STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676394	A. Building B. Wing	10/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Woodlands Place Rehabilitation Suites	5600 Woodlands Trail Denison, TX 75020

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 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure the resident environment remained as free of accident hazards as possible and failed to ensure each resident received adequate assistance devices to prevent accidents for 2 of 5 residents (Resident #1) reviewed for accidents and hazards. The facility failed to ensure CNA A and the dietary staff checked the temperature and sealed Resident #1's cup of hot tea, which resulted in Resident #1 spilling tea in her lap on 10/13/25 acquiring a second-degree burn (partial thickness burn, damages the outer and middle layers of skin. Characterized by blistering-typically heal in 7 to 21 days) to her left upper thigh. The noncompliance was identified as PNC. The non-compliance began on 10/13/25 and ended on 10/14/25. The facility had corrected the noncompliance before the survey began. These failures could place residents at risk of potential accidents, injuries, or harm.Findings include: Record review of Resident #1's quarterly MDS assessment dated [DATE] reflected Resident #1 was a [AGE] year-old female with an admission date of 07/17/23. Resident #1 had a BIMS of 15 indicating she was cognitively intact. She had no functional limitation in range of motion to her upper and lower extremities. She required only set up assistance with eating and was able to carry out the task unassisted. She utilized a wheelchair for mobility. Active diagnoses diabetes and cerebral vascular accident affecting left non-dominant side (stroke). Record review of Resident #1's progress notes by LVN B dated 10/13/25 at 1:00 p.m. reflected, when resident being assisted with clothing and brief change staff noticed red and blistered area to upper left thigh. Resident says she spilled hot liquid on herself. Upon examination note 3 cm x 6 cm reddened area with approximately 25 % of surface blistered. Resident says she spilled hot tea on herself at lunch. Record review of Resident #1's incident report dated 10/13/25 at 1:00 p.m., completed by ADON C reflected, .Type of incident/accident.blister/burn.location of injury. upper left thigh.Notifications.MD and Family notified, DON notified.Follow up steps to prevent reoccurrence.Temperature to be checked on food/drinks before given to residents.Resident health condition at the conclusion of the investigation.Vital signs Blood pressure-140/80, Pulse-64-Temperature-98.2-Respirations-18. No distress noted, denies pain, Bandage in place. Record review of Resident #1's General order sheet received by ADON C dated 10/13/25 from Resident #1's MD reflected, Daily wound treatment: xeroform to burn with a dry dressing daily. with a start date of 10/13/25. Record review of Resident #1's care plan dated on 10/14/25 reflected, [Resident #1] has a current wound/disruption of skin surface: blister like area on thigh from beverage.Short term goal.wound will decrease in size as evidenced by wound documentation with no complications and comfort will be maintained.Approaches.Occupational therapy to evaluate for hot liquids assessment.Wound care as ordered. Record review of Resident #1's therapy screening form completed by Occupational Therapist D on 10/14/25 at 12:33 p.m. reflected, .Diagnosis: burn to thigh from hot liquid.Indicate all areas reflecting a change in condition or an area with a deficit that my warrant therapy.No Recent Change/Deficits Noted. Comments: Patient with no tremors or weakness. Patient had a mishap where she was reaching for food item while cup still in hand, and spill of hot liquid occurred with burn to thigh. Therapy services suggested. Record Review of Resident #1's Treatment Administration History from 10/01/2025 through 10/21/2025 reflected, Daily wound treatment: xeroform to burn with a dry dressing daily.start date of 10/13/25. Treatment was provided daily from 10/13/25 through 10/21/25. Record Review of the facility PIR initiated on 10/13/25 reflected, .CNA A was walking down the hall to fix herself a cup of tea, Resident #1 asked her what she had, and Resident #1 asked if she could have some. CNA A went to the kitchen and made Resident #1 a half of cup of tea and took it to her. She (Resident #1) was sitting in her wheelchair.Resident #1 spilled some of her hot tea on her leg but did not realize she had spilled it until hours later when being changed.She experienced no pain according to resident.Small blister to leg of Resident #1. Contacted MD and given order to treat with xeroform (petrolatum-based gauze dressing with antimicrobial properties). Wound care physician saw as well with no new orders. Keep clean and treat with xeroform daily.Provider response.Immediate treatment to the resident. In-service to all staff regarding hot beverages given to resident, therapy did assessment on all resident that drink hot beverages, all residents to be given hot beverage by staff, no resident self-serve, hot beverage mugs with lids ordered.Post action.Beverage cups with lids provided to residents, all residents to be served hot beverages, residents not allowed to self-serve, in-service to staff. In an interview with CNA A on 10/21/25 at 9:49 a.m. she stated on 10/13/25 around 8:50 a.m. she was walking down the hall from the skilled unit to the kitchen to make herself a cup of hot tea. She stated she had two tea bags with her. She