

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265455	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/31/2025
NAME OF PROVIDER OR SUPPLIER Willard Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 400 West Walnut Lane Willard, MO 65781	

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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to keep all residents free from significant medication errors when staff administered one resident's (Resident #1) medication (ferrous sulfate - iron supplement) at the incorrect frequency for 82 days. A sample of four residents was reviewed for medication administration in a facility with a census of 56. Review of the facility policy entitled, Physician Orders, undated, showed medication orders should include type, route, dosage, frequency, and strength of the medication ordered. Review of the facility policy entitled, Medication Administration, revised 02/07/13, showed the following information: -Medications are given to benefit a resident's health as ordered by the physician; -Read the label three times before administering the medication. First when comparing the label with the medication sheet. Second when setting up the medication. Third when preparing to administer medication to the resident; -Administer medication and record the medication given on the medication sheet. Review of the ferrous sulfate tablet package insert/prescribing information, dated 03/25/25, showed the following: -In case of accidental overdose, call a doctor or poison control center immediately; -Recommended dosage of one tablet daily as a dietary supplement, preferably with a meal or as directed by a doctor. Do not exceed 2 tablets in 24 hours. Not for frequent or prolonged use except on the advice of a doctor. Do not exceed recommended dosage; -Since oral iron products interfere with absorption of certain antibiotics, these products should not be taken within two hours of each other. Discontinue use and consult your doctor if any adverse reactions occur; -Even though it may be rare, some people may have very bad and sometimes deadly side effects when taking a drug; -Tell your doctor or get medical help right away if you have any of the following signs or symptoms: signs of an allergic reaction, like rash; hives; itching; red, swollen, blistered, or peeling skin with or without fever; wheezing; tightness in the chest or throat; trouble breathing, swallowing, or talking; unusual hoarseness; or swelling of the mouth, face, lips, tongue, or throat; -Other side serious side effects include black, tarry, or bloody stools; fever; very upset stomach or throwing up; very bad belly pain; or throwing up blood or throw up that looks like coffee grounds. 1. Review of Resident #1's face sheet (gives basic profile information at a glance) showed the following information: -admission date of 07/18/25; -Diagnoses included atrial fibrillation (a-fib - irregular heart function), pneumonia due to inhalation of food, severe protein-calorie malnutrition, high blood pressure, stroke, peripheral vascular disease (PVD - circulatory disorder of the arteries and veins outside of the heart and brain leading to reduced blood flow to the limbs and organs), acute respiratory failure, gastro-esophageal reflux disease (GERD - stomach acid backs up into the throat), altered mental status, symptoms involving cognitive functions and awareness, pain, emphysema (lung disorder with loss of lung elasticity, reduces oxygen supply in the blood), shortness of breath, and inflamed stomach lining with bleeding. Review of the resident's care plan, updated 08/22/25, showed the following: -At risk for ineffective breathing pattern related to disease process; -Resident had high blood pressure. Staff to explain the benefits of consuming a nutritionally balance diet; -Administer medications as ordered; -At risk for inadequate nutrition related to frequent inadequate intake. Determine, in collaboration with the dietitian as appropriate, the number of calories and type of nutrients needed to meet my nutritional requirements. Review of the resident's hospital Discharge summary, dated [DATE], an order for ferrous sulfate 142 milligrams (mg) (45 mg iron) tablet, sustained release; take 142 mg by mouth, one each Friday to be taken with 500 mg Vitamin C. Review of the resident's facility physician order sheet (POS), current as of the resident's discharge on [DATE], showed the following orders, dated 07/18/25: -Ascorbic acid (vitamin C) tablet for diagnosis of emphysema 500 mg, one oral, once a day on Friday, 06:00 AM - 10:00 AM; -Ferrous sulfate tablet, delayed release, 324 mg (65 mg iron), 1/2 tab oral for diagnosis of severe protein-calorie malnutrition, take every Friday with vitamin C 500 mg. Review of the resident's electronic Medication Administration Record (eMAR), dated 07/18/25 to 08/17/25, showed the following: -An active order for ascorbic acid tablet 500 mg, administer 1 oral once a day on Fridays; -An active order for ferrous sulfate tablet delayed release (DR), 324 mg (65 mg iron), administer 1/2 oral, take every Friday with vitamin C 500 mg; -Staff documented administration of the ferrous sulfate on 07/19/25, 07/20/25, 07/21/25, and 07/22/25; -On 07/23/25, 07/24/25, 07/25/25, 07/26/25, and 07/27/25 staff documented ferrous sulfate not given due to resident in hospital; -Staff documented administration of the ferrous sulfate daily on 07/28/25 through 08/17/25. Review of the resident's eMAR, dated 08/18/25 to 09/17/25, showed the following: -An active order for ascorbic acid tablet 500 mg, administer 1 oral once a day on Friday; -An active order for</p>		