

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155549	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/15/2024
NAME OF PROVIDER OR SUPPLIER  Willowbend Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE  7524 E Jackson St Muncie, IN 47302	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>09676</p> <p>Based on observation, interview, and record review, the facility failed to ensure potentially hazardous items were safely secured on the dementia unit. This deficient practice had the potential to impact 11 of 13 mobile residents who resided on the secured dementia unit.</p> <p>Findings include:</p> <p>During an observation on 8/14/24 at 3:10 p.m., residents were moving freely on the dementia unit. Some propelled themselves in a wheelchair while others ambulated either independently or with assistance devices, such as a walker. Employees were present and interacting with residents. However, not all residents were within the employees' line of sight.</p> <p>During an observation on 8/14/24 at 3:14 p.m., the right-side dining area in the dementia unit was observed to have an unlocked cabinet. The cabinet face had a sign which indicated ,This cabinet must remain locked at all times. The cabinet was unlocked. The cabinet door, which was ajar, could be easily opened. A combination lock was placed inside the cabinet on the center shelf. Inside the cabinet, there were the following potential hazardous items:</p> <ul style="list-style-type: none"> <li>a. 2 bottles of gel hand sanitizer. Both bottles of hand sanitizer gel contained a warning label which indicated, If ingested contact poison control.</li> <li>b. 1 open box of denture cleaning tablets which was approximately 3/4 full. The box had the capacity to hold 90 tablets. The box had a warning label which indicated, If ingested contact poison control.</li> <li>c. 13 disposable razors.</li> </ul> <p>During an interview on 8/14/24 at 3:30 p.m., the Dementia Unit Manager indicated the cabinet should have been locked. All thirteen residents who resided on the unit had a diagnoses of dementia or a related disorder.</p> <p>A current, 1/2016, facility policy titled, Storage and Security of Items Potentially Hazardous to Residents, provided by the Administrator on 3/14/24 at 3:55 p.m., indicated the following:</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>.This facility shall provide each resident an environment that is as free as possible from hazards over which the facility has control, to include but not to be limited to safe storage of toxic chemicals and medication, and safe use of equipment and electrical appliances. Examples of such hazards might include disabled locks or latches. Certain sharp items may be appropriate for many residents but hazardous for others with cognitive impairment</p> <p>An untitled document, dated 8/14/24, provided by the Administrator on 8/15/24 at 10:40 a.m., indicated the following:</p> <p>13 residents resided on the dementia unit.</p> <p>2 of 13 residents required staff assistance for mobility.</p> <p>11 of 13 residents were capable of independent locomotion by either walking or self propelling their wheelchair.</p> <p>3.1-45(a)</p>