STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NH0577	A. BUILDING: _____ B. WING _____	C 11/02/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODLANDS NURSING & REHABILITATION CENTER	400 PELT DRIVE FAYETTEVILLE, NC 28301

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
D 000	Initial Comments A complaint investigation was conducted on 11/1/2022 through 11/2/2022. The following intake was investigated: NC00185265. 2 of the 11 allegations were substantiatiated resulting in a deficiency.	D 000		
D 269	10A NCAC 13F .0901(a) Personal Care and Supervision 10A NCAC 13F .0901 Personal Care and Supervision (a) Adult care home staff shall provide personal care to residents according to the residents' care plans and attend to any other personal care needs residents may be unable to attend to for themselves. This Rule is not met as evidenced by: Based on observation, resident and staff interviews and record review the facility failed to provide incontinent care for a resident who required assistance for 1 of 3 residents (Resident #4) reviewed for activities of daily living (ADL). The findings included: Resident #4 was admitted to the facility on 3/23/21 with diagnoses that included cerebral infarction and dementia. Resident #4 ' s Adult Care Home FL2 Form dated 3/23/21 revealed that Resident #4 was semi-ambulatory, continent of bowel and bladder, and required personal care assistance with bathing and dressing. The FL2 did not indicate	D 269	The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies. To remain in compliance with all federal and state regulations the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated. F: D269 Corrective Action for : Personal Care and Supervision For resident #4 incontinent care and	11/30/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 11/23/22

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D 269	Continued From page 1 the Resident had any disorientation. There was no evidence of a yearly assessment. Resident #4 ' s service plan initiated on 9/6/21 revealed that Resident #4 had a behavior problem. The interventions included to assess Resident #4 ' s needs for thirst, toileting, and comfort level. Review of the psychiatry follow up note dated 10/18/22 revealed that Resident #4 had moderate dementia that appeared to be worsening. A continuous observation was conducted on 11/1/22 at 12:51 PM to 12:59 PM. Resident #4 was lying on her right side on the bed in her room. During the observation a large wet spot was observed on the middle lower half of her shirt and middle upper half of pants. Further observation revealed that Resident #4 had a large wet spot on the back of both thighs. Resident #4 removed a pillow that had a large wet spot in the center and placed it in her wheelchair. She then placed on her coat and transferred herself to the wheelchair. Resident #4 proceed to propel herself down the hall to the smoking area. An attempt to interview Resident #4 on 11/1/22 at 1:00 PM was unsuccessful. Resident #4 did not respond to questions. An interview was conducted with Medication Aide #1 at 1:01 PM. The aide stated that Resident #4 required extensive assistance with ADLs. The aide stated that Resident #4 could take herself to the bathroom but required assistance sometimes. The Medication Aide stated that she did incontinence rounds on residents in the morning	D 269	shower was completed on 11/1/2022 by the CNA. Corrective Action for Potentially Affected Residents All residents have the potential to be affected. Beginning on 11/19/2022, all residents were audited for incontinent care needs by the nurse managers. If any incontinent care needs were assessed, the care was immediately provided by the assigned CNA. This was completed by 11/19/2022. Systemic Changes On 11/21/2022, the Nurse management team began in-servicing all current full time, part time and PRN Nurses and CNA’s and agency staff. This in-service included the following topics: Dignity and providing timely incontinence care. This information has been integrated into the standard orientation training and in the required in-service refresher courses for all above mentioned staff and will be reviewed by the Quality Assurance process to verify that the change has been sustained. Staff that have not received the education by 11/30/2022 will not be allowed to work until it has been completed. Quality Assurance The Director of Nursing or designee will monitor incontinence care using the ADL QA tool for auditing to ensure incontinence care is provided. Audits will be completed weekly x 2 weeks then monthly x 3 months. Reports will be presented to the weekly Quality Assurance committee by	

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D 269	Continued From page 2 and after lunch. The MA stated that she had last rounded on Resident # 4 in 11/1/22 at about 9:30 AM. The MA stated that Resident #4 required assistance with toileting. She stated Resident #4 would change herself sometimes. She further stated there were times when Resident #4 would be wet. An interview was conducted with the Director of Nursing (DON) on 11/1/22 at 1:10 PM. The DON stated that Resident #4 required assistance with ADLs but was able to go to the bathroom independently. The DON stated that she expected that the staff would monitor residents for incontinence throughout their shift. An interview was conducted with the Administrator on 11/1/22 at 3:18 PM. The Administrator stated that Resident #4 was independent and able to go to the bathroom without assistance. The Administrator stated that she expected that staff would check on the residents throughout the shift for incontinence.	D 269	the Administrator to ensure corrective action initiated as appropriate. Compliance will be monitored and ongoing auditing program reviewed at the weekly Quality Assurance Meeting. The weekly QA Meeting is attended by the Administrator, Director of Nursing, MDS Coordinator, Therapy, Health Information Manager, and the Dietary Manager	