M., for the week dates of 12/29/25 through 01/12/26, showed the following:-An order, dated 12/28/25 to 01/15/26, for florasave capsule, delayed release, 10 billion cell -15mg, administer one tablet once every morning, give one tablet for 20 days;-Staff did not document administration on 01/06/26, 01/07/26, 01/08/26, 01/09/26, 01/10/26 or 01/11/26.Review of the resident's January 2026 POS showed an order, dated 03/06/25, for furosemide tablet (diuretic medication), 40 mg, take once a morning by mouth daily in the morning.Review of the resident's EMR MAR/TAR, dated 01/2026, showed the following:-An order, dated 03/06/25, for furosemide tablet, 40 mg, take once a morning by mouth daily in the morning;-Staff did not document administration on 01/09/26 and 01/10/26.Review of the resident's paper MAR/TAR created 01/06/26, at 8:13 P.M., for the week dates of 12/29/25 through 01/12/26, showed the following:-An order, dated 03/06/25, for furosemide tablet, 40 mg, take once a morning by mouth daily in the morning;-Staff did not document administration on 01/06/25, 01/07/26, 01/08/26, 01/09/26, 01/10/26, or 01/11/26.Review of the resident's January 2026 POS showed an order, dated 11/13/25, for Novalog (rapid actin insulin) FlexPen U-100 Insulin, Insulin pen 100 unit/ml, administer (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	per the following sliding scale:-If blood sugar is 150 milligrams/deciliter (mg/dL) to 200 mg/dL, administer two units of insulin;-If blood sugar is 201 mg/dL to 250 mg/dL, administer 4 units of insulin;-If blood sugar is 251 mg/dL to 300 mg/dL, administer 6 units of insulin;-If blood sugar is 301 mg/dL to 350 mg/dL, administer 8 units of insulin;-If blood sugar is 351 mg/dL to 400 mg/dL, administer 10 units of insulin;-If blood sugar is 401 mg/dL to 500 mg/dL, administer 12 units of insulin;-If blood sugar is greater than 500 mg/dL, call the physician.Review of the resident's EMR MAR/TAR, dated 01/2026, showed the following:-An order, dated 11/13/25, for Novalog FlexPen U-100 Insulin, Insulin pen 100unit/ml, administer per the following sliding scale:-If blood sugar is 150 milligrams/deciliter (mg/dL) to 200 mg/dL, administer two units of insulin;-If blood sugar is 201 mg/dL to 250 mg/dL, administer 4 units of insulin;-If blood sugar is 251 mg/dL to 300 mg/dL, administer 6 units of insulin;-If blood sugar is 301 mg/dL to 350 mg/dL, administer 8 units of insulin;-If blood sugar is 351 mg/dL to 400 mg/dL, administer 10 units of insulin;-If blood sugar is 401 mg/dL to 500 mg/dL, administer 12 units of insulin;-If blood sugar is greater than 500 mg/dL, call the physician;-Staff did not document administration on 01/07/26 nighttime, 01/08/26, 01/09/26, 01/10/26 nighttime, 01/11/26 nighttime, and 01/12/26.Review of the resident's paper MAR/TAR created 01/06/26, at 8:13 P.M., for the week dates of 12/29/25 through 01/12/26, showed the following:-An order, dated 11/13/25, for Novalog FlexPen U-100 Insulin, Insulin pen 100unit/ml, administer per the following sliding scale:-If blood sugar is 150 milligrams/deciliter (mg/dL) to 200 mg/dL, administer two units of insulin;-If blood sugar is 201 mg/dL to 250 mg/dL, administer 4 units of insulin;-If blood sugar is 251 mg/dL to 300 mg/dL, administer 6 units of insulin;-If blood sugar is 301 mg/dL to 350 mg/dL, administer 8 units of insulin;-If blood sugar is 351 mg/dL to 400 mg/dL, administer 10 units of insulin;-If blood sugar is 401 mg/dL to 500 mg/dL, administer 12 units of insulin;-If blood sugar is greater than 500 mg/dL, call the physician;-Staff did not document administration on 01/06/25, 01/07/26, 01/08/26, 01/09/26, 01/10/26 or 01/11/26.Review of the resident's January 2026 POS showed an order, dated 11/18/25, for Novalog flexpen U-100 Insulin (Insulin aspart U-100) Insulin pen, 100 unit/ml, 18 units subcutaneous (below the skin).Review of the resident's EMR MAR/TAR, dated 01/2026, showed the following:-An order, dated 11/18/25, for Novalog flexpen U-100 Insulin (Insulin aspart U-100), Insulin pen, 100 unit/ml, 18 units subcutaneously;-Staff did not document administration on 01/08/26, 01/09/26 and 01/12/26.Review of the resident's paper MAR/TAR created 01/06/26, at 8:13 P.M., for the week dates of 12/29/25 through 01/12/26, showed the following:-An order, dated 11/18/25, for Novalog flexpen U-100 Insulin (Insulin aspart U-100), Insulin pen, 100 unit/ml, 18 units subcutaneous;-Staff did not document administration on 01/06/25, 01/07/26, 01/08/26, 01/09/26, 01/10/26, or 01/11/26.Review of the resident's January 2026 POS showed an order, dated 05/16/25, for levothyroxine tablet (synthetic thyroid hormone), 25 microgram (mcg), oral once a day, give one tablet every morning by mouth.Review of the resident's EMR MAR/TAR, dated 01/2026, showed the following:-An order, dated 05/19/25, for levothyroxine tablet, 25 mcg, oral once a day, give one tablet every morning by mouth;-Staff did not document administration on 01/09/25, 01/10/26, 01/11/26, and 01/12/26.Review of the resident's paper MAR/TAR created 01/06/26, at 8:13 P.M., for the week dates of 12/29/25 through 01/12/26, showed the following:-An order, dated 05/19/25, for levothyroxine tablet, 25 mcg, oral once a day, give one tablet every morning by mouth;-Staff did not document administration on 01/06/25, 01/07/26, and 01/08/26.Review of the resident's January 2026 POS showed an order, dated 01/09/25, for Jardiance (antidiabetic medication), 25mg tablet, administer one tablet in the morning.Review of the resident's EMR MAR/TAR, dated 01/2026, showed the following:-An order, dated 01/09/25, for Jardiance, 25 mg tablet, administer one tablet in the morning;-Staff did not document administration on 01/09/26 and 01/10/26.Review of the resident's paper MAR/TAR created 01/06/26, at 8:13 P.M., for the week dates of 12/29/25 through 01/12/26, showed the following:-An order, dated 01/09/25, for Jardiance 25mg tablet, administer one tablet in the morning;-Staff did not document administration on 01/06/26, 01/07/26, 01/08/26, 01/09/26, (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	01/10/26 or 01/11/26.Review of the resident's January 2026 POS showed an order, dated 01/09/25, for Plavix (antiplatelet medication), tablet 75 mg, one tablet in the morning.Review of the resident's EMR MAR/TAR, dated 01/2026, showed the following:-An order , dated 01/09/25, for Plavix tablet 75 mg, administer one tablet in the morning;-Staff did not document administration on 01/09/26 and 01/10/26.Review of the resident's paper MAR/TAR created 01/06/26, at 8:13 P.M., for the week dates of 12/29/25 through 01/12/26, showed the following:-An order, dated 01/09/25, for Plavix tablet 75 mg to administer one tablet in the morning;-Staff did not document administration on 01/06/26, 01/07/26, 01/08/26, 01/09/26, 01/10/26 or 01/11/26;Review of the residents January 2026 POS showed an order, dated 04/28/25, for Zoloft (anti-depressant) 50 mg tablet, administer one tablet in the morning.Review of the resident's EMR MAR/TAR, dated 01/2026, showed the following:-An order, dated 04/28/25, for Zoloft 50 mg tablet, administer one tablet in the morning;-Staff did not document administration on 01/09/26 and 01/10/26.Review of the resident's paper MAR/TAR created 01/06/26, at 8:13 P.M., for the week dates of 12/29/25 through 01/12/26, showed the following:-An order, dated 04/28/25, for Zoloft 50 mg tablet, administer one tablet in the morning, -Staff did not document administration on 01/06/26, 01/07/26, 01/08/26, 01/09/26, 01/10/26 or 01/11/26.Review of the resident's MARs and TARs showed staff did not document a reason for medication not being administered. Review of the resident's record showed staff did not document paper insulin log.Review of the resident's progress notes showed staff did not document regarding medication administration. 2. Review of Resident #2's face sheet showed the following:-admission date of 01/15/20;-Diagnoses included epilepsy (seizures), type 2 diabetes, congestive heart failure (CHF - the heart cannot pump blood efficiently enough to meet the body's needs), major depression, and anxiety disorder. Review of the resident's quarterly MDS (a federally mandated assessment instrument completed by facility staff), dated 10/23/25, showed the resident was cognitively intact. Review of the resident's care plan, dated 10/23/25, showed the following:-The resident had a history of diabetes mellitus with medications in place as prescribed;-The resident had a history of hypertension (high blood pressure);-The resident required antidepressant medications. Review of the residents January 2026 POS showed an order, dated 04/15/24, for aspirin tablet chewable, 81 mg, one tablet every morning; Review of the resident's EMR MAR/TAR, dated 01/2026, showed the following:-An order, dated 04/15/24, for aspirin tablet chewable, 81 mg, one tablet every morning;-Staff did not document administration on 01/07/26, 01/08/26, 01/09/26, and 01/12/26.Review of the resident's paper MAR/TAR, created 01/06/26 at 8:13 P.M., for the week of 12/29/25 through 01/12/26 showed the following:- An order, dated 04/15/24, for aspirin tablet chewable, 81 mg, one tablet every morning;-Staff did not document administration on 01/06/26, 01/07/26, 01/08/26, 01/09/26, 01/10/26 and 01/11/26.Review of the resident's January 2026 POS showed an order, dated 09/11/24, for atorvastatin (used to treat high cholesterol) tablet 20 mg give, one tablet once daily by mouth.Review of the resident's EMR MAR/TAR, dated 01/2026, showed the following:-An order, dated 09/11/24, for atorvastatin tablet, 20 mg, give one tablet once daily by mouth;-Staff did not document administration on 01/07/26, 01/08/26, 01/09/26, and 01/12/26.Review of the resident's paper MAR/TAR, created 01/06/26 at 8:13 P.M., for the week of 12/29/25 through 01/12/26 showed the following:- An order, dated 09/11/24, for atorvastatin tablet, 20 mg, give one tablet once daily by mouth;-Staff did not document administration on 01/06/26, 01/07/26, 01/08/26, 01/09/26, 01/10/26 and 01/11/26.Review of the resident's January 2026 POS showed an order, dated 04/11/25, for carvedilol (used to treat heart failure) 25 mg tablet twice daily.Review of the resident's EMR MAR/TAR, dated 01/2026, showed the following:-An order, dated 04/11/25, for carvedilol 25 mg tablet twice daily;-Staff did not document administration on 01/07/26, 01/08/26, 01/09/26, and 01/12/26.Review of the resident's paper MAR/TAR, created 01/06/26 at 8:13 P.M., for the week of 12/29/25 through 01/12/26 showed the following:- An order, dated 04/11/25, for carvedilol 25 mg tablet twice daily;-Staff did not document administration on 01/06/26, 01/07/26, 01/08/26, 01/09/26, 01/10/26 and 01/11/26.Review of the resident's January 2026 POS (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	showed an order, dated 10/20/20, for famotidine (used to treat heartburn) 20 mg tablet by mouth one time daily.Review of the resident's EMR MAR/TAR, dated 01/2026, showed an order, dated 10/20/20, for famotidine 20 mg tablet by mouth one time daily;-Staff did not document administration on 01/07/26, 01/08/26, 01/09/26, and 01/12/26.Review of the resident's paper MAR/TAR, created 01/06/26 at 8:13 P.M., for the week of 12/29/25 through 01/12/26, showed the following:-An order, dated 10/20/20, for famotidine 20 mg tablet by mouth one time daily;-Staff did not document administration on 01/06/26, 01/07/26, 01/08/26, 01/09/26, 01/10/26 and 01/11/26.Review of the resident's January 2026 POS showed an order, dated 09/11/24, for gabapentin (treats nerve pain) 300 mg by mouth two times daily.Review of the resident's EMR MAR/TAR, dated 01/2026, showed the following:-An order, dated 09/11/24, for gabapentin 300 mg by mouth two times daily;-Staff did not document administration on 01/07/26, 01/08/26, 01/09/26, and 01/12/26.Review of the resident's paper MAR/TAR, created 01/06/26 at 8:13 P.M., for the week of 12/29/25 through 01/12/26 showed the following:-An order, dated 09/11/24, for gabapentin 300 mg by mouth two times daily;-Staff did not document administration on 01/06/26, 01/07/26, 01/08/26, 01/09/26, 01/10/26 and 01/11/26.Review of the resident's January 2026 POS showed an order, dated 11/13/25, for Humalog KwikPen insulin pen, 100 unit/mL, four times a day per the following sliding scale; -If blood sugar is 150 mg/dL to 199 mg/dL, give 2 units of insulin;-If blood sugar is 200 mg/dL to 249 mg/dL, give 4 units of insulin;-If blood sugar is 250 mg/dL to 299 mg/dL, give 6 units of insulin;-If blood sugar is 300 mg/dL to 349 mg/dL, give 8 units of insulin;-If blood sugar is 350 mg/dL to 399 mg/dL, give 10 units of insulin;-If blood sugar is greater than 399 mg/dL, give 12 units of insulin.Review of the resident's EMR MAR/TAR, dated 01/2026, showed the following:- An order, dated 11/13/25, for Humalog KwikPen insulin pen, 100 unit/mL, administer four times a day per following sliding scale:-If blood sugar is 150 mg/dL to 199 mg/dL, give 2 units of insulin;-If blood sugar is 200 mg/dL to 249 mg/dL, give 4 units of insulin;-If blood sugar is 250 mg/dL to 299 mg/dL, give 6 units of insulin;-If blood sugar is 300 mg/dL to 349 mg/dL, give 8 units of insulin;-If blood sugar is 350 mg/dL to 399 mg/dL, give 10 units of insulin;-If blood sugar is greater than 399 mg/dL, give 12 units of insulin.-Staff did not document administration on 01/05/26, 01/07/26 overnight dose, 01/08/26, 01/09/26 overnight dose, 01/10/26 overnight dose, 01/11/26, and 01/12/26;Review of the resident's paper MAR/TAR, created 01/06/26 at 8:13 P.M., for the week of 12/29/25 through 01/12/26, showed the following:- An order, dated 11/13/25, for Humalog KwikPen insulin pen, 100 unit/mL, per the following sliding scale:-If blood sugar is 150 mg/dL to 199 mg/dL, give 2 units of insulin;-If blood sugar is 200 mg/dL to 249 mg/dL, give 4 units of insulin;-If blood sugar is 250 mg/dL to 299 mg/dL, give 6 units of insulin;-If blood sugar is 300 mg/dL to 349 mg/dL, give 8 units of insulin;-If blood sugar is 350 mg/dL to 399 mg/dL, give 10 units of insulin;-If blood sugar is greater than 399 mg/dL, give 12 units of insulin. -Staff did not document administration on 01/06/26, 01/07/26, 01/08/26, 01/09/26, 01/10/26 and 01/11/26.Review of the resident's January 2026 POS showed an order, dated 01/02/26, for Lantus solostar U-100 (long actin insulin) insulin pen, 100 unit/ml, administer 40 units at bedtime.Review of the resident's EMR MAR/TAR, dated 01/2026, showed the following:-An order, dated 01/02/26, for Lantus solostar U-100 insulin pen, 100 unit/ml, administer 40 units at bedtime;-Staff did not document administration on 01/05/26, 01/07/26, 01/08/26, 01/09/26, 01/10/26, 01/11/26, and 01/12/26.Review of the resident's paper MAR/TAR, created 01/06/26 at 8:13 P.M., for the week of 12/29/25 through 01/12/26, showed the following:-An order, dated 01/02/25, for Lantus solostar U-100 insulin pen, 100 unit/ml, administer 40 units at bedtime;-Staff did not document administration on 01/06/26, 01/07/26, 01/08/26, 01/09/26, 01/10/26, and 01/11/26.Review of the resident's January 2026 POS showed an order, dated 04/15/24, for levetiracetam (used to treat seizures), 500mg, one tablet by mouth each morning.Review of the resident's EMR MAR/TAR, dated 01/26, showed the following:-An order, dated 04/15/24, for levetiracetam, 500 mg, one tablet by mouth each morning;-Staff did not document administration on 01/07/26, 01/08/26, 01/09/26, and 01/12/26.Review of the resident's paper MAR/TAR, created 01/06/26 at 8:13 P.M., for the week of (continued on next page)

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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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	12/29/25 through 01/12/26, showed the following:-An order, dated 04/15/24, for levetiracetam, 500 mg, one tablet by mouth each morning;-Staff did not document administration on 01/07/26, 01/08/26, 01/09/26, and 01/12/26.Review of the resident's January 2026 POS showed an order, dated 04/15/24, for levetiracetam 750 mg, one tablet by mouth at bedtime.Review of the resident's EMR MAR/TAR, dated 01/2026, showed the following-An order, dated 04/15/24, for levetiracetam, 750 mg, one tablet by mouth at bedtime;-Staff did not document administration on 01/07/26, 01/08/26, 01/09/26, and 01/12/26.Review of the resident's paper MAR/TAR, created 01/06/26 at 8:13 P.M., for the week of 12/29/25 through 01/12/26, showed the following:-An order, dated 04/15/24, for levetiracetam, 750 mg, one tablet by mouth at bedtime;-Staff did not document administration on 01/06/26, 01/07/26, 01/08/26, 01/09/26, 01/10/26 and 01/11/26.Review of the resident's January 2026 POS showed an order, dated 01/16/20, for levothyroxine (thyroid medication) 75 mcg, give one tablet by mouth one time daily.Review of the resident's EMR MAR/TAR, dated 01/2026, showed the following:-An order, dated 01/16/20, for levothyroxine 75 mcg, give one tablet by mouth one time daily;-Staff did not document administration on 01/07/26, 01/08/26, 01/09/26, and 01/12/26.Review of the resident's paper MAR/TAR, created 01/06/26 at 8:13 P.M., for the week of 12/29/25 through 01/12/26, showed the following:-An order, dated 01/16/20, for levothyroxine, 75 mcg, give one tablet by mouth one time daily;-Staff did not document administration on 01/06/26, 01/07/26, 01/08/26, 01/09/26, 01/10/26 and 01/11/26.Review of the resident's January 2026 POS showed an order, dated 01/02/26, for lisinopril (used to treat high blood pressure) 20 mg one tablet once every morning. Review of the resident's EMR MAR/TAR, dated 01/2026, showed the following:-An order, dated 01/02/26, for lisinpril 20 mg one tablet once every morning;-Staff did not document administration on 01/07/26, 01/08/26, 01/09/26, and 01/12/26.Review of the resident's paper MAR/TAR, created 01/06/26 at 8:13 P.M., for the week of 12/29/25 through 01/12/26, showed the following:-An order, dated 01/02/26, for lisinopril 20 mg one tablet once every morning;-Staff did not document administration on 01/06/26, 01/07/26, 01/08/26, 01/09/26, 01/10/26 and 01/11/26.Review of the resident's January 2026 POS showed an order, dated 09/11/24, for metoprolol tartrate (used to treat high blood pressure) 50 mg give twice daily.Review of the resident's EMR MAR/TAR, dated 01/2026, showed the following:-An order, dated 01/11/24, for metoprolol tartrate 50 mg, give twice daily;-Staff did not document administration on 01/07/26, 01/08/26, 01/09/26, and 01/12/26.Review of the resident's paper MAR/TAR, created 01/06/26 at 8:13 P.M., for the week of 12/29/25 through 01/12/26, showed the following:-An order, dated 01/11/24, for metoprolol tartrate 50 mg give twice daily;-Staff did not document administration on 01/06/26, 01/07/26, 01/08/26, 01/09/26, 01/10/26 and 01/11/26.Review of the resident's January 2026 POS showed an order, dated 11/13/25, for Ozempic (antidiabetic medication) pen injector, administer .5 mg subcutaneous (under the skin) once a morning on Monday.Review of the resident's EMR MAR/TAR, dated 01/2026, showed the following:-An order, dated 11/13/25, for Ozempic pen injector, administer .5 mg subcutaneous once a morning on Mondays;-Staff did not document administration on 01/05/26 and 01/12/26.Review of the resident's January 2026 POS showed an order, dated 07/23/25, for Zoloft 50mg tablet once daily.Review of the resident's EMR MAR/TAR, dated 01/2026, showed the following:-An order, dated 07/23/25, for Zoloft 50 mg tablet once daily;-Staff did not document administration on 01/07/26, 01/08/26, 01/09/26, and 01/12/26.Review of the resident's paper MAR/TAR, created 01/06/26 at 8:13 P.M., for the week of 12/29/25 through 01/12/26m showed the following:-An order, dated 07/23/25, for Zoloft 50 mg tablet once daily;-Staff did not document administration on 01/06/26, 01/07/26, 01/08/26, 01/09/26, 01/10/26, and 01/11/26. Review of the resident's blood glucose flow sheet showed the following:-On 01/06/26, staff did not document the evening insulin administration and blood sugar check;-On 01/07/26, staff did not document morning, noon, and evening insulin administration and blood sugar check. Review of the resident's progress notes showed staff did not document regarding medication administration.Review of the resident's MARs and TARS showed staff did not document a reason the medication was not marked as administered.3. Review of Resident #3's (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265749	A. Building B. Wing	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Woodland Manor	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)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	face sheet showed the following:-admission date of 11/02/23;-Diagnoses included Parkinson's disease (a progressive neurodegenerative disorder of the central nervous system that primarily affects movement due to the loss of dopamine-producing brain cells), cellulitis (infection of the skin) of right lower limb, delusional disorders, unspecified psychosis, and hypertension (high blood pressure).Review of the resident's quarterly MDS (a federally mandated assessment instrument completed by facility staff), dated 12/11/25, showed the resident was cognitively intact. Review of the resident's care plan, dated 12/11/25, showed the following:-The resident was on diuretic therapy due to edema and hypertension;-The resident was on pain medication due to chronic pain. The resident had complaints of chronic pain and receives scheduled pain medication;-The resident had a diagnosis of hypothyroidism.Review of the resident's January 2026 POS showed an order, dated 04/15/24, for alprazolam, .5 mg tablet, give one tablet by mouth four times daily.Review of the resident's EMR MAR/TAR, dated 01/2026, showed the following:-An order, dated 04/15/24, for alprazolam, .5mg tablet, give one tablet by mouth four times daily;-Staff did not document administration on 01/05/26, 01/08/26, 01/11/26 and 01/12/26.Review of the resident's paper MAR/TAR, created 01/06/26 at 8:13 P.M., for the week dates of 12/29/25 through 01/12/26, showed the following:-An order, dated 04/15/24, for alprazolam .5mg tablet, give one tablet by mouth four times daily;-Staff did not document administration on 01/06/26, 01/07/26, 01/08/26, 01/09/26, 01/10/26, and 01/11/26.Review of the resident's January 2026 POS showed an order, dated 04/15/24, for aspirin tablet, delayed release 81 mg, give one tablet by mouth one time daily.Review of the resident's EMR MAR/TAR, dated 01/2026, showed the following:-An order, dated 04/15/24, for aspirin tablet, delayed release 81 mg, give one tablet by mouth one time daily;-Staff did not document administration on 01/08/26, 01/09/26, and 01/12/26.Review of the resident's paper MAR/TAR, created 01/06/26 at 8:13 P.M., for the week dates of 12/29/25 through 01/12/26, showed the following:-An order, dated 04/15/24, for Aspirin tablet, delayed release 81 mg, give one tablet by mouth one time daily;-Staff did not document administration on 01/06/26, 01/07/26, 01/08/26, 01/09/26, 01/10/26, 01/11/26.Review of the resident's January 2026 POS showed an order, dated 11/21/25, for baclofen (muscle relaxant) tablet, 5 mg, administrator once a morning.Review of the resident's EMR MAR/TAR, dated 01/2026, showed the following:-An order, dated 11/19/25, for baclofen tablet, 5 mg, administrator once a morning;-Staff did not document administration on 01/08/26, 01/09/26 and 01/12/26.Review of the resident's paper MAR/TAR, created 01/06/26 at 8:13 P.M., for the week dates of 12/29/25 through 01/12/26, showed the following:-An order, dated 11/19/25, for baclofen tablet, 5 mg, administrator once a morning;-Staff did not document administration on 01/06/26, 01/07/26, 01/08/26, 01/09/26, 01/10/26, 01/11/26.Review of the resident's January 2026 POS showed an order, dated 11/19/25, for baclofen tablet, 10 mg, administer once at bedtime.Review of the resident's EMR MAR/TAR, dated 01/2026, showed the following:-An order, dated 11/19/25, for baclofen tablet, 10 mg, administer once at bedtime;-Staff did not document administration on 01/05/26, 01/07/26, 01/08/26, 01/09/26, 01/10/26, 01/11/26 and 01/12/26.Review of the resident's paper MAR/TAR, created 01/06/26 at 8:13 P.M., for the week dates of 12/29/25 through 01/12/26, showed the following:- An order, dated 11/19/25, for baclofen tablet, 10 mg, administer once at bedtime;-Staff did not document administration on 01/06/26, 01/07/26, 01/08/26, 01/09/26, 01/10/26, 01/11/26.Review of the resident's January 2026 POS showed an order, dated 01/11/25, for bumetanide (diuretic) 1 mg tablet, one tablet early morning.Review of the resident's EMR MAR/TAR, dated 01/2026, showed the following:-An order, dated 01/11/25, for bumetanide 1 mg tablet, one tablet early morning;-Staff did not document administration on 01/08/26, 01/09/26, and 01/12/26.Review of the resident's paper MAR/TAR, created 01/06/26 at 8:13 P.M., for the week dates of 12/29/25 through 01/12/26, showed the following:-An order, dated 01/11/25, for bumetanide 1 mg tablet, one tablet early morning;-Staff did not document administration on 01/06/26, 01/07/26, 01/08/26, 01/09/26, 01/10/26, 01/11/26.Review of the resident's January 2026 POS showed an order, dated 04/15/24, for (continued on next page)

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	265749	A. Building B. Wing	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	cholecalciferol (vitamin D) 25 mcg tablet, give two tablets by mouth one time daily in the morning.Review of the resident's EMR MAR/TAR, dated 01/2026, showed the following:-An order, dated 04/15/24, for cholecalciferol 25 mcg tablet, give two tablets by mouth one time daily in the morning;-Staff did not document administration on 01/08/26, 01/09/26, and 01/12/26.Review of the resident's paper MAR/TAR, created 01/06/26 at 8:13 P.M., for the week dates of 12/29/25 through 01/12/26, showed the following:-An order, dated 04/25/24, for cholecalciferol 25 mcg tablet, give two tablets by mouth one time daily in the morning;-Staff did not document administration on 01/06/26, 01/07/26, 01/08/26, 01/09/26, 01/10/26, 01/11/26.Review of the resident's January 2026 POS showed an order, dated 04/15/24, for Culturelle (probiotic) capsule, sprin