

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: 675484	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/10/2026
NAME OF PROVIDER OR SUPPLIER Woodland Park Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 101 Woodland Park Dr Shepherd, TX 77371	
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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident for 5 of 5 residents (Resident #4, Resident #5, Resident #6, Resident #7 and Resident #8) reviewed for pharmacy services. The facility did not ensure accurate acquiring of Mounjaro (medication used to lower blood sugar-not insulin) for Resident #4, Resident #5, Resident #6, Resident #7, and Resident #8. This failure could place residents at risk for drug diversion and being charged for medications not ordered by their physician. Findings included: Record review of an email dated 04/28/26 at 02:02 p.m. from the FNP to the Administrator indicated the FNP .was writing to bring to your immediate attention a serious medication ordering concern identified during a recent PCC order audit at your facility. The audit revealed that Mounjaro (tirzepatide) had been entered and processed for five (5) residents without corresponding provider orders. Of these, three (3) residents have already had medication shipments delivered to the facility. Upon discovery, the following actions were taken promptly: A full PCC [facility EMR] order audit was completed to verify scope and impact [Name] Pharmacy was contacted immediately to cancel all unauthorized orders Confirmation of cancellation was requested to prevent further dispensing or delivery. Record review of a face sheet dated 06/10/26 indicated Resident #4 was a [AGE] year-old female admitted on [DATE]. Her diagnoses included type 2 diabetes mellitus (a chronic condition that affects the way the body processes blood sugar). Record review of the annual MDS assessment dated [DATE] indicated Resident #4 BIMS of 09 out of 15 indicated moderately impaired cognition; had active diagnosis of diabetes mellitus; and she did not receive insulin. Record review of the care plan dated 03/05/26 indicated Resident #4 had diabetes mellitus and received Januvia medication to treat it. Record review of physician orders for Resident #4 indicated the following:* an order dated 03/11/26 at 01:45 p.m. for Mounjaro Subcutaneous Solution Auto-injector 5 mg/0.5 ml by ADON A and revised by LVN B* an order dated 04/16/26 at 10:26 a.m. for Mounjaro Subcutaneous Solution Auto-injector 5 mg/0.5 ml by LVN C. Record review of an email dated 04/28/26 at 02:02 p.m. from the FNP to the Administrator regarding Resident #4 indicated:* on 03/11/26 at 01:51 p.m. Mounjaro was ordered by ADON A, revised by LVN B on 3/12/2026 at 11:28 a.m., and shipped per pharmacist; * on 3/13/2026 at 08:10 a.m. the order was cancelled in PCC by LVN C; and* on 04/16/26 at 10:26 a.m. Mounjaro was ordered by LVN D and 1 month supply- quantity 4 pens-was shipped per pharmacy on 04/17/26. During an interview on 06/09/26 at 12:55 p.m. Resident #4 was not able to answer questions regarding injection medications. During an interview on 06/10/26 at 01:35 p.m. LVN B said she did not remember doing anything to the Mounjaro order on Resident #4. Resident #5Record review of a face sheet dated 06/10/26 indicated Resident #5 was a [AGE] year-old female admitted on [DATE]. Her diagnoses included type 2 diabetes mellitus. Record review of the admission MDS assessment dated [DATE] indicated Resident #5 BIMS of 99 indicated she could not complete questions and had moderately impaired cognitive skills for daily decision making; had active diagnosis of diabetes mellitus; and received insulin for 7 days. Record review of (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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	physician orders for Resident #5 indicated an order dated 04/25/26 at 02:54 p.m. for Mounjaro Subcutaneous Solution Auto-injector 5 mg/0.5 ml by LVN D. Record review of an email dated 04/28/26 at 02:02 p.m. from the FNP to the Administrator regarding Resident #5 indicated:* Mounjaro was ordered on 04/25/26 at 02:54 p.m., ordered on 04/27/26 at 02:56 p.m. by LVN D, and shipped to the facility on [DATE] (night shift run per pharmacist) quantity of 1 pen;* Order was cancelled in PCC on 04/28/26 at 06:45 a.m. by LVN B;* Order still in PCC on 04/28/26 at 10:35 a.m., alerted by LVN D at 10:16 a.m. order placed using her name and she questioned the order. Notified to discontinue order as soon as possible.* Order was discontinued by provider FNP after review of order still in PCC at 10:33 a.m. Record review of a Witness Statement Form dated 04/28/26 by LVN D indicated Someone went under my profile on PCC for [Resident #5]. I caught the mistake due to it being under my name. I was not at any time at the facility on 04/27/26. Contacted [Physician] team to verify the order and found it to be in error per [Name] FNP. The form was signed by LVN D. During an interview on 06/10/26 at 12:57 p.m. LVN B said she was asked to cancel the Mounjaro order on Resident #5 back in April but she did not get a chance to and the FNP had cancelled it when she went into PCC. Resident #6Record review of a face sheet dated 06/10/26 indicated Resident #6 was a [AGE] year-old male admitted on [DATE]. His diagnoses included type 2 diabetes mellitus. Record review of the quarterly MDS assessment dated [DATE] indicated Resident #6 BIMS of 10 out of 15 indicated moderately impaired cognition; had active diagnosis of diabetes mellitus; and received insulin for 7 days. Record review of the care plan dated 03/15/26 indicated Resident #6 had diabetes mellitus and received Toujeo (insulin), Humalog (insulin), dapagliflozin (Farxiga-anti-diabetic medication), and Victoza (anti-diabetic medication) to treat it. Record review of physician orders for Resident #6 indicated an order dated 04/16/26 at 01:36 p.m. for Mounjaro Subcutaneous Solution Auto-injector 5 mg/0.5 ml by LVN D. Record review of an email dated 04/28/26 at 02:02 p.m. from the FNP to the Administrator regarding Resident #6 indicated:* Mounjaro was ordered on 04/16/26 at 01:36 p.m. by LVN D and was shipped by pharmacy on 04/18/26 quantity of 4 pens for 1 month.* Order was cancelled on 04/19/26 at 06:30 a.m. by LVN B. During an interview on 06/10/26 at 12:57 p.m. LVN B said she was asked to cancel Resident #6's Mounjaro order so she did. Resident #7Record review of a face sheet dated 06/10/26 indicated Resident #7 was a [AGE] year-old female admitted on [DATE]. Her diagnoses included type 2 diabetes mellitus. Record review of the annual MDS assessment dated [DATE] indicated Resident #7 had moderately impaired cognitive skills for daily decision making; had active diagnosis of diabetes mellitus; and received insulin for 7 days. Record review of the care plan dated 02/23/26 indicated Resident #7 had diabetes mellitus and received glargine (insulin) and Humalog medication to treat it. Record review of physician orders for Resident #7 indicated the following:* an order dated 02/19/26 at 03:10 p.m. for Mounjaro Subcutaneous Solution Auto-injector 5 mg/0.5 ml by LVN C* another order dated 02/19/26 at 03:10 p.m. for Mounjaro Subcutaneous Solution Auto-injector 5 mg/0.5 ml by LVN C.* an order dated 02/19/26 at 07:43 p.m. for Mounjaro Subcutaneous Solution Auto-injector 5 mg/0.5 ml by LVN E. Record review of an email dated 04/28/26 at 02:02 p.m. from the FNP to the Administrator regarding Resident #7 indicated:* on 02/19/26 at 03:10 p.m. Mounjaro was ordered by LVN C;* on 02/20/26 at 04:43 p.m. the order was cancelled by LVN E;* order was not shipped per pharmacy due to insurance denied;* on 02/20/26 at 04:43 p.m. Mounjaro was ordered by LVN E;* on 02/20/26 at 11:40 a.m. the order was cancelled by LVN D;* Order was not shipped due to insurance denied;* on 02/23/26 at 01:10 p.m. Mounjaro was ordered by LVN D;* on 03/07/26 at 12:10 p.m. the order cancelled by LVN D; and* Order was not shipped due to insurance denied. During an interview on 06/09/26 at 01:05 p.m. Resident #7 was not able to answer questions regarding injection medications. Resident #8Record review of a face sheet dated 06/10/26 indicated Resident #8 was a [AGE] year-old female admitted on [DATE]. Her diagnoses included type 1 diabetes mellitus. Record review of the quarterly MDS assessment dated [DATE] indicated Resident #8 BIMS of 14 out of 15 indicated intact cognition; had active diagnosis of diabetes mellitus; and she did not receive insulin. Record review of physician orders for Resident #8 (continued on next page)		

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	indicated an order dated 04/27/26 at 10:21 a.m. for Mounjaro Subcutaneous Solution Auto-injector 5 mg/0.5 ml by LVN D. Record review of an email dated 04/28/26 at 02:02 p.m. from the FNP to the Administrator regarding Resident #8 indicated:* on 04/27/26 at 10:24 a.m. Mounjaro was ordered by LVN D; * order was denied by insurance per pharmacist; * no medication was sent; and* on 04/27/26 at 12:37 p.m. the order was cancelled in PCC by LVN D. During an interview on 06/09/26 at 12:45 p.m. Resident #8 said she had not received any kind of medication injections for her diabetes while at the facility. During an interview on 06/09/26 at 11:40 a.m. the Administrator said they had an issue with nursing staff saving their password to the computers. He said because they did this someone was able to log on using the others login and ordered Mounjaro for residents who were not taking the medication. He said they would put in the order, the medication would be ordered for the resident, the medication was delivered, the order was then discontinued, and the medication would be taken out of the facility. He said through the investigation they found five residents this had been done to but were not able to determine which staff was using the other logins. He said the facility's company had paid for the medication so it was not charged to the residents or their insurance. He said since the incident the system was checked weekly to determine if staff had saved their passwords. During an interview on 06/10/26 at 12:20 p.m. the DON said she expected staff to not save their passwords on the computer. She said she expected them to obtain medications after they appropriately obtain a physician order. She said she was not at the facility when the incident occurred but she was told no staff were to save their passwords to the computers.		