

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  06/26/2025
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives an accurate assessment.</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 ensure assessments accurately reflected the resident's status for 3 of 15 resident (Resident #14, Resident #17, and Resident #53) reviewed for accuracy of assessments.</p> <p>- The facility failed to accurately assess Residents #14, #17, and #53 for their lack of natural teeth in their oral cavity.</p> <p>These failures could place residents at risk of not receiving care and services necessary for their physical, mental, and psychosocial well-being.</p> <p>The findings included:</p> <p>Resident #14</p> <p>Record review of Resident #14's face sheet dated 06/25/25 revealed a -[AGE] year-old female admitted to the facility on [DATE] and re-admitted on [DATE]. Her diagnoses included chronic obstructive pulmonary disease, heart disease, essential (primary) hypertension (High blood), type 2 diabetes mellitus with diabetic neuropath (nerve damage that can happen with diabetes) arthritis (inflammation of the joints), panic disorder, anxiety and major depressive disorder, cognitive communication deficit (difficulty in communication), and abnormalities of gait and mobility.</p> <p>Record review of Resident #14's Annual MDS assessment dated [DATE] revealed she had a BIMS score of 9 which indicated moderate cognitive impairment. The section on nutritional approaches, she was coded as receiving a mechanically altered diet. The section on oral/dental status, she was coded as 0 which indicated no problem (all natural teeth intact).</p> <p>Record review of Resident #14's care plan dated 05/28/25 revealed Resident #14 care plan for dentures: Resident #14 has dentures Date Initiated: 05/28/2025.</p> <p>Goal: Resident #14 will consume adequate nutrition and hydration; pain will be relieved within 1 hour of intervention no s/s of infection will occur through the review period date 7/14/25.</p> <p>Observation and interview on 06/23/25 at 10:15 AM, revealed Resident #14 was in bed alert and oriented. During an interview she said she had upper and lower dentures, but the lower dentures did not fit, and she did not use them. She said she managed the best way that she could.</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
---	-------	-----------

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  06/26/2025
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Resident #17</p> <p>Record review of Resident #17's face sheet dated 06/26/25 revealed a -[AGE] year-old female admitted to the facility on [DATE] and re-admitted on [DATE]. Her diagnoses included chronic obstructive pulmonary disease, heart disease, essential (primary) hypertension (High blood), type 2 diabetes mellitus with diabetic neuropath (nerve damage that can happen with diabetes) arthritis (inflammation of the joints), panic disorder, anxiety and major depressive disorder, cognitive communication deficit (difficulty in communication), and abnormalities of gait and mobility.</p> <p>Record review of Resident #17's Annual MDS assessment dated [DATE] revealed she had a BIMS score of 14 which indicated that she was cognitively intact. The section on nutritional approaches, she was coded as receiving a mechanically altered diet. The section on oral/dental status, she was coded as 0 which indicated no problem (all natural teeth intact).</p> <p>Observation and interview on 06/24/26 revealed she had a mechanical altered diet. Resident #17 said she had dentures but did not wear them because they did not fit right. She said she had seen the dentist but did not remember when.</p> <p>In an interview with the facility's Social Worker on 06/26/25, she said Resident #17 had seen the dentist and provided a copy of the last dental visit.</p> <p>Record review of the dental record dated 08/03/23 for Resident #17, revealed . [Resident #17] seen on unit for initial visit. Comprehensive review of medical history completed . Pt is edentulous and reports discomfort in anterior max gingiva. Advice pt this is likely due to irritation from chewing without teeth. pt has had F/F/ in the past and would like a new set. pt was warned that due to severe resorption. adhesive will be required. impressions and bite for F/F taken and will deliver at next visit.</p> <p>Resident #53</p> <p>Record review of Resident #53's face sheet dated 06/25/25 revealed a -[AGE] year-old male admitted to the facility on [DATE] and re-admitted on [DATE]. His diagnoses included cerebral infarction, (refers to a blood vessel blockage in the brain), essential hypertension(primary), type 2 diabetes mellitus (condition characterized by insulin resistance and elevated blood sugar levels) anemia (low blood count), fracture of one rib, left side, history of falling, heart disease encounter for closed fracture with routine healing, other abnormalities of gait and mobility, muscle weakness and other lack of coordination, urinary tract infection, benign prostatic cancer.</p> <p>Record review of Resident #53's admission MDS assessment dated [DATE] revealed he had a BIMS score of 13 out of 15 which indicated that she was cognitively intact. Record review of section L oral/dental indicated he was coded as obvious or likely cavity or broken natural teeth (D).</p> <p>Record review of Resident #53's care plan dated 05/01/25 revealed Resident #53 care plan for oral/dental - Resident #53 has potential for oral/dental health problems. Date Initiated: 05/07/2025. Goal- The resident will be free of infection, pain or bleeding in the oral cavity by/through review date. Date Initiated: 05/07/2025 -Target Date: 06/08/2025</p> <p>(continued on next page)</p>		

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  06/26/2025
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 06/25/25 at 11:00AM revealed Resident #53 was in bed alert and oriented. During an interview he said he did not have any teeth in his oral cavity. He said he had upper and lower dentures, and they fit. He said he had a fall at home and was at the facility for rehabilitation.</p> <p>In an interview with the MDS Coordinator on 06/25/25 at 4:00pm, she stated she completed the MDS by visiting residents, talking to them and reviewing nurse's documentation. She said she was responsible for ensuring that all MDSs reflected the resident's condition. She said she would audit all MDSs to do corrections as needed. She said inaccurate MDS assessments may result in an inaccurate care plan preventing residents from getting needed care services.</p> <p>A policy on Accuracy of MDS assessment was requested from the Acting Administrator on 06/25/25 at 4:30PM. She said the facility followed the RAI manual.</p>

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  06/26/2025
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, interviews, and record review, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety for the 1 of 1 kitchen.</p> <ul style="list-style-type: none"> <li>-The facility failed to ensure Dietary Staff A wore hair net and beard cover while in the kitchen.</li> <li>-The facility failed to ensure that the kitchen and the equipment were kept in a clean, sanitary condition.</li> <li>-The facility failed to ensure that prepared, leftover food items in one of two freezers, and one of one walk-in freezer were dated and labeled with an open/store date and use by date.</li> <li>- The facility failed to ensure that dented cans were stored away from undented cans.</li> <li>-The facility failed to ensure that trash can in the kitchen was covered and not exposed in food preparation area.</li> </ul> <p>These failures could place residents at risk for cross contamination and food-borne illnesses.</p> <p>Findings include:</p> <p>Initial kitchen observations, and interviews, on 05/27/25 from 9:00 AM to 9:20 AM revealed-</p> <ul style="list-style-type: none"> <li>- Dietary Staff A was observed in the kitchen without a hair net and without bead restraint. He had facial hair about 1-2 inches long. In an interview, he said he was not supposed to work today 06/23/25 but came in to help. He walked away and did not answer any other questions.</li> <li>-Observation revealed the kitchen floor was greasy, and dirty with food crumbs and a dead roach on the floor.</li> <li>-Observation of two cooking stoves in the kitchen revealed baked on grease and [NAME] food substance inside the stove. Grease was all around the stoves.</li> <li>-Observation of one of two freezers in the kitchen revealed a whitish-creamy substance in a plastic wrap that looked like cake. It was not dated and not labeled. Dietary Staff B said it was french-fries, but she did not know who left it in the freezer.</li> <li>-Observation of the walk-in freezer revealed the following left-over food items-undated and unlabeled:</li> </ul> <p>puree tomato soup in a container, mash potatoes, soup, pears out of the original container, sausage and tuna. All food items were identified by Dietary Staff B. In an interview she said she did not know who left the unlabeled food products in the freezer and walked away.</p> <p>(continued on next page)</p>		

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  06/26/2025
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-Observation of the dry goods storage area revealed the following dented cans stored together with the undented can good:</p> <p>2 6lbs cans of dented solid packed pears.</p> <p>4 4lbs cans of skip jack tuna</p> <p>2-50oz cans of cream of chicken soup</p> <p>Observation of the dish washing area revealed a large trash container uncovered, half full of waist from left over food items, and there was a strong smell around the dishwasher. Dietary Staff C said the smell might be coming from the trash can or the drainage. She wheeled out the trash can. Around the dishwasher were food crumbs and dead roaches. Dietary staff B and C said the garbage disposal was not working, and the trash can was used for the leftover food from meal service.</p> <p>In an interview with the Acting Administrator on 06/23/25 at 3:30PM, she said the kitchen was one of the reasons why the facility did not have an Administrator. She said the Dietary Manager had been on FMLA since April and the Administrator was supposed to see to the day-to-day activity of the kitchen in the absence of the Dietary Manager. She said all staff in the kitchen were new and she would make sure that they were trained. She said she would get an assistant from sister facility to assist with cleaning.</p> <p>During an interview with the RD on 06/24/25 at 10:40 am, she said her schedule was 8 hours a month and 2 hours remotely. She said she observed food preparation and a quick walk around during her visit. She said she would correct what need to be corrected during her rounds. She said she would have an in-service with the staff on upkeeping of the kitchen, labeling and dating all left-over food items with date stored and used by date and to ensure that food items left in refrigerator are discarded after the used by dates. She said she found the cover to the trash can in the kitchen and it was now covered. She said preparing food in a dirty, unorganized kitchen may lead to cross contamination and food born illness.</p> <p>In an interview with the facility Acting Administrator on 06/25/25 at 2:00PM, she said the manager from the assistant facility would continue to work with the current staff to come up with a cleaning schedule, proper food storage, labeling and correct way of dating left over food items.</p> <p>Record review of provided facility's policy dated 2001 revised 2002 titled Food Preparation and Service</p> <p>Policy Statement- Food and nutrition services employees prepare, distribute and serve food in a manner that complies with safe food handling practices .</p> <p>2.</p> <p>Cross-contamination can occur when harmful substances, i.e., chemical or disease-causing microorganisms are transferred to food by hands (including gloved hands), food contact surfaces, sponges, cloth towels, or utensils that are not adequately cleaned. Cross-contamination can also occur when raw food touches or drips onto cooked or ready-to-eat foods .</p> <p>(continued on next page)</p>		

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  06/26/2025
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The policy did not address food labeling, kitchen cleanliness and food storage.</p>