

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675234	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/15/2026
NAME OF PROVIDER OR SUPPLIER Woodlake Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 603 E Plantation Rd Clute, TX 77531	

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 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to manage his or her financial affairs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews, the facility failed to ensure residents had the right to manage their finances for 1 of 3 residents (Resident #2) reviewed for personal funds in that: The facility failed to obtain consent from Resident #2's court-appointed guardian before filing to become Resident #2's representative payee, and the facility failed to prevent the Business Office Manager from signing and dating Resident #2's Medicaid application for 2025. These failures placed residents at risk of violating their right to self-manage their own financial matters. Record review of Resident #2's face sheet dated [DATE] revealed he was a [AGE] year-old male initially admitted on [DATE] and readmitted on [DATE]. His diagnoses included Down syndrome (extra full or partial copy of chromosome 21 which causes differences in physical development, learning, and developmental delay thinking), severe intellectual disabilities (significant limitations with learning, reasoning, problem solving), and speech disturbances (a condition that disrupts the ability to produce sounds or communicate fluently). The face sheet revealed the resident had RP and a guardian. Record review of Resident #2's annual MDS assessment dated [DATE] revealed in section C800 that he had memory problems. He was moderate/dependent on staff for ADL care. Record review of Resident #2's care plan initiated dated [DATE] and revised on [DATE] revealed Resident #2 had impaired cognitive function or impaired thought processes related to developmental delay. Intervention: Monitor/document/report to MD any changes in cognitive function, specifically changes in decision-making ability, memory, recall, and general awareness, difficulty expressing self, difficulty understanding others, level of consciousness, and mental status. Record review of Resident #2's admission packet dated [DATE] revealed the RP signed the admission packet and the section authorizing the facility to hold, safeguard, and manage personal funds. Record review of form SSA-787 (12-2018), Discontinue Prior Editions, Social Security Administration: Medical Source Opinion of Patient's Capability to Manage Benefits, revealed the resident had an RP, and on item 8 read in part, .want to change to be managed by facility., and it was signed by the Regional Manager. The form was signed on [DATE]. Record review of the Medicaid application for 2025 revealed the application was signed and dated by the facility Business Office Manager on [DATE]. Record review of Letters of Guardianship, Cause No. GN38662, from The state of Texas County Court at Law #14 and Probate Court of Brazoria County, Texas, read that the Clerk hereby certified that on the 8th day of [DATE], RP was duly appointed by the Court as Guardian of the Person and Estate of Resident #2, an incapacitated person, and she qualified as such on the 8th day of [DATE], as the law required, and that said appointment was still in full force and effect with the powers as stated in the order now on file in this office. This letter expired one (1) year and four (4) months from the 8th day of [DATE]. Given under my hand and the seal of said Court at [NAME], Texas, the 12th day of [DATE]. During a telephone interview on [DATE] at 10:50 a.m., the Regional Manager said she filed for the facility to become Resident #2's representative payee by mistake, and she did not consult the resident's guardian because she did not know Resident #2 had a</p> <p>(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 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>guardian. She said she came to help the facility because the DON quit and the Business Office Manager was not working at the time. She said she saw paperwork on the DON's table that had information to file for the facility to become the resident's representative payee for Resident #2. During an interview on [DATE] at 11:50 a.m., the DON said she handled the clinical aspect of residents' care and not the financial side of care because the Business Office Manager handled the financial matters. During an interview on [DATE] at 12:33 p.m., the Business Office Manager said she was not working at the time the Regional Manager, who was her supervisor, filled out the form for the facility to become representative payee for Resident #2. She said when she returned and found out what the Regional Manager did, she made the corrections and the RP became the representative payee for Resident #2. She said the facility was representative payee for two months, and she wrote checks for those two months and sent them to the RP. She said it was a resident rights issue because the resident had a court-appointed guardian and the Regional Manager should have verified this before changing Resident #2's representative payee. She said the facility did not have any interventions in place to prevent the incident from happening again if she was off work again. The Business Office Manager said she called Resident #2's RP in [DATE] and told her she had not filed and signed Resident #2's Medicaid form and that it would expire soon. The RP told her to fill out and sign the form for her because she was in the hospital. She said she told the RP she would take the signature page from last year, copy it, and put the correct date on it. She said she should not have done it because it was not right, but she did not want the resident to lose his Medicaid. She said the RP gave verbal consent to sign, but she did not have any documentation or witness to support the verbal consent. During an interview on [DATE] at 4:45 p.m., the Interim Administrator said she did not know what would trigger the facility to change Resident #2's representative payee when he had a guardian, and she did not know what the facility would do to prevent the incident from happening again. The Interim Administrator said the first time the RP filled out the Medicaid form, she could appoint anyone to fill out subsequent forms and sign for the RP. She said she could not find any policy allowing facility staff to sign the RP's signature. Record review of the facility policy on resident representative dated 2001 MED-PASS, Inc., revised February 2021, read in part, .The facility treats the decisions of the resident representative as the decisions of the resident to the extent delegated by the resident or to the extent required by the court, in accordance with applicable law. Policy interpretation and implementation. #1 A resident who has not been found to be incompetent by the state court has the right to appoint a resident representative who may exercise the resident's rights to the extent provided by state and federal law. #2 If the resident is determined to be incompetent under the laws of the state by a court of competent jurisdiction, the rights of the resident will devolve to and will be exercised by the resident representative appointed to act on the resident's behalf. #2a. The court-appointed resident representative will exercise the resident's rights to the extent judged necessary by a court of competent jurisdiction in accordance with state law.</p>		

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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to incorporate the recommendations from the PASARR Level II determination and the PASARR evaluation report into a resident's assessment, care planning, and transitions of care services for 1 of 3 residents (Resident #1) reviewed for PASARR.-The facility failed to submit a request through the Simple LTC portal for a customized manual wheelchair for Resident #1 within the time frame set by PASARR or asked for guidance from PASARR support when form was not accepted.This failure could have affected residents who required a specialized PASARR service.Record review of Resident #1's face sheet dated 01/15/26 revealed he was a [AGE] year-old male admitted on [DATE]. His diagnoses included cerebral palsy (group of lifelong neurological disorders that affect movement, muscle tone, and posture), dementia (decline in mental ability severe enough to interfere with activities of daily living), and speech disturbances (a condition that disrupts the ability to produce sounds or communicate fluently).Record review of Resident #1's quarterly MDS assessment dated [DATE] revealed a BIMS score of 03, which indicated severe cognitive impairment. He was dependent on staff for ADL care.Record review of Resident #1's care plan initiated dated 08/20/24 revealed Resident #1 had completed and submitted a new PL1 from the MOS for any re-admission or change of condition for the PE positive status for any new services he required. The care plan stated to notify the local authority of routine IDT meetings, changes of condition, and any specialized services; notify the therapy department of PE positive status to ensure quarterly and PRN screenings for any specialized services he may require; and schedule an IDT meeting with the local authority, physician, family, FF, and any other entities involved with his care within 14 days of admission.Record review of Resident #1's care plan meeting summary dated 08/06/25 read in part, .will order new wheelchair through PASRR ILS services. Attendees were MDS, DON, SW, activity director, RD, and PASRR habilitation coordinator.Record review of Resident #1's PASRR Comprehensive Service Plan Form meeting dated 08/06/25 revealed the IDT recommended a customized manual wheelchair as a new specialized service for Resident #1. The Nursing Facility comments read, PASRR meeting held with resident, RP, ILS Manager, and IDT team members listed above. Resident, RP, and case worker agreed to habilitation coordination and independent living skills training. ILS Manager verbalized understanding and will participate in PASRR-provided services. Customized manual wheelchair to be provided.Record review of Resident #1's 08/15/25 Form Activity from the Simple LTC portal revealed the status was form not accepted, and no NFSS was submitted for Resident #1's customized manual wheelchair.Record review of Resident #1's 11/07/25 Form Activity from the Simple LTC portal revealed the status was form not accepted, and no NFSS was submitted for Resident #1's customized manual wheelchair.During an observation and interview on 01/05/26 at 10:23 a.m., Resident #1 was observed in a wheelchair that was not the customized wheelchair. The resident was leaning toward his left side, and his left hand was dangling out of the wheelchair. An attempt was made to interview Resident #1 with a language line interpreter; however, the interpreter stated he could not understand the resident because his speech was not clear.During an interview on 01/15/26 at 11:15 a.m., the MDS coordinator stated she entered the NFSS in the portal and there was a problem with Resident #1's Social Security number. She stated the Social Security number for the resident on the form was different from what the Social Security office had, and it was not approved. The MDS coordinator stated she reached out to TMHP and was told Resident #1's date of birth was incorrect. She stated she provided the information to the business office manager to follow up with corporate and the Social Security office. She said she did not know the outcome, and Resident #1 had not been approved for the CMWC.During an interview on</p> <p>(continued on next page)</p>		

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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>01/15/26 at 11:32 a.m., the PTA said she made the recommendation during the care plan meeting at the PASRR meeting, and the PASRR coordinator agreed to the customized manual wheelchair. She stated she called the wheelchair company, and they assessed Resident #1, took measurements, and the physician signed the paperwork. The PTA said she was told when the NFSS was entered into the portal it was not accepted due to a discrepancy with Resident #1's date of birth and that the business office was working on it. During an interview on 01/15/26 at 11:50 a.m., the DON stated she attended the PASRR care plan meeting when the PASRR and IDT team agreed Resident #1 would benefit from a CMWC. She stated when it was submitted in the portal it was not accepted due to an issue with Resident #1's birth date. She stated the business office manager would be the person to answer what had been done to correct Resident #1's birth date. During an interview on 01/15/26 at 12:33 p.m., the business office manager stated Resident #1's RP reported Resident #1's family member gave the wrong birth date for the resident when he was young many years ago, and the Social Security office stated after four years the date of birth would become the official date of birth. The business office manager stated she reached out to the HHSC contact for the facility and notified her that Resident #1's NFSS would not process due to the resident's date of birth. She stated the facility had always completed Resident #1's paperwork, and all paperwork had processed except for the NFSS. She asked the HHSC ES clerk if she could determine whether Resident #1's date of birth had been changed. She stated the HHSC ES clerk replied that the birth date was changed in early August of 2025. After receiving the information from the ES clerk, she forwarded Resident #1's information to the corporate office and stated she had not yet heard back from corporate. During an interview on 01/15/26 at 2:53 p.m., the PASRR staff stated the facility did not reach out to PASRR for assistance and that PASRR support would have assisted or guided the facility on how to correct the information. The PASRR staff stated the facility should have inactivated the PO1 that was not accepted due to the date of birth and submitted another PO1 with the correct date of birth. During a telephone interview on 01/15/26 at 4:06 p.m., the resident's RP was called; however, a message could not be left because the recording stated, message one and disconnected. During an interview on 01/15/26 at 4:12 p.m., the MDS coordinator said she informed the head office, and the office changed the date on the declined PO1; however, it still did not process. She stated the head office reported they would not cancel the PO1 that did not process and submit another one because it would affect billing. The MDS coordinator was provided with the PASRR support email address, and she said she would not email PASRR support but would send the PASRR support email address to the head office. The PASRR policy was requested during entrance with the DON and during exit with the interim administrator and DON; however, the policy was not provided.</p>		