

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676273	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/05/2026
NAME OF PROVIDER OR SUPPLIER Park Manor of the Woodlands		STREET ADDRESS, CITY, STATE, ZIP CODE 1014 Windsor Lake Boulevard The Woodlands, TX 77384	
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 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>Based on observation, interview, and record review, the facility failed to ensure that the daily staffing was posted and readily accessible for review on a daily basis at the beginning of each shift for 1 of 1 facility reviewed for required postings. The facility failed to update the daily nursing postings on 02/05/26. This failure could affect residents, by placing them at risk of not having access to information regarding daily nursing staffing in a timely manner. Findings Include: An observation on 02/05/26 at 09:08 AM revealed, the facility Daily Nursing Staff Direct Responsible for Resident Care on the top of the center nursing station facing the front door that read 02/04/26. The posting indicated that the facility had 3 shifts (6AM- 2 PM, 2 PM - 10 PM, 10 PM- 6 AM) for Nurses, 3 shifts (6AM- 2 PM, 2 PM - 10 PM, 10 PM- 6 AM) for CNA, 2 shifts (6AM- 2 PM, 2 PM - 10 PM) for CMAs, and 2 shifts (6AM- 2 PM, 2 PM - 10 PM) for RNAs. The posting indicated the facility census, number of staff types (RN, LVN, CNA, CMA and RNAs) and total hours worked for all shifts. In an observation and interview on 02/05/26 that started on 12:28 PM, the Administrator said the staffing coordinator was responsible for updating the facility daily staffing posting. He said the posting included the facility name, date and the staffing ratio, and the staffing coordinator updated the posting when she came to work around 06:30 Am. The Administrator said the staffing coordinator was on leave today, so the DON was responsible for updating the posting. He said the daily nursing posting served to notify all in the building the type and number and staff available for resident care on a particular day and failure to update the posting would place visitors at risk of not knowing the staff to resident ratio. The Administrator walked out to the nursing station and confirmed the daily staff posting was not updated, it read 02/04/26. In an interview on 02/05/26 at 12:46 PM, the DON said the staffing coordinator was responsible for updating the staffing posting. She said she was responsible for updating the posting when the staffing coordinator was absent. She said the posting served to provide anyone in the building with the staffing to resident ratio. The DON said the posting is typically updated before the first shift. She said failure to update the posting could place visitors at risk of not knowing what the current census or staffing was. Record review of the facility policy titled Posting Direct Care Daily Staffing Numbers revised 07/2016 revealed, Policy Interpretation and Implementation: 1. Within two (2) hours of the beginning of each shift, the number of Licensed Nurses (RNs, LPNs, and LVNs) and the number of unlicensed nursing personnel (CNAs) directly responsible for resident care will be posted in a prominent location (accessible to residents and visitors) and in a clear and readable format. 5. Within two (2) hours of the beginning of each shift, the shift supervisor shall compute the number of direct care staff and complete the Nursing Staff Directly Responsible for Resident Care form. The shift supervisor shall date the form, record the census and post the staffing information in the location(s) designated by the Administrator.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 676273
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