| STATEMENT OF DEFICIENCIES                                    | (X1) PROVIDER/SUPPLIER/CLIA   | (X2) MULTIPLE CONSTRUCTION                | (X3) DATE SURVEY |  |  |
|--|---|---|------------------|--|--|
| AND PLAN OF CORRECTION                                       | IDENTIFICATION NUMBER:  | A. Building                               | COMPLETED        |  |  |
|  | 195482  | B. Wing                                   | 06/25/2024       |  |  |
|  | 100102  | 2. milg                                   |                  |  |  |
| NAME OF PROVIDER OR SUPPLIER                                 |   | STREET ADDRESS, CITY, STATE, ZIP CODE     |                  |  |  |
| The Woodlands Healthcare Center                              |   | 144 Thad Bailes Rd<br>Leesville, LA 71446 |                  |  |  |
|  |   |   |                  |  |  |
| For information on the nursing home's                        | plan to correct this deficiency, please cont  | tact 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 0759   | Ensure medication error rates are not 5 percent or greater.   |   |                  |  |  |
| Level of Harm - Minimal harm<br>or potential for actual harm | 20604   |   |                  |  |  |
| •  | Based on observation, interview, and record review the facility failed to maintain a medication error rate  |   |                  |  |  |
| Residents Affected - Some                                    | below 5% by failing to give two medications as ordered, and administering a discontinued medication for 1 (#37) of 3 (#37, #96, and #101) residents observed during medication administration. A total of 30      |   |                  |  |  |
|  | opportunities were observed which included 3 medication errors for a medication error rate of 10%.  |   |                  |  |  |
|  | Findings:   |   |                  |  |  |
|  | Review of the facility's policy on 06/25/2024 titled, Administering Medications with revision date April 2019   |   |                  |  |  |
|  | revealed the following, in part: . 3. Medications are administered in accordance with prescriber orders, including any required time frame. 9. The individual administering the medication checks the label THREE |   |                  |  |  |
|  | <ul> <li>(3) times to verify the right resident, right medication, right dosage, right time and right method (route) of administration before giving the medication</li> </ul>                                    |   |                  |  |  |
|  |   |   |                  |  |  |
|  | Observation on 06/24/2024 at 8:31 a.m. revealed S4 LPN prepared and administered the following medications for Resident #37:  |   |                  |  |  |
|  | Aspirin 81mg 1 tablet by mouth  |   |                  |  |  |
|  | Zyrtec 10mg 1 tablet by mouth   |   |                  |  |  |
|  | Docusate Sodium 100mg 1 tablet by mouth   |   |                  |  |  |
|  | Ferrous Sulfate 325mg 1 tablet by mouth   |   |                  |  |  |
|  | Potassium 10meq 1 tablet by mouth   |   |                  |  |  |
|  | Lasix 10mg 1/2 tablet by mouth  |   |                  |  |  |
|  | Lasix 20mg 1 tablet by mouth  |   |                  |  |  |
|  | Coreg 3.125mg 1 tablet by mouth   |   |                  |  |  |
|  | Oxycodone 10mg 1 tablet by mouth  |   |                  |  |  |
|  | Oxycodone 10mg 1 tablet by mouth  | n   |                  |  |  |

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

| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION             | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br>195482  | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing  | (X3) DATE SURVEY<br>COMPLETED<br>06/25/2024                |  |
|---|--|---|--|--|
| NAME OF PROVIDER OR SUPPLIER<br>The Woodlands Healthcare Center |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>144 Thad Bailes Rd<br>Leesville, LA 71446  |  |  |
| For information on the nursing home's                           | plan to correct this deficiency, please con  | l<br>tact the nursing home or the state survey a  | agency.  |  |
| (X4) ID PREFIX TAG  | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |   |  |  |
| F 0759  | 8.5 tablets were administered to Resident #37 by S4 LPN.   |   |  |  |
| Level of Harm - Minimal harm or<br>potential for actual harm    | Record review of the current physician orders for Resident #37 revealed the following medication orders:   |   |  |  |
| Residents Affected - Some                                       | Lasix (Diuretic) Oral Tablet 20 mg. Give 1 tablet by mouth one time a day. Order date 06/09/2024   |   |  |  |
|   | Lasix Oral Tablet 10 mg. Give 1/2 t  | ablet by mouth one time a day. Discon   | tinue date 06/08/2024                                      |  |
|   | Ticagrelor (Antiplatelet) Oral Tablet 90 mg. Give 1 tablet by mouth two times a day. Order date 05/29/2024.  |   |  |  |
|   | Lansoprazole (Antacid) Oral Capsule Delayed Release 30 mg. Give 1 capsule by mouth one time a day. Order date 05/29/2024.  |   |  |  |
|   | Record review of Resident #37's 06/2024 EMAR revealed the following medications were documented as administered on 06/24/2024 during surveyor observation:   |   |  |  |
|   | Ticagrelor 90 mg   |   |  |  |
|   | Lansoprazole 30 mg   |   |  |  |
|   | Lasix 10mg was not documented as administered on the EMAR.   |   |  |  |
|   | Observation on 06/24/2024 at 8:31 a.m. of medicine administered to Resident #37 by S4 LPN revealed Ticagrelor and Lansoprazole were not administered as ordered, and Lasix 30 mg (1.5 tablets) was administered. |   |  |  |
|   | Ticagrelor 90 mg and Lansoprazole<br>Lasix 20 mg, and Lasix 10 mg to R   | n. with S4 LPN confirmed that she did<br>e 30 mg as ordered, but should have. S<br>esident #37. S4 LPN stated she was u<br>onfirmed Lasix 10 mg should not have | 4 LPN confirmed she administered<br>naware Lasix 10 mg was |  |
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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION             | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br>195482  | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                               | (X3) DATE SURVEY<br>COMPLETED<br>06/25/2024 |  |  |
|---|--|--|---|--|--|
| NAME OF PROVIDER OR SUPPLIER<br>The Woodlands Healthcare Center |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>144 Thad Bailes Rd<br>Leesville, LA 71446 |   |  |  |
| For information on the nursing home's                           | plan to correct this deficiency, please con  | l<br>tact the nursing home or the state survey                                     | agency.                                     |  |  |
| (X4) ID PREFIX TAG  | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |  |   |  |  |
| F 0880  | Provide and implement an infection prevention and control program.   |  |   |  |  |
| Level of Harm - Minimal harm or potential for actual harm       | **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20604  |  |   |  |  |
| Residents Affected - Some                                       | Based on observation, record review, and interview, the facility failed to maintain an infection prevention ar control program designed to provide a safe, sanitary, and comfortable environment, and to help prevent the development of communicable diseases and infections for 1 of 1 resident reviewed for pressure ulcers (#292), and 1 (#292) of 43 residents reviewed for Enhanced Barrier Precautions. |  |   |  |  |
|   | The facility failed to:  |  |   |  |  |
|   | 1. Perform proper hand hygiene during wound care for Resident #292; and  |  |   |  |  |
|   | 2. Ensure signage was used to communicate to staff those residents who required the use of Enhanced Barrier Precautions (EBP) and Personal Protective Equipment (PPE) before high contact care activities wer provided for Resident #292.  |  |   |  |  |
|   | Findings:  |  |   |  |  |
|   | <ol> <li>Review of the facility's policy on 06/25/2024 titled Wound Care, with a revision date 11/2017, read in part</li> <li>Put on exam glove. Loosen tape and remove dressing. 5. Pull glove over dressing and discard into appropriate receptacle. Wash and dry hands thoroughly. 6. Put on Gloves .</li> </ol>  |  |   |  |  |
|   | Review of Resident #292's medical record revealed Resident #292 was admitted to the facility on [DATE], and had diagnoses that included in part .Lack of Coordination, Age Related Debility, and Generalized Musc Weakness.  |  |   |  |  |
|   | Review of Resident #292's Admission MDS with an ARD of 05/24/2024, revealed Resident #292 had a BIM of 13 (Cognition intact).  |  |   |  |  |
|   | Review of Resident #292's Comprehensive Person Centered Care Plan revealed the following in part .<br>Pressure ulcers to right heel and right lateral malleolus. Interventions included in part . EBP care should be<br>maintained for resident's entire stay, or until wounds have healed. Post clear signage on the door or wall<br>outside of room indicating the type of precautions and required PPE.     |  |   |  |  |
|   | Review of Resident #292's 06/2024 physician orders revealed the following:   |  |   |  |  |
|   | Right heel pressure wound: cleanse with wound cleanser, apply Santyl ointment then calcium alginate to wound bed, apply Xeroform gauze to peri wound skin, then wrap with kerlix and secure with paper tape daily.   |  |   |  |  |
|   | (continued on next page)   |  |   |  |  |
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| NAME OF PROVIDER OR SUPPLIER<br>The Woodlands Healthcare Center                                     |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>144 Thad Bailes Rd<br>Leesville, LA 71446  |  |  |
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| F 0880<br>Level of Harm - Minimal harm or<br>potential for actual harm<br>Residents Affected - Some | Observation on 06/25/2024 at 9:41 a.m. revealed S1 Treatment Nurse performed wound car<br>#292's right heel. S1 Treatment Nurse put on gloves and removed Resident #292's old dress<br>heel. S1 Treatment Nurse held Resident # 292's right foot off the bed with her left hand and of<br>soiled dressing with her right hand. S1 Treatment Nurse continued to hold Resident #292's ri<br>left hand, then reached into the clean field with her right hand to grab supplies, and proceeded |   |  |  |
|   | Interview on 06/25/2024 at 10:14 a<br>ensure staff was aware of residents<br>Peg tubes, Foley Catheters, and w<br>Preventionist stated she puts EBP<br>Barrier Precautions was required, s<br>precautions before high contact can<br>Observation of Resident #292's roo<br>no EBP signage. S3 Infection Prev<br>Resident #292 was on Enhanced E  | a.m. revealed no EBP signage in or or<br>.m. with S3 Infection Preventionist, rev<br>s who require EBP. S3 Infection Preven<br>ounds should be on Enhanced Barrier<br>signage next to the resident's door to in<br>so that direct care staff would be aware<br>re activities are provided to residents.<br>om on 06/25/2024 at 10:20 a.m., with S<br>entionist confirmed there was no signa<br>Barrier Precautions. S3 Infection Preven<br>to use Enhanced Barrier Precautions. | ealed she was responsible to<br>ntionist stated that residents with<br>Precautions. S3 Infection<br>ndicate to staff that Enhanced<br>and take the necessary<br>S3 Infection Preventionist, revealed<br>ge to alert direct care staff that |  |