STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265335	A. Building B. Wing	09/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Willow Care Nursing Home	2646 State Route 76 Willow Springs, MO 65793

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 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. 47678 Based on interview and record review, the facility failed to issue a Skilled Nursing Facility Advanced Beneficiary Notice (SNF ABN) to the resident and/or the resident's representative in writing at least two calendar days before discharge from skilled services. This notice informs the beneficiary about potential non-coverage and the option to continue services with the beneficiary accepting the financial liability for those services. This practice affected two residents (Residents #15 and #56) out of three sampled residents. The facility census was 72. The facility did not provide a policy regarding SNF ABN forms. 1. Review of Resident #15's medical record showed: - The resident was discharged from skilled Medicare services on 08/16/24, and remained in the facility; - No documentation the resident and/or the representative received a SNF ABN; - The facility failed to provide the SNF ABN form to the resident and/or the representative at least two calendar days before the skilled Medicare services ended. 2. Review of Resident #56's medical record showed: - The resident was discharged from skilled Medicare services on 07/02/24, and remained in the facility; - No documentation the resident and/or the representative received a SNF ABN; - The facility failed to provide the SNF ABN form to the resident and/or the representative at least two calendar days before the skilled Medicare services ended. During an interview on 09/26/24 at 8:40 A.M., the Social Services Director said the residents should have received and signed a SNF ABN form at least two days prior to discharge from skilled Medicare services. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265335	A. Building B. Wing	09/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Willow Care Nursing Home	2646 State Route 76 Willow Springs, MO 65793

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 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 09/26/24 at 2:15 P.M., the Administrator and the Director of Nursing said they expect residents who were discharging from skilled Medicare services and with days remaining, to receive a SNF ABN form at least 48 hours in advance.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265335	A. Building B. Wing	09/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Willow Care Nursing Home	2646 State Route 76 Willow Springs, MO 65793

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 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49152 Based on interview and record review, the facility failed to notify the resident and/or the resident's representative in writing of a transfer or discharge to a hospital, including the reasons for transfer for three residents (Residents #15, #34, and #70) out of six sampled residents. The facility's census was 72. The facility did not provide a policy for transfer/discharge notifications. 1. Review of Resident #15's medical record showed: - The resident transferred to the hospital on 04/27/24, and was readmitted to the facility on [DATE]; - The resident transferred to the hospital on 05/13/24, and was readmitted to the facility on [DATE]; - No documentation of written notification to the resident and/or the resident's representative of the resident's transfer to the hospital on 04/27/24 and 05/13/24. 2. Review of Resident #34's medical record showed: - The resident transferred to the hospital on 09/03/24, and was readmitted to the facility on [DATE]; - No documentation of written notification to the resident and/or the resident's representative of the resident's transfer to the hospital on 09/03/24. 3. Review of Resident #70's medical record showed: - The resident transferred to the hospital on 06/05/24, and readmitted to the facility on [DATE]; - The resident transferred to the hospital on 07/07/24, and was not readmitted to the facility; - No documentation of written notification to the resident and/or the resident's representative of the resident's transfer to the hospital on 06/05/24, or the resident's discharge from the facility on 07/07/24. During an interview on 09/26/24 at 10:03 A.M., the Social Services Designee said he/she was unable to find a transfer notice on Resident #70 for 06/05/24. A discharge notice was not sent on 07/07/24, because Resident #70 was transferred to the hospital and then discharged home. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265335	A. Building B. Wing	09/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Willow Care Nursing Home	2646 State Route 76 Willow Springs, MO 65793

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 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 09/26/24 at 2:15 P.M., the Administrator said he would expect residents and/or the resident's representative to receive a transfer/discharge notice in writing before transferring to the hospital, and would expect a discharge notice to be given to a resident at the time of discharge. 49999

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265335	A. Building B. Wing	09/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Willow Care Nursing Home	2646 State Route 76 Willow Springs, MO 65793

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47447 Based on interview and record review, the facility failed to accurately code the Minimum Data Set (MDS - a federally mandated assessment instrument completed by facility staff) for four residents (Residents #22, #42, #52, and #63) out of 19 sampled residents and one resident (Resident #42) outside the sample. The facility census was 72. The facility did not provide a policy related to the accuracy of the MDS assessments. 1. Review of Resident #22's medical record showed: - Diagnoses of Parkinson's disease (a progressive disease of the nervous system marked by tremor, muscular rigidity, and slow, imprecise movement), dementia (a condition characterized by progressive or persistent loss of intellectual functioning, especially with impairment of memory and abstract thinking), and heart failure (a chronic condition in which the heart doesn't pump blood as well as it should); - An order for hospice to evaluate and admit to hospice, dated 04/23/24; - A care plan, dated 05/17/24, addressed hospice. Review of the resident's quarterly MDS, dated [DATE], showed: - The resident did not have a condition or chronic disease that may result in a life expectancy of less than six months; - Received hospice services. 2. Review of Resident #42's medical record showed: - Diagnoses of rectal cancer, heart failure, and morbid obesity (a disorder involving excessive body fat that increases the risk of health problems); - A care plan, dated 08/23/24, addressed the resident received chemotherapy related to rectal cancer. Review of of the resident's significant change MDS, dated [DATE], showed: - No diagnosis of cancer; - Received chemotherapy. 3. Review of Resident #52's medical record showed: - Seatbelt being used as restraint; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265335	A. Building B. Wing	09/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Willow Care Nursing Home	2646 State Route 76 Willow Springs, MO 65793

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- A Restraint Physical Quarterly/Annual Evaluation, dated 07/30/24, the resident with a seatbelt to his/her wheelchair as a physical restraint; - A care plan, dated 07/31/24, addressed the resident used a seatbelt on his/her wheelchair. Review of the resident's quarterly MDS, dated [DATE], showed: - No restraint used in a chair or out of bed. 4. Review of Resident #63's medical record showed: - Diagnoses of Alzheimer's Disease (a progressive disease that destroys memory and other important mental functions), bipolar (a mental illness that causes extreme mood swings), and high blood pressure; - An order for Xarelto (an anticoagulant medication) 20 milligrams (mg) once per day, dated 01/31/24. Review of the resident's quarterly MDS, dated [DATE], showed: - Did not receive an anticoagulant. During an interview on 09/25/24 at 2:05 P.M., Licensed Practical Nurse (LPN) J said Resident #63 could remove the seatbelt but when asked, the resident was unable to remove it. During an interview on 09/26/24 at 1:30 P.M., the MDS Coordinator said the MDS should accurately reflect a resident's current condition. During an interview on 09/26/24 at 2:10 P.M., the Administrator said he would expect the MDS to accurately reflect a resident's current condition. 47678 49150

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265335	A. Building B. Wing	09/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Willow Care Nursing Home	2646 State Route 76 Willow Springs, MO 65793

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49150 Based on observation, interview, and record review, the facility failed to follow physician orders for two residents (Residents #9 and #20) out of 19 sampled residents. The facility census was 72. Review of the facility policy titled, Policy and Procedure Physician Orders, revised 07/01/17, showed: - Written/faxed orders require a physician signature in order to constitute a valid order; - The order should be clear, concise and contain the required components; - Orders that are missing required components, illegible or are unclear, will be clarified prior to implementation; - The licensed nurse is required to record the order in Point Click Care (PCC), the Physician Order Sheet (POS) and on the appropriate Medication Administration Record (MAR)/ Treatment Administration Record (TAR). 1. Review of Resident #9's medical record showed: - admitted [DATE]; - Diagnoses of post-traumatic stress disorder (PTSD - a mental health condition triggered by a terrifying event - either experiencing it or witnessing it; symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event), major depressive disorder (MDD - long-term loss of pleasure or interest in life), dementia (a disorder marked by memory loss, personality changes, and impaired reasoning that interferes with daily functioning), drug or chemical induced diabetes (abnormal blood sugar), and non-pressure chronic ulcer of right lower leg. Review of the resident's Physician Order Sheet (POS), dated September 2024, showed: - An order to check capillary blood glucose (CBG's) three times a week on Monday, Wednesday, and Friday, dated 11/09/22; - An order for Janumet (a medication for blood sugar control) 50-1000 milligrams (mg) by mouth two times a day, dated 10/24/22. Review of the Resident's TAR, dated September 2024, showed: - CBG's not checked on 09/18/24, 09/23/24, and 09/25/24; - Three out of 11 opportunities missed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265335	A. Building B. Wing	09/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Willow Care Nursing Home	2646 State Route 76 Willow Springs, MO 65793

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 09/26/24 at 1:15 P.M., the Social Services Director said Resident #9 usually refused blood sugar checks so sometimes that was why it did not get done. During an interview on 09/26/24 at 1:20 P.M., Resident #9 said he/she had diabetes and got his/her blood sugar checked. He/She had refused blood sugar checks in the past but not any recently. Staff checked blood sugars throughout the week but did not know exactly when or how often it was ordered. 2. Review of Resident #20's September 2024 POS showed: - Diagnosis of DM; - An order for Fiasp (a type of insulin) inject subcutaneously (an injection under the skin) per sliding scale three times daily with meals. For blood sugar: 150-200 = 0 units, 201-250 = 2 units, 251-300 = 4 units, 301-350 = 6 units, 351-400 = 8 units. Observation of resident on 09/25/24 at 5:25 P.M., showed: - Licensed Practical Nurse (LPN) A administered Fiasp 8 units for a blood sugar of 501 to the resident; - LPN A failed to contact the physician and receive an order for a blood sugar of 501. During interview on 09/25/24 at 6:00 P.M., LPN A said he/she if Resident #20's blood sugar was above 400, the nurse would contact the physician. During interview on 09/25/24 at 6:00 P.M., the Director of Nursing (DON) said she would expect nurses to follow the physician orders. During an interview on 09/26/24 at 2:15 P.M., the DON and Administrator said they would expect physician orders to be followed as written. 49152

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265335	A. Building B. Wing	09/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Willow Care Nursing Home	2646 State Route 76 Willow Springs, MO 65793

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 0690 Level of Harm - Minimal harm or potential for actual harm 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. 49999 Based on observation, interview, and record review, the facility failed to obtain physician orders for placement and care of an indwelling catheter (a tube inserted into the bladder to drain urine) for one resident (Resident #323) out of two sampled residents. The facility census was 72. Review of the facility policy titled, Policy and Procedures Physician Orders, dated 07/01/17, showed: - An order must be recorded in the medical record by the licensed nurse authorized to transcribe such orders; - Physician's orders must be documented clearly in the medical record. Review of the facility policy titled, Catheter Care, Urinary, dated September 2014, showed: - Notify the physician or supervisor if the catheter is accidentally removed. 1. Review of Resident #323's medical record showed: - Date of admission 09/20/24; - Diagnoses of obstructive uropathy (a condition in which the flow of urine is blocked), epilepsy (a condition that affects the brain and causes frequent seizures), altered mental status, and generalized anxiety disorder; - Physician Order Sheet (POS), dated 09/24/24, showed no order for the catheter placement or catheter care. Review of the resident's nurse notes showed: - On 9/21/24 at 4:36 A.M., the resident pulled out his/her catheter and the physician order was to continue to monitor the resident; - On 9/22/24 at 3:34 P.M., the nurse reported to the nurse supervisor that the resident had very little urine output after the resident pulled the catheter out; - On 9/23/24 at 2:26 P.M., Licensed Practical Nurse (LPN) A inserted a new catheter into the resident. Observation on 09/24/24 at 3:55 P.M., showed LPN A performed catheter care on Resident #323. During an interview on 09/25/24 at 2:39 P.M., LPN A said catheter care was usually done by the Certified Nursing Assistants (CNAs). A catheter was placed into Resident #323 because the resident pulled the prior catheter out. The resident was admitted to the facility with a catheter. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265335	A. Building B. Wing	09/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Willow Care Nursing Home	2646 State Route 76 Willow Springs, MO 65793

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 09/24/24 at 4:29 P.M., the Nurse Practitioner (NP) C said he/she was on call on 09/23/24, but did not recall LPN A calling for catheter orders for Resident #323. During an interview on 09/26/24 at 2:15 P.M., the Director of Nursing (DON) said she would expect a nurse to call the physician for an order before placing a catheter or performing catheter care.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265335	A. Building B. Wing	09/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Willow Care Nursing Home	2646 State Route 76 Willow Springs, MO 65793

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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47447 Based on observation, interview, and record review, the facility failed to ensure one resident (Resident #9) out of one sampled resident received treatment and care in accordance with professional standards of practice, the comprehensive care plan, and the resident's choices, related to pain management. The facility's census was 72. Review of the facility policy titled, Pain Assessment and Management, dated March 2020, showed: - The purposes of this procedure are to help the staff identify pain in the resident, and to develop interventions that are consistent with the resident's goals and needs and that address the underlying causes of pain; - The pain management program is based on a facility-wide commitment to appropriate assessment and treatment of pain, based on professional standards of practice, the comprehensive care plan, and the resident's choices related to pain management; - Pain management is a multidisciplinary care process that includes assessing the potential for pain, recognizing the presence of pain, identifying the characteristics of pain, addressing the underlying causes of the pain, developing and implementing approaches to pain management, identifying and using specific strategies for different levels and sources of pain, monitoring for the effectiveness of interventions, and modifying approaches as necessary; - Acute pain (or significant worsening of chronic pain) should be assessed every 30 to 60 minutes after the onset and reassessed as indicated until relief is obtained; - For stable chronic pain, the resident's pain and consequences of pain are assessed at least weekly; - Observe the resident (during rest and movement) for physiologic and behavioral (non-verbal) signs of pain; - Review the medication administration record (MAR) to determine how often the individual requests and receives as needed (PRN) pain medication, and to what extent the administered medications relieve the resident's pain; - The pain management interventions shall be consistent with the resident's goals for treatment; - Re-assess the resident's pain and consequences of pain at least each shift for acute pain or significant changes in levels of chronic pain and at least weekly in stable chronic pain; - Monitor factors to determine if the resident's pain is being adequately controlled like the resident's response to interventions and level of comfort over time, the status of the underlying cause(s) of pain, if identified previously, and the presence of adverse consequences to treatment; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265335	A. Building B. Wing	09/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Willow Care Nursing Home	2646 State Route 76 Willow Springs, MO 65793

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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- If pain has not been adequately controlled, the multidisciplinary team, including the physician, shall reconsider approaches and make adjustments as indicated; - Report prolonged, unrelieved pain despite care plan interventions to the physician or practitioner. 1. Review of Resident #9's medical record showed: - admitted [DATE]; - Diagnoses of post traumatic stress disorder (PTSD - a mental health condition triggered by a terrifying event - either experiencing it or witnessing it; symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event), major depressive disorder (MDD - long-term loss of pleasure or interest in life), dementia (a disorder marked by memory loss, personality changes, and impaired reasoning that interferes with daily functioning), drug or chemical induced diabetes (abnormal blood sugar), pain, gastroesophageal reflux disease (GERD - stomach acid being forced back into the throat region), rheumatoid arthritis (a chronic disease marked by inflammation of multiple joints), insomnia (difficulty sleeping), and non-pressure chronic ulcer of right lower leg. Review of the resident's Physician Order Sheet (POS), dated September 2024, showed: - An order for Oxycontin (an opioid pain medication) 15 milligram (mg) by mouth two times a day for pain, dated 03/13/24; - An order for hydrocodone-acetaminophen (an opioid pain medication) 5-325 mg by mouth every 12 hours PRN for breakthrough pain and must have been four hours since scheduled pain medication, dated 03/13/24; - An order to assess for pain every shift, dated 03/01/22; - An order to cleanse the open areas to the right lower leg with normal saline, apply a primary dressing of non-bordered foam (a type of dressing), and wrap with gauze once daily, date 07/03/24; - An order for PRN pain medication one hour prior to wound treatment, dated 02/08/23; - An order for PRN pain medication 30 minutes prior to wound treatment, dated 04/30/24. Review of the resident's quarterly Minimum Data Set (MDS - a federally mandated assessment completed by the facility), dated 08/12/24, showed: - Cognitive status slightly impaired; - Total dependence for lower body dressing, chair/bed to chair transfer, toilet transfer, and tub/shower transfer; - One venous (vein) ulcer; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265335	A. Building B. Wing	09/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Willow Care Nursing Home	2646 State Route 76 Willow Springs, MO 65793

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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- Application of nonsurgical dressings and ointments/medications; - Almost constant pain. Review of the resident's MAR and Treatment Administration Record (TAR), dated September 2024, showed: - Oxycontin 15 mg tablet not administered on 09/05/24, 09/08/24, 09/18/24, 09/23/24, and 09/25/24 at 6:00 A. M. as ordered with five missed out of 27 opportunities; - Hydrocodone-acetaminophen 5-325 mg not administered on 09/06/24, 09/08/24, 09/22/24, and 09/25/24, prior to dressing changes as ordered with four missed out of 22 opportunities. Review of the resident's care plan, dated 09/19/24, showed: - At risk for ineffective peripheral tissue perfusion (blood flow) with intervention to evaluate for pain; - Provide wound care per treatment order; - Administer analgesic medications as ordered by physician. Observation on 09/24/24 at 3:00 P.M. showed Resident #9 received a dressing change to his/her right lower leg. Certified Nurse Assistant (CNA) F had to help spread the resident's legs open during the dressing change. With every movement during the dressing change, Resident #9 winced and groaned in pain. Resident #9 asked if he/she could have some pain medication and Licensed Practical Nurse (LPN) A said it was already given around an hour ago. During an interview on 09/23/24 at 1:59 P.M., Resident #9 said he/she did not get pain medication like it was ordered. Staff was supposed to give the pain medication before doing the leg dressing, but did not give the pain medication until sometimes after the dressing change was done, if staff gave the pain medication at all. He/She was constantly in pain and the pain medication did not start working until an hour after taking it or when taking it with food. During an interview on 09/26/24 at 8:53 A.M., Certified Medication Technician (CMT) I said he/she would give a resident pain medication if it can be given and would look at the physician orders to make sure the resident could get it. During an interview on 09/26/24 at 10:29 A.M., LPN B said if a resident was having pain and was able to have pain medication, then the pain medication would be given. During an interview on 09/26/24 at 2:15 P.M., the Director of Nursing (DON) and Administrator said they would expect physician's orders to be followed as written and for a resident to be appropriately medicated for pain.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265335	A. Building B. Wing	09/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Willow Care Nursing Home	2646 State Route 76 Willow Springs, MO 65793

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 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care or services that was trauma informed and/or culturally competent. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47447 Based on observation, interview, and record review, the facility failed to identify, assess, and provide supportive interventions for two residents (Resident #6 and #9) with a diagnosis of post-traumatic stress disorder (PTSD - a mental health condition triggered by a terrifying event - either experiencing it or witnessing it; symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event) out of two sampled residents. The facility's census was 72. Review of the facility policy titled, Trauma Informed Care, dated March 2019, showed: - The purpose is to guide staff in appropriate and compassionate care specific to individuals who have experienced trauma; - Nursing staff are trained on screening tools, trauma assessment and how to identify triggers associated with re-traumatization; - Caregivers are taught strategies to help eliminate, mitigate or sensitively address a resident's triggers; - Implement universal screening of residents for trauma; - As part of the comprehensive assessment, identify history of trauma or interpersonal violence when possible. Identifying past trauma or adverse experiences may involve record review or the use of screening tools. 1. Review of Resident #6's medical record showed: - admitted [DATE]; - Diagnoses of PTSD, major depressive disorder (MDD - long-term loss of pleasure or interest in life), paranoid schizophrenia (mental illness that affects a person's perception and can involve hallucinations and delusions, suicidal ideations (thoughts of committing suicide), and auditory hallucinations (hearing sounds that aren't there); - No documentation of a trauma questionnaire/screening to identify trauma, PTSD, and triggers. Review of the resident's Physician Order Sheet (POS), dated September 2024, showed: - An order for venlafaxine (an antidepressant medication) 150 milligram (mg) by mouth daily at bedtime for MDD, dated 09/23/22; - An order for venlafaxine 75 mg by mouth daily in the morning for MDD, dated 03/01/22; - An order for haloperidol (an antipsychotic medication) 5 mg by mouth twice per day for paranoid schizophrenia, dated 09/23/22; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265335	A. Building B. Wing	09/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Willow Care Nursing Home	2646 State Route 76 Willow Springs, MO 65793

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 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the resident's care plan, initiated 03/15/22, showed: - PTSD not addressed; - Did not address personalized triggers or interventions associated to the resident or triggers. During an interview on 09/25/24 at 4:32 P.M., the resident said he/she had triggers related to trauma and did not recall being asked about it. 2. Review of Resident #9's medical record showed: - admitted [DATE]; - Diagnoses of PTSD, MDD, dementia (a disorder marked by memory loss, personality changes, and impaired reasoning that interferes with daily functioning), drug or chemical induced diabetes (abnormal blood sugar), pain, gastroesophageal reflux disease (GERD - stomach acid being forced back into the throat region), rheumatoid arthritis (a chronic disease marked by inflammation of multiple joints), insomnia (difficulty sleeping), and non-pressure chronic ulcer of right lower leg; - No documentation of a trauma questionnaire/screening to identify trauma, PTSD, and triggers. Review of the resident's POS, dated September 2024, showed: - An order for duloxetine (an antidepressant medication) 60 mg by mouth in the morning for MDD, dated 03/01/22. Review of the resident's care plan, dated 09/19/24, showed: -No specific goals, interventions, or triggers related to PTSD addressed. During an interview on 09/25/24 at 5:12 P.M., Resident #9 said he/she had not been asked about PTSD and his/her triggers. Nobody knew what he/she had been through and did not care enough to ask or do anything about it. He/She had been triggered in the past at the facility, but nobody knew about it or asked. During an interview on 09/25/24 at 3:52 P.M., the Social Services Director said the trauma questionnaire was done by the nurse on admission and if it triggered any issues, then that information went to the Minimum Data Set (MDS - a federally mandated assessment completed by staff) Coordinator. During an interview on 09/25/24 at 3:56 P.M., Licensed Practical Nurse (LPN) A said the trauma questionnaire was done by the nurses on admission and they asked about triggers at that time. He/She did not know exactly where the information went after the questionnaire was completed, but thought it went to the Director of Nursing (DON) and the higher ups. The care plan was completed and revised by the MDS Coordinator. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265335	A. Building B. Wing	09/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Willow Care Nursing Home	2646 State Route 76 Willow Springs, MO 65793

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 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 09/26/24 at 8:22 A.M., Certified Nurse Assistant (CNA) G said he/she found out how to take care of a resident based on what was in the chart. If someone needed special care or instructions on how to approach a task, like residents with PTSD or people with triggers, it could be found in the chart. During an interview on 09/26/24 at 09:15 A.M., the MDS Coordinator said all residents get trauma screenings on admission by the nurse. The nurse then tells the MDS Coordinator what was found. The care plan was updated and completed by the interdisciplinary team (IDT) and the MDS Coordinator. The care plan should have PTSD, trauma, and triggers addressed on it.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265335	A. Building B. Wing	09/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Willow Care Nursing Home	2646 State Route 76 Willow Springs, MO 65793

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 0947 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention. 47447 Based on interview and record review, the facility failed to conduct at least twelve hours of nurse aide in-service education per year. This affected two out of two sampled Certified Nurse Assistants (CNA) (CNA D and CNA E). The facility's census was 72. Review of the facility's policy titled, In-Service Training Program, Nurse Aide, revised 08/2010, showed: - Each nursing assistant must attend, at a minimum, twelve hours of continuing education annually. 1. Review of CNA D's in-service record showed: - A hire date of 07/28/21; - A total of three hours and 30 minutes of annual in-service training for July 2023 through July 2024; - Less than twelve hours of in-service education for July 2023 through July 2024. 2. Review of CNA E's in-service record showed: - A hire date of 04/12/13; - A total of three hours and 30 minutes of annual in-service training for April 2023 through April 2024; - Less than twelve hours of in-service education for April 2023 through April 2024. During an interview on 09/26/24 at 9:00 A.M., the Administrator said the facility tracked CNA training hours by calendar year, and that he expects CNA's to have at least 12 hours of in-service education each year. During an interview on 09/26/24 at 2:00 P.M., the DON said she would expect all CNA's to have at least 12 hours of in-service education each year.