STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155229	A. BUILDING 00 B. WING	02/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
WOODLANDS THE	3820 W JACKSON ST MUNCIE, IN 47304

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F 0000 Bldg. 00	This visit was for the Investigation of Complaints IN00451056, IN00451655, IN00451927, IN00452420, and IN00452465. Complaint IN00451056 - Federal/State deficiencies related to the allegations are cited at F602. Complaint IN00451655 - No deficiencies related to the allegations are cited. Complaint IN00451927 - No deficiencies related to the allegations are cited. Complaint IN00452420 - No deficiencies related to the allegations are cited. Complaint IN00452465 - Federal/State deficiencies related to the allegations are cited at F801. Survey dates: February 4, 5, and 6, 2025 Facility number: 000134 Provider number: 155229 AIM number: 100275430 Census Bed Type: SNF/NF: 72 Total: 72 Census Payor Type: Medicare: 3 Medicaid: 52 Other: 17 Total: 72 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.	F 0000	This plan of correction is prepared and executed because the provisions of state and federal law require it and not because The Woodlands agrees with the allegations and citations listed. The Woodlands maintains that the alleged deficiencies do not jeopardize the health and safety of the residents nor is it of such character to limit our capabilities to render adequate care. Please accept this plan of correction as our credible allegation of compliance that the alleged deficiencies have or will be correct by the date indicated to remain in compliance with state and federal regulations, the facility has taken or will take the actions set forth in this plan of correction. We respectfully request a desk review.	

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

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	Quality review completed February 12, 2025.			
F 0602 SS=D Bldg. 00	483.12 Free from Misappropriation/Exploitation Based on record review and interview, the facility failed to prevent misappropriation of a resident's medication for 1 of 3 residents reviewed for misappropriation. (Resident C). The deficient practice was corrected on 1/15/25, prior to the start of survey, and was therefore past noncompliance. Finding includes: Review of a facility reported incident, dated 1/10/25 at 6:30 a.m., indicated the following: "Brief Description of Incident:" Upon shift change on 1/10/25, during medication count, Resident C's morphine sulfate IR (narcotic pain reliever) 15 milligram (mg) tablets were short by 2 tablets. LPN 5 returned to the facility and requested to speak with the Administrator and DON at 10:00 a.m. LPN 5 admitted she had taken the medication. There were no injuries. The immediate actions taken were as follows: On 1/10/25 an investigation was started immediately, the medication count was re-verified by 2 additional nurses, Resident C was assessed for any sign or symptoms of distress or pain, Resident C denied pain or missing his pain medication, the local police department was notified, and LPN 5 was placed on a suspension pending the investigation. Preventative measures taken included: interviews by Social Services of all the residents on the same unit with no complaints related to missing medications, initiation of the drug diversion protocol, initiation of abuse re-education, and the facility replacement of	F 0602	No response required	02/06/2025

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	Resident C's morphine tablets. Resident C's clinical record was reviewed on 2/4/25 at 4:30 p.m. The resident discharged from the facility on 1/10/25. Diagnoses included intervertebral disc degeneration, pain, and malignant neoplasm of the liver. A physician's order, dated 12/30/24, included morphine sulfate 15 mg - one tablet by mouth every six hours as needed for pain. The order was discontinued on 1/10/25. A physician's order, dated 1/10/25, indicated the resident was able to be discharged home with all of his morphine tablets. Review of the resident's morphine narcotic sheet indicated the resident should have had 30 pills left during shift change on 1/10/25, and the card contained 28 pills. A quarterly Minimum Data Set (MDS) assessment, dated 12/30/24, indicated the resident had mild cognitive impairment. A care plan, dated 11/24/24, indicated the resident expressed pain and discomfort related to liver cancer and neuropathy. Interventions included, administer pain medications as ordered (11/24/24) and evaluate the effectiveness of pain interventions (11/24/24). A Nurse's note, dated 1/10/25 at 7:40 a.m., indicated during shift change narcotic count the resident's morphine 15 mg tablet card was short two pills. The medication count was verified by the (unidentified)QMA and the (unidentified) LPN and the pharmacy verified the amount of pills that were sent to the facility. The DON, Administrator,			

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	and provider were notified. The resident was evaluated for pain and denied any concerns. During an interview on 2/4/25 at 4:47 p.m., the Administrator indicated LPN 5 returned to the building and requested to speak with him and the DON on 1/10/25. The Administrator and DON spoke with LPN 5 on 1/10/25 at the facility regarding the missing medication during narcotic count at the end of her shift. LPN 5 admitted she had taken the two pills from Resident C's medications stored by the facility, and later ingested them at home rather than having a drink. She was initially suspended during the investigation and then terminated after completion of the investigation. A review of the facility investigation file, provided by the Administrator on 2/4/25 at 5:00 p.m., contained the following information: A hand-written statement from QMA 6, dated 1/10/25, indicated after she received report from the nurse, they began narcotic count. When they got to Resident C's morphine, it was two tablets short. They reviewed the Medication Administration Record (MAR) and recounted. It was unclear what happened to the missing medication. A second nurse was consulted and counted the medication again with the same result. Next, they contacted the DON. A hand-written statement from LPN 7, dated 1/10/25, indicated she was called by two nurses regarding Resident C's medication count being off. LPN 7 counted the chart and found it to be short by two. She reviewed the MAR and called the pharmacy to verify the amount of medication that was sent to the facility. The DON was notified. The off-going nurse was drug tested and			

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	sent home pending an investigation. LPN 7 assessed Resident C for pain concerns and he denied any concerns or pain during the night. The Social Services and Administrator were notified. The emergency drug kits were verified as well as the discontinued medications. A typed statement from the Administrator, dated 1/10/25, indicated he was requested by LPN 5 to meet, along with the DON, on 1/10/25 at 10:10 a.m. LPN 5 reported she had popped out two morphine tablets as few nights ago to keep the count from being off and she stuck the two morphine tablets in her pocket and forgot about it. On Wednesday, 1/8/25, she was doing laundry at home when she found the two morphine tablets in her pocket. LPN 5 went on to state that she had been under a lot of stress. She would usually have a drink, but she took the pills instead. LPN 5 was informed of her suspension pending further investigation on 1/10/25 at 10:20 p.m. Review of a shift to shift Controlled Substance Inventory Count Sheet from 1/8/25 to 1/10/25 indicated both on-coming and off-going medication cart attendees had verified count on each exchange of the Southern Pines medication cart and included the date of the discrepancy on the morning of 1/10/25 at 6:00 a.m. Review of LPN 5's urine drug screen results, dated 1/10/25 at 6:45 a.m., indicated the urine drug screen was positive for opiates (codeine/morphine)" and opiates codeine/morphine/or hydrocodone. Review of LPN 5's employee file, provided by the Administrator on 2/5/25, indicated the nurse had an active nursing license. The nurse completed abuse and resident rights training upon hire.			

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	During an interview on 2/5/25 at 12:43 p.m., QMA 6 indicated, approximately three weeks ago around 6:00 a.m., she received shift report from LPN 5. They proceeded to do the narcotic count on the Southern Pines Unit, when they found two pills missing for Resident C. She called LPN 7 to check the cart and there was still a discrepancy. LPN 7 called the pharmacy while LPN 5 and QMA 6 finished counting the remainder of the cart to check for any further discrepancies. LPN 5 called the DON at home to report it. LPN 7 and QMA 6 re-counted the cart verifying the doses with the MAR to ensure no one had miscounted. The discrepancy remained. The DON arrived soon after that and took over. During an interview on 2/5/25 at 1:13 p.m., LPN 7 indicated, earlier in January, QMA 6 and LPN 5 notified her at shift change in the morning of a narcotic discrepancy. She was asked to do a count and found that two pills of morphine missing. She called the pharmacy to attempt to find the error but the two pills remained unaccounted for. She instructed LPN 5 to call the DON. The DON then instructed LPN 7 to complete a urine drug screen on LPN 5 and then she sent LPN 5 home. LPN 7 then assessed Resident C for any pain or missing medications, which he denied. During an interview on 2/5/25 at 3:08 p.m., the DON indicated she was notified at home of a medication discrepancy on 1/10/25 by LPN 5, QMA 6, and LPN 7 and gave them direction. Upon arrival to the facility, she counted all the carts and the two missing morphine pills on the Southern Pines cart remained missing. LPN 5 later returned to the building and admitted she had taken the two morphine pills from the medication cart a few			

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	nights ago, was stressed out, and later ingested the pills. No discrepancies were found prior to 1/10/25, until the shift-to-shift narcotic count after LPN 5's night shift. It was not acceptable for staff to take the residents' medications. This was considered misappropriation of the resident's medications. LPN 5 was not available for interview during the survey from February 4 through February 6, 2025. A current facility policy, last reviewed 6/17/24 and titled "Abuse - Identification of Types," provided by the Administrator on 2/5/25 at 3:47 p.m., indicated the following: "Policy... It is the policy of this facility to identify abuse, neglect, and exploitation of residents and misappropriation of resident property. This includes but is not limited to identifying and understanding the different types of abuse and possible indicators... Federal Regulations... The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation... Definition... Misappropriation of resident property - is defined as the deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident's property or money without the resident's consent...." The deficient practice was corrected by 1/15/25 after the facility implemented a systemic plan that included a facility in-service regarding abuse/misappropriation, report of misappropriation, an investigation, and quality assurance activities. This citation relates to complaint IN00451056. 3.1-28(a)			

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F 0801 SS=F Bldg. 00	483.60(a)(1)(2) Qualified Dietary Staff Based on interview and record review, the facility failed to employ a qualified Food Services Director. This deficient practice had the potential to impact 70 of 70 facility residents. Finding includes: Review of the employee record form, completed by the facility following the entrance conference on 2/4/25, indicated the Food Services Director had been employed by the facility since 8/6/20. During an interview on 2/5/25 at 10:58 a.m., the Administrator indicated the Food Services Director had been enrolled in a dietary manager program, but failed to obtain the certification. The Food Services Director had since re-enrolled in the program. The Administrator believed the Food Service Director was ServSafe Management (a national certification for food service management) certified. The Food Services Director was not available during the survey from February 4 through February 6, 2025. During an interview on 2/6/25 at 12:08 p.m., the Assistant Dietary Manager indicated she was not ServSafe Management certified. The Registered Dietician came to the facility once a week on Thursdays. During an interview on 2/6/25 at 12:15 p.m., the Administrator indicated the Food Services Director began in that position on 5/16/22. She worked in a different position for the facility prior to that date. She was not a Certified Dietary	F 0801	F801 – Qualified Dietary Staff ***What corrective action will be accomplished for those residents found to have been affected by the deficient practice*** The facility Dietary Manager is completing the required educational and certification courses for the position. If the current DM is unsuccessful at completion of the required certification courses, the facility will recruit/hire a certified candidate to the position of Dietary Manager ***How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken*** The facility contends that residents residing in the facility which receive meals from the facility Dietary Department have the potential to be affected by the same deficient practice ***What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur*** The facility will only recruit and hire pre-qualified individuals for positions which require certification ***How the corrective action(s) will be monitored to ensure the***	03/18/2025

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	Manager nor ServSafe Management certified, and lacked the required qualifications for the Food Services Director. During an interview on 12/6/25 at 12:27 p.m., the Administrator indicated all residents received meals from the facility kitchen. The census was currently 70. A current facility policy, revised on 4/16/24 and titled "Departmental Leadership Requirements," provided by the Administrator on 2/6/25 at 12:20 p.m., indicated the following: "Policy... The Food and Nutrition Services department operates under the direction of a qualified individual who has appropriate competencies and skills necessary to oversee the functions of the food and nutrition services. If a full-time dietician is not employed, the Executive Director designates a qualified person to serve as full-time Director of Food and Nutrition Services with frequently scheduled consultations from a qualified dietician or other clinically qualified nutrition professional...." This citation relates to complaint IN00452465. 3.1-20(c)		***deficient practice will not recur, i.e. what quality assurance program will be put into place*** The facility will audit Dietary department employee files for employees required to have certification to ensure up-to-date certifications are in place ***By what date the systemic changes for each deficiency will be completed*** The facility will have corrected the deficient practice on or before March 18, 2025	