| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155210 | A. Building<br>B. Wing | 05/20/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| Willows of Greensburg | 410 Park Rd<br>Greensburg, IN 47240 |

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) |
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| F 0925<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.<br><br>Based on observation, interview, and record review, the facility failed to ensure an effective pest control program was maintained and the kitchen was free of mouse droppings. This deficient practice had the potential to affect 71 of 71 residents residing in the facility. Findings include:During the initial kitchen tour with the Dietary Manager (DM), on 05/14/2026 at 10:45 A.M., the following was observed in the dry storage room: -Scattered mouse droppings in a case box of cans of evaporated milk that was sitting on a wire shelf rack,-Scattered mouse droppings in a metal tray under the furnace, and-Scattered mouse droppings in an open clear rectangular bin full of plastic lids that was sitting on a wire shelf rack. During an observation and interview with the DM, on 05/15/2026 at 2:04 P.M., the DM indicated the pest control company had been to the facility for treatment a couple of weeks ago. During an interview, on 05/15/2026 at 2:07 P.M., the Administrator indicated the facility used a local pest control company and last date of service was 05/01/2026 when they provided the monthly treatment along with the spring treatment. During an interview, on 05/18/2026 at 9:30 A.M., the Administrator indicated a local pest control company supplied and installed mice bait boxes at the facility in February 2026. The pest control company came to the facility every other month to check the boxes and add bait to them. The current Food Safety Requirements policy, with an implemented date of 07/2023, was provided by the Administrator on 05/14/2026 at 12:00 P.M. The policy indicated, .Food will also be stored, prepared, distributed and served in accordance with professional standards for food service safety . 410 IAC (Indiana Administrative Code) 16.2-3.1-19(f)(4) |

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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| F 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide appropriate treatment and care according to orders, resident?s preferences and goals.<br><br>Based on record and interview, the facility failed to follow the physician's hold parameters for a cardiac medication for 1 of 19 residents reviewed for quality of care. (Resident 63)Findings include:Resident 63's clinical record was reviewed on 05/19/2026 at 1:20 P.M. A Quarterly Minimum Data Set (MDS) assessment, dated 12/17/2025, indicated the resident's diagnosis include, but were not limited to: hypertension (high blood pressure).The resident's current physician's orders, with a start date of 03/31/2023, indicated the resident was prescribed amlodipine (hypertension), 10 milligrams every morning. The medication was to be held if the resident's systolic blood pressure (the top number) was below 110. The April and May 2026 Electronic Medication Administration Record (EMAR) indicated the medication was administered on the following days when the resident's blood pressure was below 110:- On 04/01/2026, the resident's systolic blood pressure was 90,- On 04/02/2026, the resident's systolic blood pressure was 90,- On 04/04/2026, the resident's systolic blood pressure was 103,- On 04/06/2026, the resident's systolic blood pressure was 108,- On 04/08/2026, the resident's systolic blood pressure was 107,- On 04/09/2026, the resident's systolic blood pressure was 106,- On 04/13/2026, the resident's systolic blood pressure was 105,- On 04/16/2026, the resident's systolic blood pressure was 108,- On 04/23/2026, the resident's systolic blood pressure was 105,- On 04/24/2026, the resident's systolic blood pressure was 108,- On 04/27/2026, the resident's systolic blood pressure was 104, and- On 05/02/2026, the resident's systolic blood pressure was 106.During an interview, on 05/20/2026 at 10:21 A.M., Licensed Practical Nurse (LPN) 2 indicated if a resident had hold parameters for a cardiac medication, she would assess the resident's blood pressure before she administered the medication. If anything was out of range, she would notify the Nurse Practitioner. She would not administer the medication, and she would document the reason in the EMAR. The current facility policy, titled Physician Medication Orders, revised on 07/2023, was provided by the Administrator on 05/19/2026 at 1:19 P.M. The policy indicated, .Medications should be administered only upon the signed order of a person lawfully authorized to prescribe .IAC (Indiana Administrative Code) 3.1-48(a)(6) |

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| F 0686<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide appropriate pressure ulcer care and prevent new ulcers from developing.<br><br>Based on observation, record review, and interview, the facility failed to ensure wound treatments were completed as ordered for 2 of 3 residents reviewed for pressure ulcers. (Residents 54 and 63)Findings include:1. During an observation, on 05/19/2026 at 10:18 A.M., the Assistant Director of Nursing (ADON) prepared supplies to complete Resident 54's wound treatment. She placed a towel on the overbed table, arranged the supplies on top of it, washed her hands, and donned gloves. She elevated the resident's bed to waist level, rolled the resident to her left side, removed the resident's pants, and unfastened her brief. She then removed her gloves, sanitized her hands, and donned new gloves. The ADON removed the resident's dressing from the right ischium, which had drainage present and was dated for the previous day. She cleansed the wound with Dakin's solution. The wound was approximately tennis ball size, and had measurable depth. The wound contained slough (non-viable yellow, tan, gray, green, or brown tissue; usually moist, can be soft, stringy, and mucinous in texture. Slough may be adherent to the base of the wound or present in clumps throughout the wound bed) and was a gray color. The exterior skin around the wound was pink. The ADON removed her gloves, donned a gown, and new gloves. She applied the treatment per the physician's orders.<br><br>The resident's clinical record was reviewed on 05/18/2026 at 2:21 P.M. A Significant Change Minimum Data Set (MDS) assessment, dated 04/25/2026, indicated the resident was severely cognitively impaired. The resident's diagnoses included but were not limited to, dementia (an umbrella term for a decline in mental ability severe enough to interfere with daily life) and diabetes (a chronic condition where your body either cannot produce enough insulin or effectively use the insulin it makes). The resident had an unstageable (Obscured full-thickness skin and tissue loss Full-thickness skin and tissue loss in which the extent of tissue damage within the ulcer cannot be confirmed because the wound bed is obscured by slough or eschar) pressure ulcer that was not present on admission.<br><br>A Facility Wound Assessment, dated 01/19/2026, indicated the resident had a Stage 1 (Non-blanchable erythema of intact skin with a localized area of non-blanchable erythema (redness) pressure ulcer to the right ischium that was acquired in house on 01/19/2026. The wound was dry without drainage. The wound measured 1 cm (centimeter) X (by) 1 cm. An order was obtained to apply skin protectant daily and cover with a foam dressing.<br><br>A Facility Wound Assessment, dated 02/17/2026, indicated the resident had a Stage 1 pressure ulcer to the right ischium. The wound was dry with serous (is watery, clear, or slightly yellow/tan/pink fluid that has separated from the blood and presents as drainage) drainage. The wound had worsened and measured 2.5 cm X 2.6 cm X 0.1 cm. A new treatment order was obtained to cleanse the wound with wound cleanser, pat dry cover, with calcium alginate, then cover with bordered gauze.<br><br>A Wound Nurse Practitioner (NP) Assessment, dated 02/23/2026, indicated the resident had an unstageable pressure ulcer to the right ischium. The wound had a light amount of serous drainage. The wound had 80% eschar (dead or devitalized tissue that is hard or soft in texture; usually black, brown, or tan in color, and may appear scab-like. Necrotic tissue and eschar are usually firmly adherent to the base of the wound and often the sides/ edges of the wound), 10% slough, and 10% granulation (new, pink-to-red, bumpy connective tissue and microscopic blood vessels that form at the base of a wound during the healing process). The wound measured 3.5 cm X 3.5 cm X 0.1 cm. A new order was obtained to cleanse the wound with wound cleanser or normal saline, apply medical grade honey, and cover with bordered gauze, daily.<br>(continued on next page) |

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| F 0686<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Physician's wound treatment orders in February 2026 for the right ischium included:<br><br>- An order dated 01/19/2026 through 02/25/2026, the staff were to apply skin protectant to the right ischium every day,<br><br>- An order with a start date of 02/17/2026, indicated the staff were to cleanse the right ischium with wound cleanser, pat dry, cover with calcium alginate and bordered gauze until 02/23/2026, and<br><br>- An order dated 02/25/2026 through 03/12/2026, indicated the staff were to cleanse the right ischium with wound cleanser, apply medical grade honey, and cover with bordered gauze every night shift.<br><br>The clinical record including the February 2026 Electronic Medication Administration Record (EMAR)/Electronic Treatment Administration Record (ETAR) lacked documentation that the wound treatment for the calcium alginate was completed from 02/17/2026 through 02/23/2026.<br><br>During an interview, on 05/19/2026 at 10:38 A.M., the ADON indicated the resident had a stage 1 pressure ulcer that started 01/19/2026. It was just some sheering when it started. The resident had a rapid decline in her health. When the wound worsened it worsened fast. She was following the wound in the facility from 01/19/2026 through 02/17/2026. When she assessed the wound on 02/17/2026 it had worsened. She obtained new orders from the Facility NP until the resident would be see by the Wound NP the following week. She transcribed the new order on 02/17/2026. When the nurses completed the treatment, they would check it off on the EMAR/ETAR or some nurses would put in a progress note. The treatments should have been checked off in the EMAR/ETAR.<br><br>2. Resident 63's wound was observed on 05/19/2026 at 9:40 A.M., with the ADON and Facility Wound NP. The wound was on the resident's right buttock/lower back area. The wound was around 5 cm in diameter, with a depth of 2 cm. The wound bed was pink in color with no drainage or signs of infection.<br><br>During an interview, on 05/19/2026 at 9:26 A.M., the ADON and Wound NP indicated the wound started out as Incontinence Associated Dermatitis (IAD) (a painful, inflammatory skin condition caused by prolonged contact with urine or stool). The resident had a rapid overall decline. The ADON indicated she became frequently incontinent and slept a lot. Initially, she resisted interventions to alleviate pressure on her backside. She insisted on sleeping in her recliner and refused to use an alternate pressure-reducing cushion in her chair. The Wound NP indicated the wound was considered unavoidable and the resident was currently receiving hospice services.<br><br>A Skin and Wound Progress Note, dated 01/06/2026, indicated the resident had an area of IAD on her right buttock. The resident had a history of intermittent incontinence and refused to sleep in her bed. She only slept in her recliner and was noted to have a gel cushion in place. The wound measured 4 cm x 4 cm, with a depth of 0.1 cm. The wound bed was 100% epithelial tissue (pink tissue with a shiny, pearl appearance). The treatment was to cleanse the skin, dry the skin, and apply a barrier paste daily and as needed.<br><br>A Skin and Wound Progress Note, dated 01/27/2026, indicated the resident had an area of IAD on her right and left buttocks that measured 1 cm x 0.2 cm x 0.1 cm. The wound bed was 100% epithelial tissue. The treatment was to cleanse the skin, dry the skin, and apply a barrier paste twice a day and as needed.<br>(continued on next page) |

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| F 0686<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | A Progress Note, dated 01/28/2026 at 9:19 A.M., indicated a new skin issue was identified on the resident's right buttock. A small abrasion area was cleansed, and cream was applied while on rounds with the Wound NP. Nursing staff were to continue with barrier cream.<br><br>A Skin and Wound Progress Note, dated 02/03/2026, indicated the resident had new, unstageable pressure ulcer to her right buttock as evidenced by thick slough and eschar noted to the proximal aspect of the wound. She continued to have IAD to the left buttock that was not full thickness and only involved dermis. The wound on her right buttock measured 5 cm x 3 cm x 0.3 cm. The wound base was 30% epithelial tissue, 30% granulation tissue, and 40% eschar. The treatment plan was to cleanse the wound and apply medical grade honey and a dressing daily.<br><br>A Skin and Wound Progress Note, dated 02/10/2026, indicated the unstageable wound on the resident's right buttock measured 4 cm x 3 cm x 0.3 cm. The wound base was 60% granulation tissue, 20% slough, and 20% eschar. The treatment plan was to continue to cleanse the wound and apply medical grade honey and a dressing daily.<br><br>A Skin and Wound Progress Note, dated 02/17/2026, indicated the wound on the resident's right buttock measured 3 cm x 3 cm x 0.3 cm. The wound base was 60% granulation tissue, 20% slough, and 20% eschar. The treatment plan was to continue to cleanse the wound and apply medical grade honey and a dressing daily.<br><br>The resident's February 2026 EMAR/ETAR was reviewed and indicated the treatment to cleanse the wound and apply honey was initiated and administered daily from 02/06/2026 until it was discontinued on 02/11/2026. A new treatment to cleanse the wound and apply a zinc oxide-based hydrophilic paste mixed with collagen particles twice a day was administered from 02/11/2026 until 02/18/2026, when it was discontinued and the honey wound treatment was restarted.<br><br>The resident's record lacked indication the treatment should have been changed from medical grade honey to the collagen/paste mixture on 02/11/2026.<br><br>The current facility policy, titled Pressure Injury Prevention and Management, revised on 07/23, was provided by the Administrator on 05/19/2026 at 1:19 P.M. The policy indicated, .This facility is committed to the prevention of avoidable pressure injuries, unless clinically unavoidable, and to provide treatment and services to heal the pressure ulcer/injury, prevent infection and the development of additional pressure ulcers/injuries.treatments in accordance with current standards of practice will be provided for all residents who have a pressure injury present .<br><br>IAC (Indiana Administrative Code) 3.1-40(a)(2) |

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| F 0690<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.<br><br>Based on observation, record review, and interview, the facility failed to follow infection control guidelines related to enhance barrier precautions for 1 of 2 residents reviewed for urinary tract infections. (Resident 25)Findings include:During an observation on, 05/19/2026 at 1:26 P.M., Certified Nurse Aide (CNA) 7 was in Resident 25's room. She donned gloves and pulled the curtain closed. She removed the resident's blankets and brief. She cleansed the resident and the resident's urinary catheter appropriately. She did not don a gown to provide care to the resident. The resident's door contained signs that indicated there was enhanced barrier precautions (infection control measures designed to stop the spread of dangerous germs) in place. The sign listed that the staff were to wear gown and gloves when providing care. The clinical record for Resident 25 was reviewed on 05/18/2026 at 9:52 A.M. The resident was severely cognitively impaired. The resident's diagnosis included but was not limited to neurogenic bladder (a lack of bladder control due to nerve damage in the brain, spinal cord, or surrounding nerves). The resident had a urinary catheter. An open-ended physician's order, with a start date of 03/19/2025, indicated the resident was on enhanced barrier precautions related to the urinary catheter. The resident's record indicated the resident was prescribed and administered Macrobid (antibiotic) for urinary tract infections (UTI) on 05/11/2026 through 05/21/2026. During an interview on 05/19/2026 at 2:19 P.M., CNA 7 indicated when a resident required enhanced barrier precautions, she would wear gown and gloves when providing care. When she had provided urinary catheter care for Resident 25, she had forgotten to wear a gown.The current facility policy titled, Enhanced Barrier Precautions updated 07/2023, was provided by the Administrator on 05/19/2026 at 2:50 P.M. The policy indicated, .It is the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms. refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and gloves use during high contact resident care activities. Initiation of Enhanced Barrier Precautions:. An order for enhanced barrier precautions will be obtained for residents with any of the following:.indwelling medical devices (e.g., central lines, urinary catheters, feeding tubes, tracheostomy/ventilator tubes) even if the resident is not known to be infected or colonized with a MDRO.High-contact resident care activities include:. Device care or use: central lines, urinary catheters, feeding tubes, tracheostomy/ventilator tubes.410 IAC (Indiana Administrative Code) 3.1-40(a)(2) |

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| F 0692<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide enough food/fluids to maintain a resident's health.<br><br>Based on record review and interview, the facility failed to obtain weights for 1 of 3 residents reviewed for nutrition. (Resident 7)Findings include:The clinical record for Resident 7 was reviewed on 05/18/2026 at 11:41 A.M. A Significant Change Minimum Data Set (MDS) assessment, dated 04/22/2026, indicated the resident was severely cognitively impaired. The resident's diagnoses included, but were not limited to, heart failure (a chronic condition where the heart muscle cannot pump blood efficiently enough to meet the body's needs) and respiratory failure (occurs when your lungs cannot get enough oxygen into the blood or fail to remove enough carbon dioxide from it). An open-ended physician's order, with a start date of 04/22/2026, indicated the resident was to be given Bumetanide (a diuretic) 2 milligrams, every 24 hours as needed for leg swelling or a weight gain of greater than 3 pounds in one day. The clinical record and the April and May 2026 Electronic Medication Administration Record/Electronic Treatment Administration Record lacked the resident had documented weights from 04/23/2026 through 05/19/2026. During an interview, on 05/19/2026 at 9:48 A.M., Registered Nurse (RN) 6 indicated if a resident had an order for an as needed medication to be given for weight gain, then the resident should have been weighed daily. During an interview, on 05/19/2026 at 11:06 A.M., the Assistant Director of Nursing (ADON) indicated the resident was a daily weight prior to being admitted to hospice. The order for the daily weights must have been discontinued. If the resident had a medication to be given for weight gain, then she should have been a daily weight. The order could not be followed if the resident wasn't weighed daily. The current facility policy titled, Weight Monitoring, updated 07/2023, was provided by the Administrator on 05/19/2026 at 1:19 P.M. The policy indicated, .Based on the resident's comprehensive assessment, the facility will ensure that all residents maintain acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise. If clinically indicated - monitor weight daily.410 IAC (Indiana Administrative Code) 16.2-3.1-46(a)(1) |

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| F 0761<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.<br><br>Based on observation and interview, the facility failed to ensure multi use insulin pens had the required labeling for 2 of 3 medication carts reviewed (Long Hall Medication Cart and L Hall Medication Cart).Findings include: 1. On 05/20/2026 at 2:31 P.M., the Long Hall Medication Cart was observed with Licensed Practical Nurse (LPN) 2 and contained the following: - A Lantus (a type of long-acting insulin) insulin pen for Resident 1. The pen was around eighty percent full and was not labeled with an opened on date.During an interview, on 05/20/2026 at 2:32 P.M., LPN 2 indicated whoever put the pen in the cart should have dated the pen. She used the insulin pen to administer 50 units of insulin to Resident 1 that morning. The insulin pen should be labeled with the date it was opened. 2. On 05/20/2026 at 2:35 P.M., the L-Hall Medication Cart was observed with LPN 3 and contained the following:- A Basaglar (a type of long-acting insulin) insulin pen for Resident 73. The pen was half full and was not labeled with an opened on date.The current, undated facility policy, titled Labeling of Medications was provided by the Administrator on 05/20/2026 at 3:47 P.M. The policy indicated, .All medications and biologicals will be labeled in accordance with applicable federal and state requirements.Labels for multi-use vials must include.The date the vial was initially opened or accessed.410 IAC (Indiana Administrative Code) 3.1-25(o) |

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| F 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.<br><br>Based on observation and interview, the facility failed to store foods appropriately for 2 of 3 snack refrigerators reviewed. (Memory Care Unit and Station 4) Findings include: During an observation and interview, on 05/20/2026 at 2:46 P.M., with QMA (Qualified Medication Aide) 4, the snack refrigerator on the Memory Care Unit contained a gray plastic grocery bag with a double layer white cake in a plastic container on the top shelf. The container had a best if purchased by, date of 05/18/2026. There was no name on the container or bag. QMA 4 indicated food items brought in by families should be labeled with the resident's name and a date. The snack refrigerator and freezer on Station 4 was observed on 05/20/2026 at 3:08 P.M., with CNA (Certified Nurse Aide) 5 and contained the following: - A gray plastic bag with a plastic container with leftovers was on the second shelf, there was no name on the container or the bag, - In the door was a gray plastic bag with two plastic containers of leftovers, there was no name on the container or the bag, - In the door was an unopened carbonated soft drink, with no name or date, and - In the freezer, a medium sized to go cup with a chocolate frozen treat with a lid and spoon, there was no name or date. During an interview, on 05/20/2026 at 3:10 P.M., CNA 5 indicated if there was no name on the containers, they probably belonged to an employee. The current STORAGE OF FOOD BROUGHT IN FROM THE COMMUNITY policy was provided by the Administrator on 05/20/2026 at 3:34 P.M. The policy indicated, .It is the policy of this facility that proper food handling practices will be followed regarding storage of food brought into the facility by visitors, to prevent foodborne illness.food item is labeled with the resident's name and dated received. 410 IAC (Indiana Administrative Code) 3.1-21(i)(3) |