STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155363	A. Building B. Wing	02/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Willowdale Village	404 W Willow Rd Dale, IN 47523

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)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. Based on interview and record review, the facility failed to ensure physician notification for a resident's change of condition for 1 of 5 residents reviewed for unnecessary medications. A resident's physician was not notified following insulin being held due to low blood sugar. (Resident 5)Findings include:On 2/11/26 at 11:08 A.M., Resident 5's clinical record was reviewed. Diagnosis included, but was not limited to, diabetes mellitus.The most recent quarterly Minimum Data Set (MDS) assessment, dated 12/31/25, indicated a moderate cognitive impairment, and use of insulin. Physician orders included, but were not limited to: insulin aspart U-100 solution; 100 unit/mL (milliliters); amount to administer: 6 units, dated 7/15/25 through 1/16/26. The order did not include parameters to hold the insulin. A current insulin use care plan, last revised 12/31/25, indicated but was not limited to the following interventions:Document abnormal findings and notify physician, dated 3/25/25.Medications as ordered, dated 3/25/25. Resident 5's Medication Administration Record (MAR) from November 2025 through January 2026 indicated the following dates insulin aspart was held with no note that the physician was notified: 11/1/25 7 A.M. 11/4/25 5 P.M. 11/10/25 5 P.M. 11/13/25 5 P.M. 11/15/25 5 P.M. 11/16/25 5 P.M. 11/17/25 5 P.M. 11/18/25 7 A.M. 11/20/25 5 P.M. 11/26/25 7 A.M. and 5 P.M. 11/27/25 12 P.M. 11/28/25 7 A.M. 11/30/25 12 P.M. 12/3/25 5 P.M. 12/4/25 5 P.M. 12/6/25 12 P.M. 12/7/25 5 P.M. 12/8/25 5 P.M. 12/11/25 5 P.M. 12/13/25 5 P.M. 12/15/25 5 P.M. 12/17/25 7 A.M. 12/18/25 5 P.M. 12/19/25 7 A.M. and 5 P.M. 12/21/25 12 P.M. 12/22/25 7 A.M. and 12 P.M. 12/23/25 7 A.M. 12/27/25 7 A.M. 12/28/25 7 A.M. 12/29/25 5 P.M. 12/31/25 7 A.M. 1/2/26 5 P.M. 1/3/26 7 A.M. 1/4/26 7 A.M. 1/8/26 5 P.M. 1/11/26 7 A.M. and 5 P.M. 1/14/26 5 P.M. Resident 5's clinical record lacked notification to the physician that insulin had been held. On 2/12/26 at 11:33 A.M., Licensed Practical Nurse (LPN) 5 indicated Resident 5's insulin had been held using nursing judgement if they considered the blood sugar too low. She indicated the physician should have been notified each time the insulin was held and documented in their clinical record. She indicated at some point in January, the staff relayed information to the physician that Resident 5's blood sugar was running low in the mornings, and the insulin aspart order was changed to include parameters to hold if the blood sugar was less than 80. On 2/13/26 at 8:56 A.M., the Director of Nursing (DON) and Regional Support indicated notification to the physician had not been found in Resident 5's clinical record related to holding insulin. On 2/13/26 at 10:15 A.M., the Administrator provided a current Resident Change of Condition policy, last revised 11/2028, that indicated It is the policy of this facility that all changes in resident condition will be communicated to the physician and family/responsible party, and that appropriate, timely, and effective intervention takes place . All symptoms and unusual signs will be documented in the medical record and communicated to the attending physician promptly 3.1-5(a)(3)

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