

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  455876	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/25/2026
NAME OF PROVIDER OR SUPPLIER  The Woodlands Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4650 S Panther Creek Drive The Woodlands, TX 77381	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to provide a safe, clean, comfortable, and homelike environment including but not limited to receiving treatment and support for daily living safely for 1 (Resident #1) of 10 residents and 1 facility reviewed for sanitary conditions. Debris, dirt, and black sticky spots of dried hand sanitizer were observed along hall A. Resident #1 had a brownish red ring inside of his toilet bowl, toothpaste splatters on the mirror, and had a strong smell of urine left behind in the toilet bowl. Room A had a dark brown ring inside the toilet bowl and brown fecal splashed inside of the toilet bowl. These failures could place residents at risk of diminished quality of life and infection. Findings included: Record review of Resident #1's face sheet dated 4/25/26 revealed a [AGE] year-old man whose most recent admission was 10/2/25. Admitting diagnoses were quadriplegia (a symptom of paralysis that affects all a person's limbs and body from the neck down), neuromuscular dysfunction of the bladder (refers to what happens when an injury or disease interrupts the electrical signals between your nervous system and bladder function), congestive heart failure, full incontinence of feces (when there is trouble managing or controlling when one has a bowel movement), and colostomy status (an opening in the colon that lets stools pass from the body without going through the anus). Record review of Resident #1's care plan initiated on 01/14/19 revealed that he had an ADL self-care performance deficit related to multiple sclerosis (a disease that causes breakdown of the protective covering of nerves), hypertension (high blood pressure), and hemiplegia (is paralysis or severe weak is paralysis or severe weakness affecting one side of the body, usually caused by brain or spinal cord damage). On 3/11/22, care plan was updated to include that Resident #1 refused to utilize the sink in his room for hygiene needs and utilized the public sink by the dining room instead. Due to the disease process of multiple sclerosis, Resident #1 had limited mobility. Record review of Resident #1's MDS dated [DATE], under Section C- Cognitive patterns revealed a BIMS score of 15 (normal cognitive functioning). In an observation and interview on 04/25/26 at 12:11 p.m., on Hall A on the long-term care unit, debris, dirt, and food particles were seen along the hallway floor. A black, sticky substance was observed on the floor beneath 3 hand sanitizer dispensers, which appeared stuck to the floor's surface but it could be partially lifted with slight pressure. In an interview on 04/25/26 at 12:16 p.m., Resident #1 stated that housekeeping cleaned his room daily but they were inconsistent with how they cleaned. He stated that one member of housekeeping would mop without sweeping first and that his bathroom had not been thoroughly cleaned and stated that there was a black ring in the toilet because of prolonged unclean conditions. Resident #1 stated that someone came to clean his bathroom earlier that day, but they left behind a pair of dirty gloves on the counter. In an observation of Resident #1's bathroom, there was a pair of balled up gloves on the counter, the mirror had toothpaste splatter marks that were spread out over the mirror, and there was a strong smell of urine coming from the toilet, that had dark yellow urine inside. Resident stated that he did not use the restroom due to his catheter and when the aids poured out the urine from his handheld urinal, they did not flush the toilet. In an observation on 04/25/26 at 12:45 p.m., Room A was checked for cleanliness. Inside the bathroom, the mirror contained visible water and toothpaste (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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>splashes. The toilet bowl was observed to have a black ring inside the bowl and dark brown fecal splashes were on the commode and the assisted toilet chair. In an interview and observation on 04/25/26 at 1:33 p.m., CNA A stated that CNAs were responsible for making the bed and patient care and housekeeping was responsible for cleaning the bathrooms. She stated that when she emptied the urinal, she would pour its contents into the toilet, flush, then rinse the urinal out. She stated that she did empty out Resident #1's urinal earlier that morning but she stated that she flushed the toilet. When she was informed that the toilet was not flushed and there was a strong smell of urine in the bathroom, she stated that if the toilet was not flushed it was because the toilet handle was not working right and she had informed someone in maintenance. CNA A accompanied the surveyor to Resident #1's bathroom and she was asked to flush the toilet. The toilet was flushed fully without concern. CNA A stated that she guessed it was working now. After flushing, the toilet, a brownish red ring remained in the toilet bowl. In an interview on 04/25/26 at 1:45 p.m., HK A, stated that her cleaning process included sweeping prior to mopping, and disinfecting surfaces. She explained that she took her time to clean the bathroom and would first spray the toilet down to let the disinfectant sit, then she would use three different rags to clean the back of toilet, front, and the sides. She would also scrub inside of the toilet bowl, cleaning mirrors, and thoroughly scrubbing toilets, including under the rim. She stated that cleaning conditions may vary depending on resident behaviors and room conditions and HK A stated that rooms could become soiled after cleaning due to resident activity. When she was shown a picture of the toilet bowl inside Resident 1's room, she stated that the brown ring in the toilet could have been from mildew or a buildup and she stated that if the toilet bowl had a ring in it, it could have been like that for a while. In an interview on 04/25/26 at 4:21 p.m., the DON stated that she had not received any complaints from Resident #1 regarding housekeeping and stated that Resident #1 refused to speak with her or communicate any of his concerns to her for reasons she was not aware of. She stated that she expected housekeeping to keep things clean for the residents and the harm in not doing so could be improper infection control and the risk of residents getting sick. In an interview with the 4/25/26 at 4:31 p.m., The EVS stated that he had worked at the facility for 3 years and he oversaw housekeeping and maintenance in the building. He stated that housekeeping was to clean the rooms daily and he was responsible for following up to make sure it was completed. When housekeeping cleaned, they were to focus on sanitation, which meant making sure the handles and high touch surfaces were wiped down, cleaning bathrooms and toilets, and spraying/wiping down beds. When informed that the halls were covered in debris and there were toilets that had rings inside the bowl, he stated that all housekeeping staff were assigned one hall that were to clean for that shift. He stated that he would try to clean up every time he had the opportunity if he saw something out of order but he could not catch everything. The EVS stated his expectation of housekeeping staff was for them to clean thoroughly everyday. Record review of the facility's policy titled: General Housekeeping Policies (not dated) stated that:All housekeeping personnel utilize the accepted practices and procedures to keep the facility free from offensive odors, accumulations of dirt, rubbish, dust, and hazards as well as participate in ongoing education and training to maintain or increase their competency.Floors are maintained in good condition and cleaned regularly. Floor polished provide a non-slip finish and rugs are not used except for non-slip entrance mats.Clean and disinfect toilet including the tank, seat, bowl, and base. Bowl cleaner should only be used inside of the bowl.</p>		