

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 195482	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/04/2025
NAME OF PROVIDER OR SUPPLIER The Woodlands Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 144 Thad Bailes Rd Leesville, LA 71446	

For information on the nursing home's plan to correct this deficiency, please contact 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)
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>Based on observation, interview and record review, the facility failed to ensure a resident was treated with respect and dignity and cared for in a manner that promoted maintenance or enhancement of his or her own quality of life for 2 (Resident #2 and Resident #27) of 39 sampled residents. The facility failed to:1. Ensure Resident #2 received incontinence care before meal service, and2. Ensure Resident #27 received her meal along with the other residents at the lunch table. Findings:</p> <p>Review of a facility policy titled "Assistance with Meals" on 09/04/2025 at 10:48 a.m. revealed in part... facility staff will serve resident trays and will help residents who require assistance with eating for dining room residents and residents who cannot feed themselves will be fed with attention to safety, comfort and dignity.</p> <p>Resident #27</p> <p>Record review revealed an admission date of 03/06/2025 with admitting diagnosis of Unspecified Protein & calorie malnutrition, cognitive communication deficit, other lack of coordination, unspecified dementia moderate without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety; altered mental status, unspecified.</p> <p>Review of the resident's Quarterly MDS (Minimum Data Set) dated 08/07/2025 revealed the resident required substantial/maximal assistance for eating. The resident did not have a BIMS (Brief Interview Mental Status) due to unable to interview due to rarely or never understood.</p> <p>On 09/03/2025 at 11:05 a.m., a dining observation was conducted during lunch on Hall X. Resident #27 was observed sitting at a table throughout the meal service. Residents were observed being served, eating, and then exiting the dining area, while Resident #27 remained un-served.</p> <p>On 09/03/2025 at 11:40 a.m., an interview was conducted with S13CNA. When asked if she was finished serving the Hall X, she stated, "We have to feed Resident #27, so her tray is fixed last."</p> <p>On 09/03/2025 at 11:48 a.m., an interview was conducted with S12LPN who stated she was unaware Resident #27 had not been served with the other residents at her table. S12 LPN confirmed that all residents seated at the table with Resident #27 had been served and completed their meal and Resident #27 had not been served.</p> <p>Resident #2</p> <p>(continued on next page)</p>

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	(X6) DATE
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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #2's medical record revealed an admission date of 06/02/2023 with diagnoses including, in part&hellip;Memory Deficit Following Cerebral Infarction, Parkinson's Disease, Depression, Alzheimer's Disease, Dementia, Muscle Wasting And Atrophy, and Protein-Calorie Malnutrition.</p> <p>Review of Resident #2's Significant Change MDS with an ARD of 07/14/2025 revealed a BIMS Score of 3, indicating severe cognitive impairment. Resident #2 required substantial/maximal assistance with eating and was always incontinent of bowel and bladder.</p> <p>Observation of Resident #2 on 09/04/2025 at 7:50 a.m. revealed the resident was lying in bed, uncovered, and turned slightly to the left. Resident #2's brief was bulging posteriorly. There was a strong odor of feces in the room.</p> <p>Observation of Resident #2 on 09/04/2025 at 8:19 a.m. revealed the resident was lying in bed, uncovered, and turned slightly to the left. Resident #2's brief was bulging posteriorly. There was a strong odor of feces in the room.</p> <p>Interview with S10CNA on 09/04/2025 8:25 a.m. revealed she had just attempted to feed Resident #2 breakfast and stated Resident #2 &ldquo;did not eat anything&rdquo;.</p> <p>Observation of Resident #2 on 09/04/2025 at 8:30 a.m. revealed the resident was lying in bed, uncovered, and turned slightly to the left. Resident #2's brief was bulging posteriorly. There was a strong odor of feces in the room.</p> <p>Observation of resident #2 on 09/04/2025 at 8:35 a.m. accompanied by S9LPN revealed Resident #2's brief contained feces and there was a strong odor of feces in the room. S9LPN confirmed Resident #2 should have received incontinence care prior to being served/fed his breakfast, but had not been. S9LPN revealed the presence of feces could have contributed to Resident #2 not consuming breakfast, stating &ldquo;I wouldn't want to eat if I was sitting in that&rdquo;. S9LPN confirmed Resident #2's dignity had not been maintained, but should have been.</p> <p>Interview with S2DON on 09/04/2025 at 2:00 p.m. confirmed Resident #2 should have been provided with incontinence care prior to staff attempting to feed resident breakfast.</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>Based on observation, interview, and record review the facility failed to provide respiratory care consistent with professional standards for 1(#73) of 1 resident reviewed for respiratory care. The facility failed to ensure respiratory equipment was properly labeled, and stored. Findings: Review of the Facility's Oxygen Administration policy with a revision dated of 02/2025 read in part . the purpose of this procedure is to provide guidelines for safe oxygen administration, and infection prevention, associated with respiratory therapy task. Steps in the procedure: 5. Store in a covered device (i.e. plastic bag, kangaroo pouch) between use. Review of Resident #73's 09/2025 Physician Orders read in part.08/26/2025: Oxygen at 2 liters per nasal cannula as needed for shortness of breath and hypoxia. Observation on 09/02/2025 at 12:30 p.m. revealed Resident #73's nasal cannula lying on the floor, without a bag. Observation on 09/03/2025 at 10:26 a.m. revealed Resident #73's nasal cannula lying on the floor, without a bag. Resident #73 stated that he used the oxygen last night on 09/02/2025. An interview on 09/03/2025 at 10:34 a.m. with S11 LPN confirmed that Resident #73's oxygen tubing was lying in the floor without a bag. S11 LPN stated that all oxygen tubing should be dated and kept in a bag when not in use, but had not been.</p>		