

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345481	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/08/2025
NAME OF PROVIDER OR SUPPLIER Woodlands Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 400 Pelt Drive Fayetteville, NC 28301	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and resident and staff interviews, the facility failed to accurately code the Minimum Data Set (MDS) assessment in the area of oxygen therapy for 1 of 1 resident reviewed for oxygen therapy (Resident #4). The findings included: Resident #4 was admitted to the facility on [DATE] with diagnoses which included chronic obstructive pulmonary disease (COPD) and dependence on supplemental oxygen. The MDS dated [DATE] indicated Resident #4 was cognitively intact and was not coded for oxygen therapy. The Care Plan, last revised 7/21/25, included the focus of requiring oxygen therapy with an intervention that specified to give medications as ordered by physician. An observation and interview with Resident #4 were conducted on 8/7/25 at 10:55 AM. He was observed lying in his bed with oxygen being administered via nasal canula tubing (a tube with nasal prongs that allows oxygen delivery from an oxygen source) which was connected to an oxygen concentrator. He was awake and alert. When asked if he knew what his oxygen rate was supposed to be he stated that he really was not sure. He explained he had COPD and some other lung issues and used oxygen continuously. An interview was conducted with the MDS Coordinator on 8/7/25 at 11:28 AM. The MDS Coordinator stated she did not code Resident #4's oxygen therapy on the 7/21/25 MDS assessment due to operator error. An interview was conducted with the Director of Nursing (DON) on 8/7/25 at 12:04 PM. The DON stated it was her expectation that the MDS Coordinator be aware of residents on oxygen therapy and to make sure the MDS assessments were accurately coded. An interview was conducted with the Administrator on 8/8/25 at 1:38 PM. The Administrator stated it was her expectation that the MDS assessments were coded accurately.</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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interviews, the facility failed to complete a Preadmission Screening and Resident Review (PASRR) application for a resident with newly evident mental health diagnoses for 1 of 1 sampled resident reviewed for PASRR (Resident #62). The findings included: Resident #62 was readmitted to the facility on [DATE] with diagnoses including major depressive disorder, post-traumatic stress disorder, and adjustment disorder with anxiety. The admission Minimum Data Set, dated [DATE] had Resident #62 coded as cognitively intact and was not currently considered by the state level II PASRR process to have serious mental illness. A review of the North Carolina Medicaid Uniform Screening Tool (NC MUST) for PASRR screenings dated 01/26/2010 revealed a negative PASRR level I determination. An interview with the Social Worker was conducted on 08/08/2025 at 11:15 AM. She stated Resident #62 did not have any mental health diagnoses in 2010 when the PASRR level I was completed but she did have the diagnoses of major depressive disorder, post-traumatic stress disorder, and adjustment disorder with anxiety when she was readmitted on [DATE]. Those diagnoses should have prompted a PASRR level II screening to be completed but it slipped through the cracks. An interview with the Director of Nursing (DON) was conducted on 08/08/2025 at 11:37 AM. She stated Resident #62 did have mental health diagnoses of major depressive disorder, post-traumatic stress disorder, and adjustment disorder with anxiety when she was readmitted on [DATE]. The Social Worker was expected to submit a PASRR level II screening when she was admitted but it was overlooked and there was not a plan of correction (POC) completed prior to investigation.</p>