

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366426	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/16/2026
NAME OF PROVIDER OR SUPPLIER Woods on French Creek Nursing & Rehab Center The		STREET ADDRESS, CITY, STATE, ZIP CODE 37845 Colorado Avenue Avon, OH 44011	
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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, interviews and facility policy review, the facility failed to ensure care plans were developed and updated specifically to the individualized needs of the resident. This affected two residents (Resident #9 and #79) out of 18 residents reviewed for care plans. The facility census was 67. Findings include: 1. Review of the medical record revealed Resident #79 was admitted to the facility on [DATE] and discharged on 01/27/26. Review of the admission pressure injury condition report dated 12/16/25 revealed an unstageable dark purple/red area on Resident #79's sacrum. Review of the admission Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #79 was admitted with an unstageable pressure ulcer. Review of the non-pressure wound condition report dated 01/26/26 identified Resident #79 had two open wounds to the right mid-thigh, one measuring 1.2 centimeters (cm) length, 0.5 cm width and 0.5 cm depth, and the other measured 0.7 cm length, 0.5 cm width and 0.5 cm length. Review of the care plan initiated 12/17/25 revealed Resident #79 was at risk for developing alteration in skin integrity. Interventions included providing skin assessment, elevating heels, assisting with turning and repositioning, inspecting skin, and notifying the physician of changes. The care plan did not identify Resident #79 had an unstageable wound to the sacrum on admission or the development of two open wounds to the mid-thigh and its subsequent needs or services. Interview on 06/16/26 at 9:47 A.M. with the wound Certified Nurse Partitioner (CNP) #720 stated she was consulted on 01/27/26 for Resident #79's wounds which were previously healed surgical incisions reopened and draining fluid. CNP #720 ordered antibiotics, a wound treatment dressing, and referred the resident to orthopedics for a follow-up evaluation. Interview on 06/16/26 at 1:30 P.M. with Director of Nursing (DON) verified a wound care plan specific to Resident #79's wound care needs and services was not implemented. 2. Review of the medical record for Resident #9 revealed he was admitted to facility on 02/27/26 with diagnoses of encephalopathy, dysphagia, gastrostomy status, and severe protein-calorie malnutrition. Review of the most recent MDS assessment dated [DATE] revealed Resident #9 had a Brief Interview for Mental Status (BIMS) of six which indicated severe cognitive impairment. The resident (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

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	required substantial assistance for all activities of daily living, had an indwelling urinary catheter and was always incontinent of bowels. Review of progress notes from 02/27/26 through 06/16/26 revealed resident had a gastrostomy tube placed on 03/19/26 at the hospital. Review of the hospital after visit summary dated 03/26/26 revealed discharge instructions to place a single layer of four-by-four gauze under the gastrostomy tube bumper and avoid stacking multiple layers of gauze under it. Review of the care plan updated 05/27/26 revealed no focus area, goals, or interventions related to the presence of a gastrostomy tube, or the care and management of the device. Interview with Administrator and Infection Control Nurse #678 on 06/16/26 at 11:20 A.M. verified Resident #9's care plan did not include any goals and interventions specific to the gastrostomy tube or the care and management of the gastrostomy tube. Review of facility policy titled, Care Conference revised on 03/20/24, revealed the facility's interdisciplinary team shall periodically review the resident's care plan and make necessary revisions based on the goals, preferences, and needs of the resident. This deficiency represents non-compliance investigated under Complaint Number 2705952.		