STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675120	A. Building B. Wing	05/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Woodville Health and Rehabilitation Center	102 N Beech St Woodville, TX 75979

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews, the facility failed to treat each resident with respect and dignity and provided care in a manner that promoted maintenance or enhancement of his or her quality of life for 1 of 10 residents reviewed for resident rights. (Resident #1) The facility failed to treat Resident #1 with dignity and respect by LVN A denying his multiple requests to seek medical treatment at local ER on [DATE]. This failure could place residents at risk for decreased quality of life, decreased self-esteem and increased anxiety.Findings included: Record review of an admission record dated 05/05/2026 indicated Resident #1 was a [AGE] year-old male initially admitted to the facility on [DATE] and readmitted on [DATE] with the diagnoses of abscess of lung (bacterial infection in the lung develops into a pus-filled cavity) with pneumonia (infection that inflames the air sacs in one or both lungs), arthritis (swelling and tenderness of one or more joints) of right wrist, anxiety disorder (persistent and excessive worry that interferes with daily activities), pain and [NAME] cell carcinoma (rare but aggressive type of skin cancer that can be life-threatening). Resident #1 was discharged on 05/02/2026. Record review of the admission MDS assessment dated [DATE] indicated Resident #1 had a BIMS of 15, which indicated intact cognition. Resident #1 was dependent on staff for most mobility and self-care. Record review of a care plan dated 04/08/2026 indicated Resident #1 had limited physical mobility, ADL self-care performance deficit, and is resistive to care. Interventions include requiring assistance for ADL and allowing the resident to make decisions about treatment regime and provide sense of control. Record review of a progress notes for Resident #1 dated 04/28/2026 at 9:00 p.m. authored by LVN A indicated, . Patient was in bed with eyes closed, appears to be asleep. Patient was awakened by this nurse for routine nebulizer treatment. Patient immediately started moaning and yelling, stating that he was in pain, patient finally quit yelling long enough to say his hands hurt. Patient was demanding to go to the ER, rolling around in bed, yelling at the top of his voice. Multiple staff attempted to calm patient, unsuccessfully. [Resident #1] was not listening to anything staff said. 9:15p.m. Patient agreed to let this nurse rub Diclofenac (topical nonsteroidal anti-inflammatory drug used to relieve pain, inflammation, and swelling in muscles, joints, and soft tissues) gel on right hand. This nurse gently rubbed gel on right hand, using one hand, while patient continues moving around in bed. 9:30 p.m. [Resident #1] is walking down the hall with no oxygen, only t-shirt on, he was demanding to go to the hospital, stated that he was walking out and going himself. Staff were able to get patient to agree to wait and sit down in the w/c for now. 9:46 p.m. DON was notified of [Resident #1's] behavior and demanding to go to the hospital. [Resident #1] refused any vital signs. 11:13 p.m. N.P. notified of [Resident #1's] complaints and new orders received. Record review of local hospital ER visit on 04/29/2026 at 4:00 p.m., indicated Resident #1 was seen in ER for right arm swelling and pain. Discharge instructions indicated Resident #1's wrist injury was a sprain and there was no evidence of a fracture. A chest x-ray revealed pneumonia was resolving and the resident should continue to take the previously ordered antibiotic IV daily via the IV line during his rehabilitation at the nursing home. A splint was applied to his right wrist and splint care provided. Record review of provider investigation report dated 05/04/2026 indicated Resident #1 (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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	reported to the Administrator on 04/29/2026 at 7:45 p.m. he told the nurse last night (4/28/2026) that his arm was hurting but they would not bring him to the ER.He was provided pain medication for intervention.He said they still refused to bring him to ER so he tried to walk over there himself but they would not let him go He said when he woke up, they still refused to send him to ER, so he tried again to go by walking next door to ER. Attempted calls to Resident #1 on 05/05/2026 at 1:39 p.m. and 05/06/2026 at 10:45 a.m., with messages left and no return call. During an interview on 05/06/2026 at 9:00 a.m., LVN A said she was the charge nurse for Resident #1 on the evening/night of 04/28/2026. She said Resident #1 was complaining of pain to his wrists which was a chronic problem for Resident #1. She said that he did request to go to ER, but she encouraged him to allow the facility to intervene with a treatment plan to prevent unnecessary ER visits. She said that she provided Resident #1 with pain and antianxiety medications. She said that Resident #1 did request to go to the ER twice and was redirected from an attempt to walk to the local ER next door once during her shift. She said that she now realizes that not allowing Resident #1 to go to the ER as he requested would be violating his rights to seek medical attention. She said that the interventions provided during the shift did help his pain and similar treatments that would have been provided at the ER were ordered to be done at the facility. She said Resident #1 was sent to the local ER on [DATE]. She said that she was suspended related to the incident and received training regarding abuse, neglect, and resident rights prior to being allowed to return to work. She said Resident #1 was not abused or neglected during the incident. During an interview on 05/06/2026 at 4:30 p.m., the Administrator said staff should be following and knowledgeable on the facility policy and procedures on resident rights. She said LVN A should have transferred Resident #1 to local ER for medical treatment as requested. She said that she understood LVN A was trying to intervene to prevent unnecessary ER visits but with multiple requests to go to ER from Resident #1 as identified, she should have abided by Resident #1 wishes/rights and transferred him to the ER. She said a negative outcome could be delayed medical care or treatment. During an interview on 05/06/2026 at 4:40 p.m., the Interim DON/RDCS said staff should be following the resident rights facility policies and procedures and if residents request to go to the hospital or ER to review or assess residents and offer services available at facility and if multiple requests made to send resident for the requested medical attention. She said the residents have the right to seek medical attention. She said negative outcome for residents not being sent for requested medical treatment could be lack of specific needs being addressed, and/or delayed treatment. She indicated that Resident #1 was transferred to the local ER the next day and received similar treatments that were ordered by the facility NP. Record review of a Resident Rights facility policy last revised 02/2021 indicated, Policy: The facility will inform the resident both orally and in writing, in a language that the resident understands, of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility will also provide the resident with prompt notice (if any) of changes in any State or Federal laws relating to resident rights or facility rules during the resident's stay in the facility. Receipt of any such information must be acknowledged in writing Federal and state laws guarantee certain basic rights to all resident of this facility. These rights include the resident's right to .a dignified existence .self-determination . Resident rights. The resident has the right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility. 1. Exercise of rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. a. The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights. 2. Planning and implementing care. The resident has the right to be informed of, and participate in, his or her treatment, including . e. The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. 4. Respect and dignity. The resident has a right to be treated with respect and dignity, including a. The right to be (continued on next page)

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	free from any physical or chemical restraints imposed for purposes of discipline or convenience and not required to treat the resident's medical symptoms. 5. Self-determination. The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to: a. The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part. b. The resident has the right to make choices about aspects of his or her life in the facility that are significant to the resident.