

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255148		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/30/2026	
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
F0000	INITIAL COMMENTS The State Agency (SA) conducted Complaint Investigation (CIs) for CI MS# 3154324, CI MS# 3167349 and CI MS # 3190812 at the facility 9/28/26 through 9/30/26. CI MS# 3154324 was investigated related to residents' rights, dietary services, quality of care and misappropriation. CI MS# 3167349 was investigated related to accident/fall and quality of care. CI MS# 3190812 was investigated related to physical environment and quality of care. During the survey, the SA determined the facility was not in compliance with the requirements for participation in Medicare and Medicaid and there was one (1) deficiency cited, F689, related to CI MS# 3167349. The facility held a license for 145 beds with a census of 136 residents.			F0000			
F0689 SS = D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is NOT MET as evidenced by: Based on facility policy review, record review, and interviews, the facility failed to ensure a resident was safely transported in the facility van and free from a fall for one (1) of five (5) sampled residents. Resident #1. Findings included: Record review of the facility policy titled, "Fall Prevention Program" with a revision date of 3/04/26 revealed, "Post-Fall Management Immediate Clinical			F0689			

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
---	-------	-----------

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255148		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/30/2026	
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	
F0689 SS = D	Continued from page 1 Response *Nursing Assessment Evaluation for injury *Vital signs and neurological monitoring as clinically indicated *Ongoing observation based on the resident's condition and clinical findings..." Record review of the facility policy titled, "DRIVER AND VEHICLE SAFETY POLICY" Revision Date 3/2025 (March 2025) revealed the policy stated, "The objective of this policy is to implement safe driving policies and practices so that the following safety goals are met...Residents are properly secured at all times...In the event of an emergency while operating the vehicle, follow the accident reporting guidelines...Employees driving the company vehicle shall also...know how to...properly secure wheelchairs...Have another employee ride with the driver if transporting residents who need assistance...WHAT TO DO IN THE EVENT OF AN EMERGENCY OR ACCIDENT...If the resident has a medical issue during transport that requires immediate attention the driver should safely stop the van, provide necessary assistance to the resident, and call 911 for ambulance transportation to the nearest hospital...Contact the facility Administrator or Director of Nursing to report the accident..." Record review of the "Securing Residents in Van-Competency Demonstration" sheet, Page 5.4.25 included in the "DRIVER AND VEHICLE SAFETY POLICY" revealed the "proper method of securing passengers" included "Secure the passenger with shoulder and lap belts...keep the passenger secured...Important Safety Information Always make sure the wheelchair is safe for use during transport..." On 9/28/26 at 10:20 AM, during a telephone interview the complainant for Compliant # 3167349 stated that Resident #1 was admitted by the facility for skilled services and short-term stay. During that time, she had a medical appointment on 8/14/26. She confirmed that the facility arranged to transport the resident to the appointment via the facility van with a facility van driver. She stated that Resident #1's husband met the facility van at the facility and told the driver that the resident had little if any trunk control and had difficulty sitting up in a wheelchair. She stated that the husband had taken his personal vehicle to meet the resident in the facility van at the medical office and was notified by telephone that Resident #1 was returned to the facility following a fall from her wheelchair during transport and was being taken to acute care hospital emergency department for assessment and treatment as needed. She stated that Resident #1 had since expired, not due to injury related to fall. She stated that her	F0689					

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255148		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/30/2026	
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
F0689 SS = D	Continued from page 2 concern was that the resident was driven back to the facility improperly secured on the floor of the facility van. On 9/28/26 at 11:20 AM, interview with Rehabilitation Director revealed she was familiar with Resident #1 and her care. She confirmed that Physical Therapy (PT) #1 and Occupational (OT) #1 had evaluated Resident #1 following admission. She confirmed that the resident had challenges related to sitting up in wheelchair due to poor trunk control and impairments regarding static/dynamic sitting and coordination. She stated that no one had conferred with her whether Resident #1 was safe to transport in a wheelchair in the facility van with only the van driver. On 9/28/26 at 1:05 PM, interview with Van Driver #1 confirmed that during transport Resident #1 had slid out of her wheelchair approximately 0.7 miles from the facility when he turned the van onto the onramp to get on the interstate. He said he had pulled over on the side of the road, observed the resident sitting on her wheelchair's footrests with her seatbelt over her chest. He said he called facility Central Supply Aide and drove the van onto the interstate, took the next offramp and returned to the facility approximately three (3) miles. He explained that he checked the list generated by Social Services (SS) each Friday to determine if transport required accompanying staff and the 8/14/26 transport of Resident #1 had no such notation. He confirmed that the husband of Resident #1 was at the facility while he loaded the resident onto the van and told him that the resident had little control of her body. He confirmed that with the resident was improperly secured on the van floor while returning to the facility. On 9/28/26 at 3:10 PM, interview with the Director of Nursing (DON) stated that the facility Receptionist and Social Services Assistant were responsible under the supervision of the Assistant Administrator to coordinate and arrange transportation for residents for transportation for medical appointments. She stated that facility staff confirmed appointments and contacted family or RR to determine if they could meet the resident for their appointments based on resident cognition. She stated that if the resident had cognitive impairment and no family could meet them for appointment, she would assist with assigning a staff member to accompany them to the appointment. She confirmed that no staff had been assigned to accompany Resident #1 on 8/14/26 to her appointment because she had a BIMS score of 14 with no noted cognitive			F0689			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255148		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/30/2026	
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
F0689 SS = D	Continued from page 3 impairment and her family were meeting her for her appointment. She confirmed that the residents' physical capabilities/limitations were not considered and there had been no conference with PT or OT. On 9/30/26 at 10:50 AM, interview with the Administrator revealed the procedure for medical appointments for residents was that the primary nurse entered the appointment into the system software under "Appointments" and each Friday a list of all appointments was generated by SS or the Receptionist and one of them would call and confirm each with the provider and then contact the family to see if they could meet the residents or if a "sitter" was needed. She confirmed that Nursing Services and the Rehabilitation Department assessed/evaluated each resident upon admission and periodically thereafter, at least every three (3) months to determine abilities and needs. She confirmed that there was no step in the process in which SS or the receptionist contacted nursing services or rehabilitation services to determine the appropriateness of transporting a resident in a wheelchair in the facility van. She stated all department heads received a copy of the Appointments Log. She confirmed that the facility determined appropriateness based on each resident's cognitive status. The Administrator said that she had been at the facility on 8/14/26 and that according to facility policy Van Driver #1 should not have driven the van with the resident improperly secured, should have called 911 and summoned emergency assistance without moving the van following her fall and should have called and notified her of the fall, which he had not. On 9/30/26 at 12:45 PM, during an interview, the Receptionist confirmed she printed a lists of resident appointments and she or SS would contact the provider and confirm the appointment and contact the resident's family if the resident had cognitive impairment to determine if the family would be able to meet the resident for the appointment. If not, a "sitter", not necessarily a certified or licensed staff member would accompany in the facility van and stay with the resident through return to the facility. She stated that she did not attend morning meetings or clinical meetings or discuss with other team members the appropriateness of transfers or needs/abilities of residents prior to transportation. She confirmed she did not contact nursing services or rehabilitation services to inquire about the safety of resident van transportation. She stated that copies of the list she printed each week were distributed to each department head and that if there were concerns, they could discuss them and make her			F0689			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255148		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/30/2026	
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
F0689 SS = D	Continued from page 4 aware of them or the need to make other arrangements such as ambulance/stretchers transport. Record review of the "Incident Report" dated 8/14/26 revealed "Incident Location: Off property" and "Resident Description: "Once we pulled off I slid out my wheelchair in the van the seat belt was around my breast". Printed statement dated 8/14/26 signed by Van Driver #1 revealed the driver described the incident following loading the resident into the facility van, "...When I reached interstate...I looked back and noticed that (Resident #1) legs had slid down and she was almost on the floor. The only thing holding her up was her holding onto the seatbelt, which was near her chest area...By the time I got to her, she had already slid onto the floor but was still holding onto the seatbelt. I asked her if she wanted me to release the seatbelt because it was pushing against her chest. She said yes, so I released it...her body had slid out of the wheelchair. I immediately headed back to the facility for assistance..." Record review of the "Vehicle Accident Report" dated 8/14/26 at 12:15 PM, revealed Van Driver #1's Description of Accident was documented as "all of a sudden she just slid down out of the chair didn't want seatbelts to choke her so I unbuckled them and drove quickly back to the facility." Record review of the user instructions for the resident securement system (undated) revealed, "SECURE PASSENGER...Attach Lap Belts...ensuring buckle rests on passenger's hip...Attach Shoulder Belt-ensure belts are adjusted as firmly as possible...WARNING...Occupant belts should always bear upon the bony structure of passenger's body and be worn low across the front of the pelvis, with the junction between lap and shoulder belts located near passenger's hip." Record review of the "Checklist for Authorizing New Drivers" dated 6/01/26 and signed by Van Driver #1 revealed acknowledgement of In-Service regarding "What to do in the Event of an Emergency or Accident". Record review of the "Incidents By Incident Type" log for July through September, 2026 revealed documentation Resident #1 had a fall on 8/14/26. Record review of the "Admission Record" for Resident #1 revealed the facility admitted her on 7/28/26 and she had diagnoses that included multiple myeloma, heart failure, spinal stenosis,			F0689			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255148		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 09/30/2026	
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
F0689 SS = D	Continued from page 5 diabetes and morbid obesity. Record review of the admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 8/03/26 for Resident #1 revealed a Brief Interview for Mental Status (BIMS) score of 14, which indicated the resident was cognitively intact. Further MDS review revealed the facility assessed Resident #1 was unable to walk ten (10) feet, required a wheelchair for mobility, was independent with eating and dependent for all other activities of daily living. Record review of the Physical Therapy (PT) Evaluation and Plan of Treatment dated 7/29/26, signed by PT #1 revealed, "Initial Assessment/Current Level of Function & Underlying Impairments...Reason for Referral...decrease in functional mobility, decrease in ROM (range of motion),,,strength, coordination...postural alignment...increased need for assistance from others...Musculoskeletal System Assessment...Trunk ROM and Trunk Strength...Impaired...Neuromuscular Assessment...Static sitting poor (maintaining a fixed rigid posture in a chair without significant movement and requiring physical support to maintain an upright position), static standing..." Record review of the OT Evaluation and Plan of Treatment dated 7/29/26, signed by OT #1 revealed Resident #1 had medical diagnoses of obesity, T7-T11 subdural lesion, T8-10 and T11spinal plasmacytoma with severe canal stenosis. Record review of a "Progress Note" dated 8/14/26 signed by Nurse Practitioner (NP) #1 revealed NP documented a fall during transport that resulted in the resident being on the van floor with her right leg positioned beneath/alongside her, active bleeding from the left great toe and abrasion/skin tears to the left forearm.			F0689			