

Mississippi State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 07/01/2026	
NAME OF PROVIDER OR SUPPLIER WOODLANDS REHABILITATION AND HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 102 WOODCHASE PARK DRIVE , CLINTON, Mississippi, 39056			
(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	
M0000	Initial Comments The State Agency (SA) conducted four (4) Complaint Investigations (CI MS #3044227, CI MS #30511076, CI MS #3049306, and CI MS #3018634) from 06/30/26 through 07/01/26. CI MS #3044227 was investigated related to a resident waiting long periods of time for perineal care, not receiving wound care per physician orders, staff being rude and bed with no sheets. CI MS #30511076 was related to waiting long periods of time for care. CI MS #3049306 was related to a resident not receiving medical equipment in timely manner. CI MS #3018634 was related to a personal item missing and food and milk was sour. During the survey, the SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements and M620 was cited related to CI MS#30511076. There were no citations related to the other CIs.		M0000				
M0620	45.21.4 Urinary incontinence Urinary incontinence. Residents with urinary incontinence shall be assessed for need of bladder retraining program. An indwelling catheter will not be used unless the resident 's clinical condition indicates that catheterization is necessary. These residents shall receive treatment and services to prevent urinary tract infections. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, record review, and facility policy review, the facility failed to provide appropriate perineal care by thoroughly cleansing the perineal area following an incontinent episode for one (1) of eight (8) sampled residents. Resident #6. Findings include: A record review of the facility policy titled "Perineal Care," revised 3/3/26, revealed the purpose of the procedure is to provide cleanliness and comfort, prevent infection and skin irritation, and observe the resident's skin condition. The policy further revealed that for female residents staff are to separate the labia and cleanse from front to back.		M0620				

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE
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M0620	Continued from page 1 On 7/1/26 at 9:40 AM, Certified Nursing Assistant (CNA) #1 was observed providing incontinent care to Resident #6. The resident's brief contained feces. CNA #1 cleansed the perineal area multiple times but did not separate the labia while cleansing. After completing care and applying a clean brief, State Agency staff requested the CNA reassess the resident's cleanliness. Upon removal of the clean brief, feces remained on the resident's vaginal and anal areas. CNA #1 required six additional cleansing wipes before the perineal area was free of fecal material. On 7/1/26 at 9:56 AM, during an interview, CNA #1 confirmed feces remained on the resident after she completed incontinent care. She stated, "I guess I did not wipe good enough." She acknowledged the resident could develop skin irritation, pressure injuries, or a urinary tract infection if feces remained on the skin and confirmed she should have continued cleansing until the wipes were free of fecal material. On 7/1/26 at 3:00 PM, during an interview, the Director of Nursing confirmed CNA #1 should have continued cleansing until no fecal material remained on the wipes. She stated leaving feces on the resident's skin could result in skin breakdown and confirmed staff are expected to provide quality care to all residents. A record review of Resident #6's Admission Record revealed an admission date of 11/13/24 with diagnoses including vascular dementia, anxiety, and dysphagia. A record review of Resident #6's Minimum Data Set with an Assessment Reference Date of 4/20/26 revealed a Brief Interview for Mental Status score of six (6), indicating severe cognitive impairment. Section GG revealed the resident was dependent on staff for personal hygiene.	M0620					