STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675152	A. Building B. Wing	08/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Dogwood Trails Manor	647 US Hwy 190 W 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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. (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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure an accurate MDS was completed for 2 of 12 residents (Residents #6 and #11) reviewed for MDS assessment accuracy. The facility did not accurately code Resident #6 for dialysis care on 3 quarterly, 1 annual/Medicare 5 day and 1 Medicare 5 day MDS assessments.The facility did not accurately code Resident #11's quarterly MDS assessment for hospice care.These failures could place residents at risk for not receiving the appropriate care and services to maintain the highest level of well-being. Findings included:1.A review of Resident #6's face sheet and physician orders for August 2025 indicated Resident #6 was an [AGE] year-old female who admitted to the facility on [DATE] with diagnoses which included ESRD (end stage renal disease), dependence on renal dialysis, and Alzheimer's dementia. A review of hospital records dated 06/05/2024 indicated Resident #6 had a medical history of ESRD and was receiving hemodialysis (a medical procedure used to remove waste products and excess fluid from the blood when a person's kidneys are not functioning properly). A review of Resident #6's physician orders dated August 2025 indicated she had an order dated 07/16/2025 for dialysis 2 (two) times a week beginning on 07/08/2025.A review of a care plan initiated on 01/09/25 and revised on 03/24/25 indicated Resident #6 was scheduled for dialysis three times a week.Record review of progress notes dated 12/26/2024, 03/14/2025, 05/09/2025, 06/22/2025, 06/27/2025, and 07/25/2025 indicated Resident #6 was receiving dialysis while a resident during the MDS assessment periods. Record review of dialysis communication forms dated 05/09/2025 and 07/16/2025 indicated Resident #6 received dialysis treatments on those dates. A review of Resident #6's Medicare 5-day assessment dated [DATE] Section O j1: Dialysis care was not marked as being received while a patient. The same MDS noted Resident #6 had a BIMS score of 12 indicating her cognition was moderately impaired. Further review of Resident #6's MDS assessments indicated the following:-Quarterly MDS assessment dated [DATE]: Section O j1: Dialysis care was not marked as being received while a patient. -Quarterly MDS assessment dated [DATE]: Section O1: Dialysis care was not marked as being received while a patient. -Annual/Medicare 5-day assessment dated [DATE]: Section O j1: Dialysis care was not marked as being received while a patient. -Quarterly MDS assessment dated [DATE]: Section O j1: Dialysis care was not marked as being received while a patient. During an interview on 08/19/2025 at 03:30 PM, the MDS Coordinator said she did not mark Resident #6's MDS assessments for dialysis because she did not have documentation from the dialysis center stating Resident #6 had received dialysis during the assessment periods. During an interview on 08/19/2025 at 09:50 AM, the MDS Coordinator said she had requested and received documentation of the 3 (three) times a week dialysis treatment since 07/29/2025 from the dialysis center. 2.A review of Resident #11's face sheet and physician's orders for August 2025 indicated Resident #11 was a [AGE] year-old female who admitted to the facility on [DATE] with diagnoses including traumatic brain injury, stroke, vascular dementia with agitation and Alzheimer's disease. A review of Resident #11's physician's orders dated August 2025 indicated she had an order dated 11/11/2024 to receive hospice services from a local hospice for a terminal diagnosis of early onset Alzheimer's disease. A review of Resident #11's quarterly MDS dated [DATE] Section O k1: Hospice care was not marked as being received while a resident. A review of a care plan initiated on 11/11/2024 and last revised on 12/03/2024 indicated Resident #11 had a terminal prognosis and/or was receiving hospice services. During an interview on 08/20/2025 at 12:15 PM with the facility's MDS Coordinator, she said she had been doing the MDS for about 2.5 years. She said the RAI manual was used as the guideline for performing the MDS assessment. She said the policy would be to follow the RAI. She viewed Resident #11's quarterly MDS dated [DATE] and said hospice care not being marked under Section O was a data entry error and she would correct it and re-submit to CMS. Review of CMS's RAI Version 3.0 Manual: Section 1.3 Completion of the RAI indicated the following: While its primary purpose as an assessment instrument is to identify resident care problems that are addressed in an individualized care plan, data collected from MDS assessments are also used for the Skilled Nursing Facility Prospective Payment System (SNF PPS) Medicare reimbursement system, many State Medicaid reimbursement systems, and monitoring the quality of care provided to nursing home residents. The RAI process has multiple regulatory requirements. Federal regulations at 42 CFR 483.20 (b)(1)(xviii), (g), and (h) require that (1) the assessment accurately reflects the resident's status. As such, nursing homes are responsible for ensuring that all participants in the assessment process have the requisite knowledge to complete an accurate assessment

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure medical records, in accordance with accepted professional standards and practices, were complete and accurately documented for 1 of 5 residents (Resident #6) reviewed for medical records accuracy. The facility failed to ensure Resident #6's order for dialysis treatments was accurately reflected in the facility's electronic health records. This deficient practice could affect residents whose records are maintained by the facility and could place them at risk for errors in care and treatment.Findings included: Record review of resident #6's face sheet and physician orders for August 2025 indicated resident #6 was an [AGE] year-old female who admitted to the facility on [DATE] with diagnoses which included ESRD (end stage renal disease), dependence on renal dialysis, and Alzheimer's dementia. A review of Resident #6's Medicare 5-day assessment dated [DATE] Section O j1: Dialysis care was not marked as being received while a patient. The same MDS noted Resident #6 had a BIMS score of 12 indicating her cognition was moderately impaired. Record review of Resident #6's physician orders dated August 2025 indicated she had an order dated 07/16/2025 for dialysis 2 days a week on Tuesdays and Thursdays.Record review of a progress note dated 07/29/2025 indicated the dialysis center had increased Resident #6's dialysis treatments to 3 (three) times a week on Tuesdays, Thursdays, and Saturdays. During an interview on 08/19/2025 at 3:10 PM, Resident #6 said she used to go to dialysis 2 (two) times a week but was presently going to the dialysis center 3 (three) times a week. During an interview on 08/19/2025 at 3:15 PM with LVN B, she said Resident #6 went to dialysis 3 (three) times a week on Tuesdays, Thursdays, and Saturdays. During an interview on 08/20/2025 at 8:55 AM with the MDS Coordinator, she said she requested dialysis treatment records from the dialysis center which showed Resident #6 had gone to dialysis treatments as scheduled from 07/29/2025 to 08/19/2025 except for 2 (two) times on 08/07/2025 and 08/09/2025 when Resident #6 refused to go to the dialysis center and 2 (two) times on 08/14/2025 and 08/16/2025 when Resident #6 was in the hospital. The MDS Coordinator said she did not know why the physician's orders in the electronic health care records had not been updated to reflect the change from 2 dialysis treatments weekly to 3 dialysis treatments weekly. During an interview with the DON on 08/20/2025 at 1:15 PM, she said she did not know why the electronic health records were not updated to reflect the change in dialysis treatments in the physician's orders. The DON said the nurses were supposed to update physicians' orders when a change in care or treatment occurs. She said inaccurate physician orders could place residents at risk for not receiving proper care and treatment. Record review of the facility's policy dated November 2013 and titled Dialysis Policy indicated the following: Procedure 1Review and confirm the physician's order for dialysis. Follow the specifications of the medical regiment including dietary restrictions and medical management.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for 1 of 1 resident (Resident #10) reviewed for infection control. The facility failed to implement enhanced barrier precautions for Resident #10. These failures could place residents at risk for cross contamination, spread of infection and sepsis. Findings included: In an observation on 08/18/2025 at 10:30 AM, Resident #10's door to his room was noted to have a EBP signage in place indicating PPE was to be used when providing care to this resident. CNA A entered Resident #10's room to perform ADL care. She did not sanitize her hands before entering the room. She did not put on a gown or gloves upon prior to giving care. In an interview on 08/18/2025 at 10:35 AM, CNA A stated she did not sanitize her hands prior to entering Resident #10's room to perform ADL care. She stated she did not know what EBP was and did not know the requirements for EBP. She stated she had not been trained on EBP at the facility. CNA A could not state a potential negative outcome for failure to observe EBP on at-risk residents. In an interview on 08/18/2025 at 11:36 AM, the IP Nurse stated there were no documents that addressed training on EBP and stated that not wearing PPE could place resident at risk for infection. In an interview on 08/19/2025 at 3:30PM, the BOM (Business office manager) stated she just started this position and was responsible for new hire employees. She said no new hire was trained or checked off on EBP. Record review on 08/19/2025 of the New Hire Orientation Checklist did not address EBP. Record review on 08/19/2025 of EBP Enhanced Barrier Precautions Policy dated 4/1/2024. Section: Communication to Staff: Staff Awareness and Training: Donn and Glove: a) Performing transfers or assisting during bathing b) Changing brief or assisting with toiletingc) Turn and reposition or assist with bed mobilityd) Dressing residente) Providing hygienef) Changing linensg) Any other high-contact activity that includes close bodily contact or coming into contact with the indwelling medical device

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F 0945 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Include as part of its infection prevention and control program, mandatory training that includes written standards, policies, and procedures for the program. Based on observation, interview, and record review, the facility failed to include mandatory training as part of its infection prevention and control program for staff reviewed for infection control. The facility failed to implement EBP training to all staff members and an upon hire and refresher training annually thereafter. These failures could place residents at risk for cross contamination, spread of infection and sepsis. Findings included: In an observation on 08/18/2025 at 10:30 AM, Resident #10's door to his room had EBP signage in place and there was PPE noted at the entrance to the resident's room. CNA A entered Resident #10"s room to perform ADL care and failed to sanitize her hands before entering. She did not don a gown nor apply gloves prior to performing ADL care. In an interview on 08/18/2025 at 10:35 AM, CNA A stated she did not sanitize her hands prior to entering Resident #10's room to perform the resident with ADL care. She stated she did put on a gown prior to performing care. She stated she did not know what EBP was and did not know the requirements for EBP. She stated she had not been trained on EBP at the facility. CNA A could not state a potential negative outcome for failure to observe EBP for at-risk residents. In an interview on 08/18/2025 at 11:36 AM, the IP Nurse stated there was no documentation of staff training for EBP. She said a potential negative outcome for failure to observe EBP for at-risk residents was increased risk of infections. In an interview on 08/19/2025 at 3:30PM, the BOM (Business office manager) stated she just started this position and was responsible for newly hired employees. She said no new hire had been trained or checked off on EBP. Record review on 08/19/2025 of the New Hire Orientation Checklist did not address EBP. Record review on 08/19/2025 of EBP Enhanced Barrier Precautions Policy dated 4/1/2024. Section: Communication to Staff: Staff Awareness and Training: Donn and Glove: a) Performing transfers or assisting during bathing b) Changing brief or assisting with toiletingc) Turn and reposition or assist with bed mobilityd) Dressing residente) Providing hygienef) Changing linensg) Any other high-contact activity that includes close bodily contact or coming into contact with the indwelling medical device