

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345349	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/17/2025
NAME OF PROVIDER OR SUPPLIER Woodbury Wellness Center Inc			STREET ADDRESS, CITY, STATE, ZIP CODE 2778 Country Club Drive , Hampstead, North Carolina, 28443	
(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) COMPLETION DATE
E0000	Initial Comments An unannounced recertification and complaint investigation survey was conducted on 09/29/2025 through 10/02/2025. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID # 1D7967-H1. In accordance with QSO-26-01-All, the posting of this Statement of Deficiencies was delayed as a result of the Federal Government shutdown. The exit date of this survey has been adjusted based on CMS guidance.	E0000		11/26/2025
F0000	INITIAL COMMENTS A recertification and complaint investigation survey was conducted from 09/29/2025 through 10/02/2025. Event ID#1D7967-H1. In accordance with QSO-26-01-All, the posting of this Statement of Deficiencies was delayed as a result of the Federal Government shutdown. The exit date of this survey has been adjusted based on CMS guidance. The following intakes were investigated: 804392, 804387, 804385, 804380 and 804379. 16 of the 16 complaint allegations did not result in deficiency.	F0000		11/26/2025
F0695 SS = D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is NOT MET as evidenced by: Based on record review, observations, staff and Nurse	F0695	Tag F0695 Preparation and submission of this plan of correction is in response to the CMS Form 2567 from the 09/29/25 (11/17/25) survey. It does not constitute an agreement or admission by Woodbury Wellness Center of the truth of the facts alleged or of the correctness of the conclusions stated on the statement of deficiency. The facility reserves all rights to contest the deficiencies, findings, conclusions, and actions of the Agency. This Plan of Correction (and the attached documents) also functions as the facility's credible allegation of compliance. # 1 - Address how corrective action will be accomplished for those residents found to have been	11/27/2025

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 reverse for further 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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F0695 SS = D	<p>Continued from page 1 Practitioner interviews, the facility failed to administer oxygen at the prescribed rate for 1 of 3 residents (Resident #12) reviewed for respiratory care.</p> <p>The findings included:</p> <p>Resident #12 was admitted to the facility on 4/21/25. Her diagnoses included asthma, and chronic obstructive pulmonary disease (COPD).</p> <p>Resident #12's care plan had a care focus area initiated on 7/11/25 that indicated that Resident #12 was at risk for altered respiratory status related to COPD and asthma. Interventions included administer oxygen per physician orders.</p> <p>A quarterly Minimum Data Set (MDS) assessment dated 7/12/25 indicated Resident #12 was cognitively intact. Her diagnoses included asthma and chronic obstructive pulmonary disease. She was coded for shortness of breath or trouble breathing with exertion, sitting at rest and when lying flat.</p> <p>A physician order dated 8/6/25 indicated provide oxygen at 2 liters/minute via nasal cannula for shortness of breath to maintain oxygen saturations above 90%.</p> <p>During observation on 9/30/25 at 12:25 PM Resident #12 was observed with the oxygen nasal canula in place. Resident #12's oxygen regulator on the concentrator was set at 5 liters/minute when viewed horizontally at eye level. Resident #12 indicated she could not reach the oxygen concentrator without staff assistance and that she had not adjusted the oxygen rate.</p> <p>During observation on 10/1/25 at 11:35 AM Resident #12 was observed with the oxygen nasal canula in place. Resident #12's oxygen regulator on the concentrator was set at 5 liters/minute when viewed horizontally at eye level. Resident #12 stated that she had not adjusted the oxygen rate. Resident #12's oxygen regulator was verified with Nurse #1 to be set at 5 liters/minute.</p> <p>During an interview on 10/1/25 at 11:39 AM with Nurse #1, she stated that Resident #12 had a physician order for oxygen at 2 liters/minute via nasal cannula for shortness of breath to keep oxygen saturations above 90%. Nurse #1 stated she had not checked Resident #12's oxygen rate prior to this observation and that she would normally check it when she went to the room, but she had not checked it earlier that morning when she was in Resident #12's room.</p> <p>During an interview on 10/1/25 at 12:21 PM with the</p>	F0695	<p>Continued from page 1 affected by the deficient practice;</p> <p>For Resident # 12:</p> <p>Director of Nursing/Designee notified Provider on 10/01/25 of resident #12's oxygen observed to be delivered at 5 liters per minute via concentrator and of current order for oxygen to be delivered at 2 liters per minute. No new orders received and concentrator administration was set to 2 liters per minute by Director of Nursing/Designee as per physician order.</p> <p>The Director of Nursing developed an "Acute Observation Tool" on 10/01/25 to be utilized by Licensed Nurses to document observations of oxygen delivery outside of current physician's order and follow up, if needed. "Acute Observation Tool" was completed for Resident #12 by Director of Nursing on 10/1/25.</p> <p># - 2 Address how the facility will identify other residents having the potential to be affected by the same deficient practice;</p> <p>The Director of Nursing and/or her designee completed an audit of all in-house NF residents identified with orders to administer oxygen via concentrator on October 2, 2025, and to verify that deliver of oxygen by concentrator was as per current physicians order. No additional discrepancies were identified on completion of audit.</p> <p># -3 Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur;</p> <p>The Director of Nursing developed an "Acute Observation Tool" on 10/01/25 to be utilized by Licensed Nurses to document observations of oxygen delivery outside of current physician's order and follow up, if needed.</p> <p>The Director of Nursing reviewed and revised, if applicable, facility policy "Oxygen Administration" on 10/02/25.</p> <p>The Director of Nursing developed "Oxygen Use in Facility and Guidelines" on 10/02/25.</p> <p>The Director of Nursing/Staff Development Coordinator initiated education for all Licensed Nurses on "Oxygen</p>	

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F0695 SS = D	<p>Continued from page 2 Unit Manager she indicated that Nurse #1 should have verified that the oxygen setting was at the physician's ordered rate at the beginning of the shift.</p> <p>An interview was conducted on 10/2/25 at 1:12 PM with the Nurse Practitioner (NP). She stated Resident #12 had an order for oxygen at 2 liters/minute via nasal cannula to keep oxygen saturations above 90%. The NP stated she expected nurses to ensure that oxygen was set at the ordered rate and if they needed to titrate the oxygen rate, she expected nurses to call the provider to request adjustment to the oxygen rate.</p> <p>An interview was conducted on 10/2/25 at 1:17 PM with the Director of nursing (DON). She stated that Nurse #1 should have validated that Resident #12's oxygen regulator was set at the physician ordered rate. The DON explained she expected nursing staff to follow physician orders and to request an updated order if there was a need to titrate the oxygen. She stated that nurses should verify oxygen rates at the beginning of their shifts and throughout their shift.</p> <p>During an interview on 10/2/25 at 1:23 PM with the Administrator, she stated she expected nurses to monitor the oxygen setting to ensure that it was set at the provider ordered setting.</p>	F0695	<p>Continued from page 2 Administration" policy, "Oxygen Use in Facility and Guidelines", and "Acute Observation Tool", to include Post Test, on 10/03/25.</p> <p>Any Licensed Nurses not completing education by 10/24/25 will be educated by Staff Development Coordinator/Designee on next scheduled shift.</p> <p>All Newly hired Licensed Nurses (including Agency nurses) will be educated during the hiring orientation process by Staff Development Coordinator/Designee.</p> <p># - 4 Indicate how the facility plans to monitor its performance to make sure that solutions are sustained; and Include dates when corrective action will be completed.</p> <p>Audit tool "Woodbury Wellness Shift to Shift Audit for Oxygen at Correct Liters/Min." developed by Director of Nursing on 10/02/25 with education by Staff Development Coordinator/Designee and implementation on that date. Audit to be completed by Licensed Nurses each shift of 100% of inhouse NF residents using oxygen concentrators verifying order for liters/minute match current physicians order. Audits to be completed each shift and provided to the Unit Manager times 6 weeks.</p> <p>Audit tool "Woodbury Wellness Unit Manager Verification Audit of Oxygen In Use for Literage Correct" developed by Director of Nursing on 10/06/25 with education provided to Unit Managers by Director of Nursing/Designee and Implementation on this date. Audit to be completed weekly times 6 weeks and provided to the Director of Nursing.</p> <p>Results of audits will be reviewed by Director of Nursing/Designee in weekly facility Clinical Risk Meetings</p> <p>Results of audits will be presented by Director of Nursing for review and discussion in next scheduled Quality Assurance Performance Improvement Committee Meeting. The Quality Assurance Committee will assess and modify the action plan as needed to ensure continued compliance.</p>	