

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235550	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/16/2026
NAME OF PROVIDER OR SUPPLIER  Willowbrook Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  G-4436 Beecher Road Flint, MI 48532	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> This Citation Pertains to Intake Number 2786215. Based on interview and record review, the facility failed to provide medications as ordered for one resident (Resident #1) of three residents reviewed for medication administration. Findings Include: Resident #1: A record review of the Face sheet and Minimum Data Set/MDS assessment indicated Resident #1 was admitted to the facility on [DATE] with diagnoses: Diabetes, hypothyroidism, arthritis, Dementia, history of falls, low back pain, hypertension, history of a stroke and urinary tract infection/UTI. The resident discharged to home on 2/27/2026. A review of the progress notes for Resident #1 indicated she was admitted to the facility on [DATE] at approximately 2:45 PM and a provider note by Nurse Practitioner E dated 1/8/2026 listed her medications including: Nitrofurantoin microcrystal, oral capsule 100 mg: Give 1 capsule by mouth two times a day for UTI for 2 administrations until finished, active 1/7/2026-1/8/2026. A review of the Hospital discharge instructions, dated [DATE], identified the following order: Nitrofurantoin (Macrocrystal monohydrate) 100 mg capsule, commonly known as: Macrobid- Take 1 capsule by mouth every 12 (twelve) hours for 2 doses, last time this was given: 100 mg on January 7, 2026, at 9:15 AM. The instructions indicated the resident received a dose of Nitrofurantoin Macrocrystal on 1/7/2026 at 9:15 AM and the dose would be due again on 1/7/2026 at approximately 9:00 PM (every 12 hours); it would be the 1st of 2 doses, as the resident was also treated in the hospital for a UTI and needed to finish the 2 doses of antibiotic therapy after admission to the facility. A review of the physician orders for Resident #1 revealed the following: Nitrofurantoin Macrocrystal oral capsule 100 mg, Give 1 capsule by mouth two times a day for UTI for 2 Administrations until finished, start date 1/7/2026. Nitrofurantoin Macrocrystal Oral capsule 100 mg, Give 1 capsule by mouth two times a day for UTI for 2 administrations until finished, start date 1/12/2026. A review of the Medication Administration Record for January 2026 for Resident #1 revealed the resident received 7 doses of Nitrofurantoin Macrocrystal 100 mg from 1/7/2026-1/11/2026. A dose was not administered at 9:00 AM on 1/9/2026 and 9:00 PM on 1/11/2026. On 1/12/2026 a new order for Nitrofurantoin Macrocrystal oral capsule 100 mg by mouth two times a day for UTI for 2 administrations, start date 1/12/2026 was initiated and the resident received 3 more doses from 1/12/2026-1/13/2026: a total of 10 doses was administered. Further review of the progress notes identified a provider Encounter note dated 1/13/2026 by Physician F for Resident #1, . she was watching television and informed me that she has a yeast infection right now and would like something for it. No other concerns. Candidiasis, unspecified: Dose of Diflucan (an antifungal medication used to treat yeast infections). The provider gave the resident a diagnosis of Candidiasis (per the CDC/Centers for Disease Control and Prevention, dated April 24, 2024 Candidiasis is a fungal infection caused by an overgrowth of the yeast Candida. A provider Encounter note, dated 1/15/2026 by Nurse Practitioner/NP G provided, . Today pt (patient) states she has symptoms of vaginal yeast infection including vaginal, itching, burning, and white discharge. She complains of intense vaginal itching with white discharge. Diagnoses: Vaginal yeast infection: Diflucan 100 mg daily times 3 days, Miconazole vaginal suppository times 3 days. Further review of the Medication Administration Records for January 2026 indicated Miconazole vaginal suppository and Diflucan oral tablet (both 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
-----------------------------------------------------------------------	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235550	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/16/2026
NAME OF PROVIDER OR SUPPLIER  Willowbrook Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  G-4436 Beecher Road Flint, MI 48532	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>antifungal medications) were both started on 1/16/2026. A review of the progress notes identified an eMAR-Medication Administration Record note dated 1/16/2026 at 12:01 PM, NP notified of hold on. miconazole- pharmacy to send. During an interview with the Assistant Director of Nursing/ADON D on 3/16/2026 at 2:15 PM about Resident #1's medications, she said she had written the order in the computer (electronic medical record/emr) on 1/7/2026 for the Nitrofurantoin Macrocrystal for Resident #1. Nurse D reviewed the order in the emr and said the resident should have received 2 doses of the antibiotic medication and she said she did not know why the resident was given so many doses. Reviewed with the ADON D that after the resident received extra doses of antibiotic, she developed a yeast infection and was very uncomfortable. The ADON reviewed the EMR and said she could see the notes and orders related to the yeast infections that occurred after the antibiotics. A review of the Care Plans for Resident #1 revealed the following: (Resident #1) is at risk for complications r/t (related to) has infection of the: UTI, created on 1/8/2026 and revised 1/14/2026 with Interventions including: Administer medications as ordered. Observe for side effects and effectiveness, report abnormal findings to the physician, created on 1/8/2026 and revised 1/14/2026. (Resident #1) is at risk for complications r/t has infection of the: vaginal yeast infection, date initiated 1/16/2026 and revised 2/11/2026 with Interventions including: Administer medications as ordered. Observe for side effects and effectiveness, report abnormal findings to the physician. During an interview with the Director of Nursing/DON on 3/16/2026 at 4:30 PM, she said there was no additional information why Resident #1 received more doses of the antibiotic Nitrofurantoin Macrocrystal/Macrodantin than was ordered. A review of the facility policy titled, Medication Administration dated effective 10/17/2023 provided, Resident medications are administered in an accurate, safe, timely, and sanitary manner. Physician's Orders- Medications are administered in accordance with written orders of the attending physician.</p>