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	01/08/2026

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to store and distribute food under sanitary conditions, increasing the risk of cross-contamination and food-borne illness. This had the potential to affect all residents. The facility census was 68.The facility did not provide a dietary cleaning rotation or food storage policy. 1. Observations on 1/05/26 at 10:35 A.M., and 1/07/26 at 10:22 A.M., of the kitchen showed:- The commercial dishwasher exterior with flaky white grime build-up and scattered debris on the floor beneath;- The floor and plumbing pipes below the dishwashing area counters and three compartment sinks with scattered debris, oily film, and brown grime build-up;- The wall with a dark colored grime build-up behind the dishwashing sink spray rinsing and disposal area and the floor below with an approximate 1inch (in.) in depth pooled area with a dark oily grime;- An approximate 8 foot (ft.) by 2 in. wall section in the backsplash area gapped open without caulking and with a black substance; - An approximate 24 in. x 24 in. ceiling diffuser (one of the few visible parts of an air conditioning system) with dust build-up and a brown substance on the front exterior surface and in between the ventilation louvers;- The ice machine with a white grime build-up on the exterior surfaces and interior plastic surface, the ventilation louvers with a brown substance and scattered debris on the floor beneath;- The gas range with an oily grime build-up and scattered food debris around each burner and on the floor beneath; - The commercial style can opener with an oily film build-up and a discolored knife blade with a grime build-up;- A tilt skillet with an oily film build-up and food debris on the floor below and on the wall behind the appliance;- The walk-in refrigerator with an unlabeled and undated chocolate pie, food grime build-up on the wire shelving, and a build-up of oily grime and food debris on the floor below the shelving. 2. Observation on 01/07/26 at 11:59 A.M., of the food service area showed:- A cake with whipped dairy dessert topping at 61 degrees Fahrenheit (ˆF);- Gelatin fruit dessert at 51ˆF. 3. Observations on 1/05/26 at 10:35 A.M., and 1/07/26 at 11:45 A.M., of the dry food storage area showed:- One approximate 10 gallon (gal.) white plastic container covered, undated, and unlabeled with oatmeal;- One approximate 10 gal. white plastic container loosely covered and undated with sugar;- Six 3-quart (qt.) cans with diced peaches and no expiration date;- Six 3-qt. cans with diced tomato paste and no expiration date. 4. Observation on 01/05/26 at 11:35 A.M., of the dining area showed:- Ice dispenser with an out of order sign placed in the dining area;- Two square dining tables with non-intact laminate surfaces along two corner edges;- One square dining table with an approximate 1in. by 3 in. non-intact wooden corner without a laminate surface; - An approximate 10 ft. by 6 in. wall section with a scraped painted surface. During an interview on 01/07/26 at 10:38 P.M., Dietary Aide (DA) G said the disposal leaked when it was running and caused a dark build-up on the back wall and in the floor. It had been serviced and ran into an automatic grease removal system. It must be cleaned and placed into the trash when it was full. He/She cleaned the back wall under the garbage disposal before, but it needed more work because it had build-up again. A worker had cleaned the dishwasher last week while he/she was there. The last time he/she noticed the floor and wall below the dishwasher was cleaned a couple months ago and the disposal was used often and may be splattering while it ran. During an interview on 01/07/26 at 12:08 P.M., the Dietary Manager (DM) said there were not dated food labels on the large white food (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	storage bins but there should be. The ice machine should not have hardwater build-up on the exterior and the plastic lid should appear clean. The air vents should be kept clean in the kitchen ceiling. The can opener should be kept clean. Staff deep cleaned behind the range and ovens, but spills and grime were a result of a leak in the tilt skillet. Staff should begin labeling the canned food, so it was easy to see when they expired because they were coded but would have to be looked up on the invoice. Foods should be labeled in the refrigerator. Cold foods should be kept in the refrigerator longer until they were ready to serve. During an interview on 01/08/26 at 1:38 P.M., the Maintenance Director said he/she had a recent visit by an outside contractor to clean the vents and the ice machine. It must be inspected and was expected to appear clean. During an interview on 01/08/26 at 1:48 P.M., the Administrator said the kitchen should be kept clean. The dishwasher and ice machine should not have a white build-up and there should not have been grime build-up in the dishwashing area below the sink. The ceiling, walls, and vents should be kept in good repair throughout the kitchen and the dining area.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0569 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to refund resident funds within 30 days of when a resident expired for seven residents (Residents #80, #81, #83, #84, #85, #86, and #87) out of a sample of eight residents, and failed to complete a final accounting of resident personal funds within 30 days of discharge for six residents (Residents #88, #89, #90, #91, #93, and #94) out of a sample of seven residents. The facility also failed to ensure residents and/or responsible parties were notified in a timely manner when a resident's account was within the $200.00 Social Security Income (SSI) limit ($6,068.80) or when the resident's account was over the SSI limit. This affected one resident (Resident #43) out of a sample of 17 residents reviewed who received Medicaid benefits. The facility census was 68. Review of the facility's policy titled, Resident Trust Fund Account, undated, showed:- The staff of the facility will follow certain guidelines, as established by the state of Missouri and Social Security Administration (SSA) and this organization in the handling of such funds;- When a resident leaves the facility with no plans to return, their resident trust fund (RTF) account must be closed out. If a resident moves to another nursing facility, it is the responsibility of the office staff to make arrangements to transfer any balance to that resident at the new facility;- If the facility is the representative payee for the resident, the facility office staff should contact the local SSA office for directions on how and where to send the closed-out funds to on behalf of the beneficiary;- All notices to the SSA should happen within 10 days of any resident for whom we are representative payee change within the facility;- The office manager is responsible to inform them of any move the resident would make to secure that the SSI check is being disbursed to the correct facility, and in any event that our facility would no longer serve as representative payee for a beneficiary;- If a resident passes away, the funds may be considered to cover any past due balance of the beneficiary owed to the facility or any of its related organizations. If a bill is presented from a funeral home for the services of the deceased beneficiary, the facility staff may issue a payment from the resident funds directly to the funeral home, no other funeral expenses may be covered from this account. If there are funds still remaining in the account, and the resident is a Medicaid beneficiary, the funds should be sent back to the Third-Party Liability (TPL) unit of the State of Missouri for the Medicaid program using the appropriate submission form completed by the facility staff;- If the facility is representative payee for the deceased resident, all conserved funds must become property of the resident's estate. If an estate is not opened at the time of disbursement, the funds may be sent back to the state of Missouri for all Medicaid beneficiaries;- Any funds received after a resident has been discharged should be returned to the resident, their responsible party, or the sending agency or individual as deemed appropriate by such sender. 1. Review of Resident #43's medical record showed:- The resident remained in the facility. Review of the resident's Trust Transaction History, printed on [DATE], showed:- On [DATE], the resident's fund balance was $6061.03; - On [DATE], the resident's fund balance was $6,618.12;- On [DATE], the resident's fund balance was $7,143.97. Review of the resident's fund documentation showed:- No resident fund notifications were provided to the resident and/or the representative was within $200.00 of the SSI limit. 2. Review of Resident #80's closed medical record showed:- The resident expired on [DATE]. Review of the facility maintained Resident Trust Fund Ledger for the period [DATE] through [DATE], showed:- Resident #80 had $447.41 held in the resident trust fund account as of [DATE] (300 days late). 3. Review of Resident #81's closed medical record showed:- The resident expired on [DATE]. Review of the facility maintained Resident Trust Fund Ledger for the period [DATE] through [DATE], showed :- Resident #81 had $112.27 held in the resident trust fund account as of [DATE] (340 days late). 4. Review of Resident #83's closed medical record showed:- The resident expired on [DATE]. Review of the facility maintained Resident Trust Fund Ledger for the period [DATE] through [DATE], showed :- Resident #83 had $69.04 held in the resident trust fund account as of [DATE] (414 days late). 5. Review of Resident #84's closed (continued on next page)

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F 0569 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	medical record showed:- The resident expired on [DATE]. Review of the facility maintained Resident Trust Fund Ledger for the period [DATE] through [DATE], showed:- Resident #84 had $948.21 held in the resident trust fund account as of [DATE] (162 days late). 6. Review of Resident #85's closed medical record showed:- The resident expired on [DATE]. Review of the facility maintained Resident Trust Fund Ledger for the period [DATE] through [DATE], showed:- Resident #85 had $15.06 held in the resident trust fund account as of [DATE] (75 days late). 7. Review of Resident #86's closed medical record showed:- The resident expired on [DATE]. Review of the facility maintained Resident Trust Fund Ledger for the period [DATE] through [DATE], showed:- Resident #86 had $3.70 held in the resident trust fund account as of [DATE] (114 days late). 8. Review of Resident #87's closed medical record showed:- The resident expired on [DATE]. Review of the facility maintained Resident Trust Fund Ledger for the period [DATE] through [DATE], showed:- Resident #87 had $12.42 held in the resident trust fund account as of [DATE] (439 days late). 9. Review of Resident #88's closed medical record showed:- The resident discharged to home on [DATE]. Review of the facility maintained Resident Trust Fund Ledger for the period [DATE] through [DATE], showed:- Resident #88 had $14.00 held in the resident trust fund account as of [DATE] (153 days late). 10. Review of Resident #89's closed medical record showed:- The resident discharged to the hospital on [DATE]. Review of the facility maintained Resident Trust Fund Ledger for the period [DATE] through [DATE], showed:- Resident #89 had $12.25 held in the resident trust fund account as of [DATE] (436 days late). 11. Review of Resident #90's closed medical record showed:- The resident discharged to the hospital on [DATE]. Review of the facility maintained Resident Trust Fund Ledger for the period [DATE] through [DATE], showed:- Resident #90 had $263.79 held in the resident trust fund account as of [DATE] (349 days late). 12. Review of Resident #91's closed medical record showed:- The resident discharged to the hospital on [DATE]. Review of the facility maintained Resident Trust Fund Ledger for the period [DATE] through [DATE], showed:- Resident #91 had $612.39 held in the resident trust fund account as of [DATE] (149 days late). 13. Review of Resident #93's closed medical record showed:- The resident discharged to the hospital on [DATE]. Review of the facility maintained Resident Trust Fund Ledger for the period [DATE] through [DATE], showed:- Resident #93 had $619.77 held in the resident trust fund account as of [DATE] (60 days late). 14. Review of Resident #94's closed medical record showed:- The resident discharged to home on [DATE]. Review of the facility maintained Resident Trust Fund Ledger for the period [DATE] through [DATE], showed:- Resident #94 had $2791.43 held in the resident trust fund account as of [DATE] (262 days late). During an interview on [DATE] at 2:30 P.M., the Business Office Manager (BOM) said he/she was responsible for identifying when the residents was close to the need of a spend down. A notification letter should be sent to the resident/resident's representative but there had been verbal notifications. The accounts would need to be corrected, and he/she was new in the role with the facility. Residents should have a final accounting of personal funds and provide the balance of those funds within thirty days after discharge. During an interview on [DATE] at 2:45 P.M., the Administrator said he expects the residents' accounts to be kept below the limit and written notifications be sent when they were within $200.00 of the resource limit. There had been verbal notifications made. Residents should have a final accounting of personal funds and provided the balance of those funds within thirty days after discharge.

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Implement a program that monitors antibiotic use. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to maintain an Infection Prevention and Control Program (IPCP) that included an antibiotic stewardship program to include an infection surveillance program and antibiotic use protocols. This deficient practice had the potential to affect all residents in the facility. The facility also failed to ensure correct antibiotic therapy duration for one resident (Resident #73) out of two sampled residents. The facility census was 69.Review of the facility's policy titled, Infection Prevention and Control Program, revised October 2018, showed:- Infection prevention and control program is developed to address the facility specific infection control needs and requirements identified in the facility assessment and the infection control risk assessment. The program is reviewed annually and updated as necessary;- Elements of the infection prevention and control program consist of coordination/oversight, policies/procedures, surveillance, data analysis, antibiotic stewardship, outbreak management, prevention of infection, and employee health and safety;- Process surveillance (adherence to infection prevention and control practices) and outcome surveillance (incidence and prevalence of healthcare acquired infections) are used as measures of the IPCP effectiveness.- Surveillance tools are used for recognizing the occurrence of infections, recording their number and frequency detecting outbreaks and epidemics, monitoring adherence to infection prevention and control practices, and detecting unusual pathogens with infection control implications;- The information obtained from infection control surveillance activities is compared with that from other facilities and with acknowledged standards, and used to assess the effectiveness of established infection prevention and control practices;- Standard criteria are used to distinguish community-acquired from facility-acquired infections;- Culture reports, sensitivity data, and antibiotic usage reviews are included in surveillance activities;- Medical criteria and standardized definitions of infections are used to help recognize and manage infections;- Antibiotic usage is evaluated and practitioners are provided feedback on reviews;- Data gathered during surveillance is used to oversee infection and spot trends. Review of the facility's policy titled, Antibiotic Stewardship, revised December 2016, showed:- The purpose of our Antibiotic Stewardship Program is to monitor the use of antibiotics in our residents;- Orientation, training, and education of staff will emphasize the importance of antibiotic stewardship and will include how inappropriate use of antibiotics affects individual residents and the overall community;- If an antibiotic is indicated, prescribers will provide complete antibiotic orders including the following elements: a. Drug name; b. Dose; c. Frequency of administration; d. Duration of treatment: 1. Start and stop date; or 2. Number of days of therapy; e. Route of administration; f. Indications for use;- When a culture and sensitivity (C&S - a medical lab test identifying infectious germs and effective treatments) is ordered lab results and the current clinical situation will be communicated to the prescriber as soon as available to determine if antibiotic therapy should be started, continued, modified, or discontinued;- When a resident is admitted from an emergency department, acute care facility, or other care facility, the admitting nurse will review discharge and transfer paperwork for current antibiotic/anti-infective orders;- Discharge or transfer medical records must include all the above drug and dosing elements. Review of facility's Matrix (a listing of all facility residents), dated 01/05/25, showed:- Two residents currently received antibiotics which included Resident #73. Review of the facility's Infection Surveillance log, dated 01/01/25 - 01/07/26, showed:- For January 2025, no documentation of pathogens, lab report findings, if infection criteria were met, and if an antibiotic was effective;- For February 2025, no documentation;- for March 2025, no documentation;- For April 2025, no documentation if diagnostic tests were performed, type of test, specimen source, if there was an antibiotic resistant organism, antibiotic end date, total therapy date, if criteria was met, antibiotic time out, if required Transmission-Based Precautions (TBP), and date symptoms resolved;- For June 2025, no documentation for the type of test, if antibiotic-resistant organism, time out, lab completed or (continued on next page)

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	findings, and class of antibiotics;- For July 2025, no documentation of the type of test, date of diagnostic test performed, specimen source, if antibiotic resistant organism, time out, type of organism, and lab report findings;- for August 2025, no documentation of an onset date, type of test, if antibiotic-resistant organism, if criteria was met, time out, lab report findings, and type of organism;- For September 2025, no documentation of the type of organism and lab report findings;- For October 2025, no documentation of the type of antibiotic-resistant organism;- For November 2025, no documentation of the type of organism and lab report findings;- For December 2025, showed Resident #73 with an antibiotic end date of 01/04/26, a five-day antibiotic therapy duration, and no documentation of a diagnostic test performed, no antibiotic time out, and if signs and symptoms resolved. Review of Resident #73's Physician Order Sheet (POS), dated 12/30/25, showed:- admission of 06/21/22;- readmitted from the hospital on [DATE];- An order dated for levofloxacin (an antibiotic) 500 milligram (mg) daily for a urinary tract infection (UTI - an infection of the urinary tract), dated 12/30/25, with no stop date. Review of the resident's hospital Discharge summary, dated [DATE], showed:- admitted from 12/28/25 through 12/30/25;- Diagnosis UTI;- Levofloxacin 500 mg tablet by mouth daily for five days, dispense quantity of five. Review of the resident's Medication Administration Records (MARs), dated December 2025 and January 2026, showed:- Levofloxacin 500 mg tablet one daily for UTI and no stop date, administered on 12/31/25, 01/01/26, 01/02/26, 01/03/26, 01/04/26, 01/05/26, 01/06/26, and 01/07/26. Review of the resident's Nurses Notes showed: - On 12/25/25, the resident admitted to the hospital for observation due to UTI;- On 12/31/25, the resident was given the scheduled levofloxacin 500 mg tablet daily for UTI;- On 01/04/26, the resident completed the levofloxacin on 01/04/26, for UTI, no pain or sign or symptoms of discomfort;- On 01/05/26, the resident continued levofloxacin 500 mg tablet daily for UTI;- On 01/06/26, the resident continued levofloxacin 500 mg tablet daily follow up post-course of antibiotic for UTI;- On 01/07/26, the physician was notified of the levofloxacin order and stop date. A new order was received to discontinue the order at that time. No new orders noted. Provider notified that order was for five days. During an interview on 01/07/26 at 1:41 P.M., Certified Medication Technician (CMT) D said the resident received an antibiotic this morning and there were seven tablets delivered from the pharmacy. During an interview on 01/07/25 at 1:44 P.M., the Pharmacy Employee F said the resident received seven tablets of the antibiotic from the pharmacy. During an interview on 01/07/26 at 1:50 P.M., Registered Nurse (RN) E said the facility had a three-check system for residents admitted or readmitted to the facility to ensure medications were correct. Antibiotics should have a stop date, and the hospital discharge paperwork showed it should have been five days. He/she missed it and there was no excuse for it. During an interview on 01/07/26 at 2:05 P.M., the Director of Nursing (DON) said the antibiotic should have had an end date. The resident should have received it for five days. The error was a transcription issue. During an interview on 01/08/26 at 2:15 P.M., the Administrator said he would expect the facility to follow orders for the length of antibiotics. He would also expect the facility to complete antibiotic stewardship logs per the policy, procedures, and recommendations.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure a urinary indwelling catheter (a tube inserted into the bladder to drain urine) drainage bag was maintained in the proper position for one resident (Resident #45) out of one sampled resident. The facility census was 68.Review of the facility's policy titled, Urinary Catheter Care, dated December 2025, showed:- Be sure the catheter tubing and drainage bag are kept off the floor. 1.Review of Resident #45's medical record showed:- admitted on [DATE];- Diagnoses of urinary tract infection (UTI - a bacterial infection of the bladder and associated structures), benign prostatic hyperplasia (BPH - a noncancerous enlargement of the prostate), and retention of urine. Review of the resident's Physician Order Sheet (POS), dated January 2026, showed:- An order to drain the catheter bag every shift three times a day, dated 12/26/25;- An order for urinary catheter care every shift, dated 12/26/25;- An order to change the Coude (a type of catheter with a curved tip used to empty urine from the bladder for those with an enlarged prostate or blockage) 16 French (size of the catheter) 10 milliliter (ml) bulb monthly and as needed (PRN) every evening shift every month starting on the 28th day and as needed for occlusion or leakage as needed, dated 12/28/25;- An order to change the urinary catheter anchor (a medical tool used to securely hold an indwelling urinary catheter in place) every evening shift every month starting on the 28th, dated 12/28/25;- An order to change the urinary catheter drainage bag every evening shift every month starting on the 28th, dated 12/28/25. Review of the resident's admission Minimum Data Set (MDS - a federally mandated process for clinical assessment of all residents in certified nursing homes), dated 12/31/25, showed:- Used an indwelling catheter;- Dependent for toileting hygiene. Review of the resident's Baseline Care Plan, dated 12/28/25, showed:- Used an indwelling catheter;- Required one-person physical assist for toilet use. Review of the resident's Care Plan, dated 01/02/26, showed:- Resident had an indwelling catheter;- Check tubing for kinks each shift and if complications arise;- Activities of daily living (ADLs) self-care performance deficit and dependent assist for toileting. Observations on 01/07/26 at 8:20 A.M., and 10:05 A.M., and 01/08/26 at 9:11 A.M., showed:- The resident lay in bed in the low position and the catheter drainage bag hung from the bed frame. The catheter drainage bag had a privacy cover that opened at the bottom and the drainage bag lay on the floor. Observation on 01/08/26 at 8:05 A.M., showed:- The resident sat in a wheelchair, the catheter drainage bag hung on the crossbars under the wheelchair seat, a privacy cover with an open bottom covered the catheter drainage bag, and the bottom of the catheter drainage bag lay on the floor. During an interview on 01/08/26 at 9:45 A.M., Certified Nursing Assistant (CNA) A said catheter drainage bags should be kept below a resident's bladder, should hang on the side of the bed or under the wheelchair, should never touch the floor, and should always have a privacy cover. During an interview on 01/08/26 at 9:50 A.M., CNA B said catheter drainage bags should be hung on the side of the bed or under the wheelchair, below the resident's bladder, never touch the floor, and have a privacy cover. During an interview on 01/08/26 at 9:52 A.M., Licensed Practical Nurse (LPN) C said the catheter drainage bag should hang on the side of the bed or on a chair/wheelchair lower than the resident's bladder, covered, and never touch the floor. During an interview on 01/08/26 at 10:24 A.M., the Assistant Director of Nursing (ADON) said a catheter drainage bag should be in a privacy bag and hooked on to a non-moving part of a wheelchair or bed. It should not touch the floor. During an interview on 01/08/26 at 10:35 A.M., the Director of Nursing (DON) said if a resident lay in bed, the catheter drainage should hang on the bed and off the floor. If a resident sat in a wheelchair, it should hang on the cross bars under the wheelchair. During an interview on 01/08/26 at 1:30 P.M., the Administrator said he would expect the staff to follow facility's policy and procedure regarding keeping catheter drainage bags from touching the floor.