

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365708	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/25/2025
NAME OF PROVIDER OR SUPPLIER Willow Woods Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 9625 Market Street North Lima, OH 44452	

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (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: 365708	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/25/2025
NAME OF PROVIDER OR SUPPLIER Willow Woods Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 9625 Market Street North Lima, OH 44452	
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 0689</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** THE FOLLOWING DEFICIENCY REPRESENTS AN INCIDENT OF PAST NON-COMPLIANCE THAT WAS SUBSEQUENTLY CORRECTED PRIOR TO THIS SURVEY. Based on record review, interview, review hospital paperwork, review of the facility investigation and witness statements, review of personnel files, review of the manufacture's guidelines and facility policy review, the facility failed to ensure safe use of a Sara Steady lift for Resident #62. This affected one (Resident #62) of 6 reviewed for accidents. The facility census was 59. Findings include: Review of the medical record revealed Resident # 62 was admitted to the facility on [DATE] with diagnoses including memory deficit following unspecified cerebrovascular disease, Type II Diabetes Mellitus, chronic hepatic failure without complications, chronic obstructive pulmonary disease, hemiplegia, affecting unspecified side, major depressive disorder, recurrent severe with psychotic symptoms, traumatic brain injury, and deficiency of multiple nutrient elements. Review of the Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #62 had a Brief Interview for Mental Status (BIMS) score of nine out of 15, indicating impaired cognition. The resident required activities of daily living (ADL) assistance, including mobility, personal hygiene, and transfers. Review of the plan of care dated [DATE] revealed Resident #62 required dependent assistance related to self-care deficit related to decreased mobility. Interventions included Resident #62 to perform active range of motion to bilateral extremities for 15-minute sessions three to six days a week as tolerated to improve/maintain current level of function. There was no intervention for the use of a Sara Steady lift for transfers. Review of the physician's orders for [DATE] revealed no order for a Sara Steady lift for transfers. Review of the nursing progress note dated [DATE] 11:47 A.M. revealed two certified nursing assistants (CNAs) entered Resident #62's room and observed the resident slumped over and unresponsive at approximately 6:28 P.M. One CNA ran to get the nurse while the other CNA stayed with the resident. The nurse responded and noted Resident #62 to be void of vital signs, no pulse or respirations detected. Resident #62 was a Full Code (all possible life-saving measures). Code Blue was called, and staff immediately initiated cardiopulmonary resuscitation (CPR) at 6:30 P.M. Two additional nurses immediately responded to the room, one with the crash cart. 911 was called by the CNA at 6:30 P.M. Nurses rotated in maintaining CPR per protocol. The local fire department personnel arrived at facility at 6:38 P.M. and assisted nurses with ongoing CPR. The ambulance arrived at the facility at 6:42 P.M. and initiated compressions with the use of the LUCAS machine (a device that gives automatic chest compressions during CPR). The ambulance crew administered epinephrine (medication that helps improve blood flow) and intubated the resident. A pulse was detected, and the resident was transferred to the local hospital by ambulance at 7:07 P.M. Resident #62's son and Medical Director #578 were updated by the facility nurse. Review of the facility investigation dated [DATE] revealed the root cause analysis was conducted by [NAME] President (VP) of Operations #575, VP of Clinical Services #576, Regional Director of Clinical Services #577, the Administrator, and the Director of Nursing (DON). The root cause was determined to be the staff member not following protocol for the resident lift and lack of supervision. VP of Operations #575 and VP of Clinical Services #576 provided education to the Administrator and DON on the following topics: transfer assistance, supervision of residents, call light availability, mechanical lift usage, change in condition, dignity, and facility abuse and neglect policy. Review of the witness statement dated [DATE] authored by Registered Nurses (RNs) #537 and #539 and CNAs #507, #512, #521, #523, #524, and #566 revealed CNA #567 placed Resident # 62 in a Sara Steady lift and left the resident standing there alone while she went to find help. CNA #567 was gone approximately four to five minutes according to witness statements. Resident #62 was found slumped over the Sara Steady bar, absent of vital signs, with bloody bowel movement noted. Resident #62 was placed in bed, and CPR was initiated. The resident was then transferred to the hospital. CNA #567 was immediately removed from her duties. Review of the hospital paperwork dated [DATE] revealed Resident #62 was transferred to the hospital by the local fire department. Personnel arrived at the facility at 6:38 P.M. and assisted nurses with ongoing CPR. The ambulance arrived at the facility at 6:42 P.M. and initiated compressions with the use of the LUCAS machine. Ambulance crew administered epinephrine and intubated the resident. A pulse was detected, and the resident was transferred to the local hospital by ambulance at 7:07 PM. with diagnoses including cardiac arrest. On [DATE], the resident expired after family withdrew care. Time of death was 10:06 P.M. The cause of death was bilateral pneumonia versus massive aspiration or combination of these possibilities. Interview with RN #539</p>		