

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165342	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/14/2024
NAME OF PROVIDER OR SUPPLIER  Willow Dale Wellness Village		STREET ADDRESS, CITY, STATE, ZIP CODE  404 First Street Battle Creek, IA 51006	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44474</b></p> <p>Based on clinical record review and staff interview the facility failed to revise and update care plans to include and address high risk medications and side effects to watch for in 3 out of 12 sampled residents reviewed for comprehensive care plans (Resident #20, #21 and #22). The facility reported a census of 27 residents.</p> <p>Findings include:</p> <p>1. The Minimum Data Set (MDS) assessment dated [DATE] for Resident #20 documented diagnoses of cancer, hypertension and diabetes mellitus. The MDS showed a Brief Interview for Mental Status (BIMS) score of 12 indicating moderately cognitive impairment. The MDS revealed the resident was taking diuretic medication in the review period.</p> <p>Review of the Order Summary Report signed by the physician dated 10/21/24 revealed an order for spironolactone tablet (diuretic medication) daily with a start date of 11/29/22 and furosemide tablet (diuretic medication) daily with a start date of 11/4/22.</p> <p>Review of the current Care Plan undated lacked information regarding the side effects of diuretic medication.</p> <p>2. The MDS assessment dated [DATE] for Resident #21 documented hypertension, depression and low back pain. The MDS showed a BIMS score of 03 indicating severe cognitive impairment. The MDS lacked information of the resident taking opioid medication.</p> <p>Review of the Order Summary Report signed by the physician dated 9/12/24 revealed an order for morphine sulfate (opioid pain medication) with a start date of 7/12/24.</p> <p>Review of the current Care Plan undated lacked information regarding the usage and side effects of opioid pain medication.</p> <p>3. The MDS assessment dated [DATE] for Resident #22 documented hypertension, orthostatic hypotension and edema. The MDS showed a BIMS score of 15 indicating no cognitive impairment. The MDS revealed the resident was taking anticoagulant medication in the review period.</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Order Summary Report signed by the physician dated 9/12/24 revealed an order for Eliquis daily (anticoagulant medication) with a start date of 2/25/24.</p> <p>Review of the current Care Plan undated lacked information regarding the side effects of anticoagulant medication usage.</p> <p>Interview on 11/14/24 at 8:58 a.m., with Staff A, Co-Director of Nursing revealed the facility only has a baseline care plan policy and after that the facility follows the RAI manual.</p> <p>Interview on 11/13/24 at 2:36 p.m., with Staff A, Co-Director of Nursing revealed the side effects to watch for should have been listed on the care plan for the staff.</p>