

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: 675229	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/16/2026
NAME OF PROVIDER OR SUPPLIER Woodland Manor Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 99 Rigby Owen Rd. Conroe, TX 77304	
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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures for 1 (Resident#1) out of 7 residents reviewed for reporting. -The facility failed to report to the State Survey Agency (SSA) Immediately, but not later than 24 hours when Resident#1 reported on 05/14/2026 that \$107 was missing from his room. This failure could place residents at risk of not having complaints and concerns reported and investigated for abuse, neglect, and exploitation. Findings included: Record review of Resident#1's Face Sheet (undated) revealed, a [AGE] year-old male who was admitted to the facility on [DATE] with diagnoses to include vascular dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety (memory and thinking problems caused by poor blood flow in the brain, where the exact stage is unrecorded, and experiences no major mental or emotional disruptions). Record review of Resident#1's quarterly MDS assessment dated [DATE] revealed in section C a BIMS score of 14 indicating he was cognitively intact. Record review of Resident #1's undated Care Plan with last review/revised date 06/03/2026 that read in part. Problem: Category: Cognitive Loss / Dementia, I have cognitive loss r/t dx: vascular dementia. Goal: Resident 1 will have symptoms of vascular dementia managed. Interventions: Resident 1 will have psych referral. Resident#1 will see psych services.' Record review of nursing progress note entered by LVN A on 05/15/2026 1:05pm read in part, Nurse call daughter to inform her about resident stating he had money in his room during fumigation of his room and that money is now missing, daughter possible knowns when and how much money resident has at all times and were he gets it from. Record review of nursing progress note entered by LVN A on 05/15/2026 6:10 pm read in part, Daughter called writer back and stated that resident does go to the bank and will withdraw money and keep it in his bible and wallet she does not know if he had any, but she will call him and visit this weekend to see what's going with his allegations. Record review of Grievance filed by the Housekeeping/Laundry Director dated 05/14/2026 and signed by the Administrator read in part. Resident#1 says he has money missing from his bible after his items were packed away for pest control. Resident#1 says he is missing \$107 from his bible pages. Grievance Follow Up: Funds will be replaced upon receipt of check from our corporate office . Record review of TULIP did not reflect an incident reported to the SSA with regards to Resident #1 missing funds on 05/14/2026. In an interview on 06/16/2026 at 10:15am, LVN A said on 05/15/2026 Resident#1 reported to her that he was missing over \$100 from a bible he kept in his room that he had gotten from a family member. She said she called the Resident#1's daughter and left a message, and reported it to the DON and (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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Administrator B. She said she was told that the incident had been reported and they were awaiting contact from the Residents#1's daughter to confirm that he had access to the funds. She said that Residents #1's daughter called her back and reported that Resident#1 had access to the money from his bank. She said that she given the information to the Administrator and DON. In an interview on 06/16/2026 at 11:02am, Resident#1 said he had \$107 in his bible in his room in May of 2026. He said that his daughter gives him the money each month to tithes for church. He said that in May of 2026 housekeeping packed his belongings in boxes for pest control, and afterwards he noticed the money was no longer in the bible. He said he reported the information to the Housekeeping/Laundry Director because she packed his belongings. He said Administrator A and the Social Worker came to speak with him and said they would investigate. He said he also told a nurse that the money was missing the next day. He said Administrator B told him that there was an investigation in May 2026 and that he would get the money back, but he still had not received the money. In an interview on 06/16/2026 at 11:18am, the Housekeeping/Laundry Director said on 05/13/2026 a deep cleaning was completed in Resident #1's room. She said she, along with another housekeeper did the deep cleaning. She said Resident#1's belongings were packed up to protect his personal items for pest control service after the deep clean. She said on 05/14/2026 Resident#1 reported to her that \$107 was missing from his bible, and the funds had been there prior to the deep clean. She said she reported the information to Administrator A and the Social Worker, and it was documented in a grievance. She said that neither she nor the housekeeper were alone in the room to have taken the money. In an interview on 06/16/2026 at 12:36pm, Administrator B said that he started at the facility on 05/15/2026. He said Resident #1 alleged that funds were missing from the Bible in his room on 05/13/2026 and it had been documented on a grievance dated 05/14/2026 and initiated by the previous Administrator A. He said it was brought to his attention on 05/15/2026, the day he started. He said that the incident was investigated through a grievance and was inconclusive. He said that he submitted a request to reimburse the funds to Resident#1 in the amount of \$107, the check was pending, and once received will be given to Resident#1's daughter. He said that all allegations of misappropriation should be investigated and reported to CII, but he was not sure of the timeframe. He said that he would use the timeframe according to the facilities policy. He said that the facility uses the HHSC PL for reporting guidelines and timeframes. He said that the Administrator was the abuse coordinator, and the abuse coordinator should report allegations of abuse, neglect, and exploitation to CII. He said that a self report was not made by Administrator A or himself to CII in regard to Resident#1's missing funds and it was an oversight. He said that when allegations of abuse, neglect, and exploitation are not reported to CII the risk to residents was the abuse, neglect, or exploitation could continue. In an interview on 06/16/2026 at 1:34pm, the ADON said that all allegations of allegations of abuse, neglect, and exploitation to SSA by the Administrator who is the abuse coordinator. She said that the facilities policy is to report to the Administrator all allegations of abuse, neglect, and exploitation immediately, and the Administrator should report to the SSA no later than the next day. She said when allegations of abuse, neglect, and exploitation are not reported to the SSA the risk to residents was the abuse, neglect, or exploitation could continue. She said that if Resident #1 reported that money was missing from his room on 05/14/2026, the SSA should have been notified on 05/14/2026 but no later than 05/15/2026. An attempt was made to contact Administrator A by telephone on 06/16/2026 at 1:50 pm, a message was left. In a phone interview on 06/16/2026 at 1:53pm, the Family Member of Resident#1 said that she was contacted sometime in May of 2026 to inform that Resident #1 report that he was missing over \$100 from his room. She said that prior to the incident she would take Resident #1 to the bank to withdraw the funds and would store it in his bible in his room. She said that money was used for tithes monthly at church. She said that she had taken Resident#1 to withdraw the funds from his bank in the beginning of May of 2026. She said that she had spoken to Administrator A about the incident, who told her that the incident would be investigated. She said that she had spoken to Administrator B about the incident who confirmed that the funds would be (continued on next page)		

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	refunded. An attempt was made to contact Administrator A on 06/16/2026 at 2:45pm by telephone, a message was left. Record review of facility policy titled Abuse, Neglect and Exploitation dated 08/05/2025 read in part, It is the policy of this facility to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property. Definitions: Misappropriation of Resident Property means the deliberate misplacement, exploitation, or wrongful, temporary or permanent, use of a resident's belongings or money without the resident's consent. VII. Reporting/Response A. The facility will have written procedures that include: 1. Reporting of all alleged violations to the Administrator, state agency, and to all other required agencies (e.g., law enforcement when applicable) within specified timeframes: a. Immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or b. Not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury. Record review of Long-Term Care Regulatory Provider Letter (PL) 2024-14 dated 08/29/2024 titled Title: Abuse, Neglect, Exploitation, Misappropriation of Resident Property and Other Incidents that a Nursing Facility Must Report to the Health and Human Services Commission read in part .2.0 Policy Details & Provider Responsibilities, 2.1 Incidents that a NF(Nursing Facility) Must Report to HHSC(Health and Human Services Commission) A NF must report to CII(Complaint and Incident Intake) the following types of incidents, in accordance with applicable state and federal requirements: Misappropriation. 2.4 Reportable Incidents and Timeframes, This table describes required reporting timeframes for each incident type. It also describes events a NF is not required to report: . Do Report: an incident that does not result in serious bodily injury but that involves any of the following: neglect, exploitation, a missing resident, misappropriation of resident property. Immediately, but not later than 24 hours after the incident occurs or is suspected. Misappropriation: HHSC rules define misappropriation as, the taking, secretion, misapplication, deprivation, transfer, or attempted transfer to any person not entitled to receive any property, real, or personal, or anything of value belonging to or under the legal control of a resident without the effective consent of the resident or other appropriate legal authority, or the taking of any action contrary to any duty imposed by federal or state law prescribing conduct relating to the custody or disposition of property of a resident. CMS (Centers for Medicare and Medicaid Services) defines misappropriation of resident property as, the deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident's belongings or money without the resident's consent.		