STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365769	A. Building B. Wing	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Willows at Willard The	1050 Neal Zick Road Willard, OH 44890

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 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason. Based on observation, medical record review, and staff interview, the facility failed to ensure residents had a functional communication system in place. This affected one (#1) of one resident reviewed for communication. The facility census was 62.Findings include:Review of the medical record for Resident #1 revealed an admission date of 03/09/24. Diagnoses included Alzheimer's disease, depression, and vascular dementia. Review of the quarterly Minimum Data Set (MDS) assessment, dated 03/19/26, revealed Resident #1 had severe cognitive impairment. Further review of the MDS revealed Resident #1 had unclear speech, was sometimes understood, and sometimes could understand others. Resident #1 required moderate assistance with Activities of Daily Living (ADLs) and was dependent on staff for showering and bathing. Review of the care plan dated 08/06/25 revealed Resident #1 required assistance with understanding instructions, pamphlets, or other written materials from their doctor or pharmacy. Interventions included providing and explaining detailed instructions in the resident's preferred language, asking simple questions to verbalize understanding, and clarifying and defining medical terminology with the resident in a way the resident could understand. Further review of the care plan revealed no goals or interventions pertaining to Resident #1's communication barriers and needs.Interview on 04/08/26 at 9:44 A.M with Certified Nursing Assistant (CNA) #408 revealed Resident #1 spoke Italian. CNA #408 further stated that Resident #1 did not communicate with staff and staff used gestures and simple words to try to communicate with the resident.Observation on 04/08/26 at 9:44 A.M. of Resident #1's room revealed no evidence of communication devices or other forms of alternative communication to facilitate communication with the resident. Observation on 04/08/26 at 3:22 P.M. revealed Resident #1 was walking around the hallway with a walker. Registered Nurse (RN) #409 attempted to redirect Resident #1. Resident #1 spoke in a language that was not English. RN #409 spoke to Resident #1 in English and told the resident to sit down and that her daughter would be to the facility in two hours. Resident #1 continued to attempt to get up from the chair. Concurrent interview with RN #409 revealed she was familiar with Resident #1 and she just knew what the resident wanted. RN #409 stated Resident #1 spoke and understood some English. When RN #409 was asked why she asked Resident #1 to sit down instead of asking what she needed, RN #409 stated well she is looking for her daughter. RN #409 confirmed there were no communication boards in Resident #1's room and stated a sheet of paper with English to Italian words may have been behind the nurses station.Interview on 04/08/26 at 4:09 P.M. with the Director of Nursing (DON) confirmed there were no communication devices or alternative communication methods available for Resident #1. The DON stated staff have used their personal cell phones to attempt to translate to better understand Resident #1. The DON further confirmed there was no care plan pertaining to the resident's communication needs.Interview on 04/09/26 at 8:24 A.M. with Speech Language Pathologist (SLP) #454 verified no alternative communication methods had been implemented for Resident #1. SLP #454 stated she made Resident #1 a memory book in 2024 that contained pictures of the resident's family and history to help support her memory. SLP #454 stated Resident #1's family visited and primarily communicated with the resident in Italian. Interview on 04/09/26 at 2:21 P.M. with the DON revealed the facility did not have a policy on communication needs.

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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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the medical record, staff interview, and policy review, the facility failed to ensure nutritional assessments were completed timely. Furthermore, the facility failed to ensure a comprehensive nutritional was completed annually and after a significant change in condition. This affected one (#8) of one resident reviewed for nutrition. The facility census was 62.Findings include:Review of the medical record for Resident #8 revealed an admission date of 10/31/24. Diagnoses included dementia, dysphagia, muscle weakness, atrial fibrillation, and hypertensive chronic kidney disease.Review of the quarterly Minimum Data Set (MDS) assessment, dated 12/31/25, revealed the resident had severe cognitive impairment. Resident #8 required set-up or clean-up assistance with meals. The resident had no skin breakdown. Review of the resident's weights revealed on 01/05/25 Resident #8 weighed 194 pounds and on 07/06/25 the resident weighed 168 pounds, indicating a 13 (%) percent weight loss. Interventions included the addition of fortified foods and weekly weights. On 04/06/26 the resident weighed 182 pounds.Review of the nutritional assessments dated 11/04/24, 02/11/25, 05/09/25, 08/25/25, and 11/19/25 revealed no quarterly nutritional assessment had been completed since 11/19/25. Additionally, no nutritional assessment had been completed after the resident had experienced the significant weight loss. Further review of the nutritional assessments revealed no calculations of the resident's estimated caloric, protein, and fluid needs had been completed since the initial nutritional assessment dated [DATE]. Interviews on 04/09/26 at 10:12 A.M. and 1:03 P.M. with Registered Dietician (RD) #456 verified Resident #8 previously had a significant weight loss and a nutritional assessment had not been completed. RD #456 also verified the resident had not had a quarterly nutritional assessment completed since 11/19/25. Further interview with RD #456 revealed there was no documentation the resident's estimated caloric, protein, and fluid needs had been reevaluated since 11/04/24. Review of the facility policy titled, Dining RD Management RDs, last revised 05/10/24, revealed a nutrition assessment would be completed on admission, quarterly, annually, and with significant changes and upon consultation.

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F 0810 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide special eating equipment and utensils for residents who need them and appropriate assistance. Based on observation, review of the medical record, and interview, the facility failed to ensure assistive adaptive equipment was provided during meals. This affected one (#8) of one resident reviewed for nutrition. The facility identified 12 residents requiring adaptive equipment during meals. The facility census was 62. Findings include:Review of the medical record for Resident #8 revealed an admission date of 10/31/24. Diagnoses included dementia, dysphagia, muscle weakness, atrial fibrillation, and hypertensive chronic kidney disease.Review of the quarterly Minimum Data Set (MDS) assessment, dated 12/31/25, revealed the resident had severe cognitive impairment. The resident required set-up or clean-up assistance with meals. Review of a physician order dated 08/20/25 revealed the resident had an order for a plate guard and divided dish at all meals. Review of the nutrition care plan dated 09/09/25 revealed the resident had experienced a significant weight loss. Interventions included for staff to offer encouragement and assistance with eating as needed, provide diet, supplements, medications, adaptive equipment, and snacks as ordered, and obtain weights as ordered. Observation on 04/08/26 at 12:22 P.M. revealed Resident #8 was eating lunch in the main dining room. Further observation revealed the resident's food was served on a regular dinner plate with no plate guard.Interview on 04/08/26 at 12:22 P.M. with the Director of Nursing (DON) verified Resident #8 had a regular plate with no plate guard. The DON also verified the physician ordered adaptive equipment was not listed on the resident's meal ticket. Interview on 04/08/26 at 2:31 P.M. with Regional Clinical Nurse (RCN) #452 revealed the facility had no policies regarding adaptive equipment for meals.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, medical record review, staff interview, and review of the facility policy, the facility failed to ensure personal protective equipment (PPE) was handled appropriately following use. This affected one (#10) of two residents reviewed for Enhanced Barrier Precautions (EBP). The facility identified 12 residents on EBP. The facility census was 62.Findings include:Review of the medical record for Resident #10 revealed an admission date of 10/24/23. Diagnoses included paraplegia, lumbar spina bifida without hydrocephalus, end stage renal disease, ileostomy, and neuromuscular dysfunction of bladder. Review of the quarterly Minimum Data Set (MDS) assessment, dated 03/25/26, revealed Resident #10 had moderate cognitive impairment. Further review of the MDS revealed Resident #10 was dependent on staff for Activities of Daily Living (ADL). Resident #10 had a urostomy and colostomy and received surgical wound care that required treatment. Review of the care plan dated 04/19/24 revealed Resident #10 required EBP during high-contact care related to the presence of a wound with dressing.Review of the physician orders revealed an order dated 12/11/24 for staff to use EBP, wearing a gown and gloves at a minimum, during high-contact care activities. Observation on 04/08/26 at 10:24 A.M. revealed Certified Nursing Assistant (CNA) #408 and CNA #274 donned a re-usable gown and gloves to assist Resident #10 with putting on pants and transferring into the wheelchair via a mechanical lift. After Resident #10 was safely placed in the wheelchair, CNA #408 removed her gown and put it on the floor.Interview on 04/08/26 at 10:33 A.M. with CNA #408 confirmed when doffing PPE, the gown should have been placed in a container and not placed on the floor. CNA #408 stated the container for the gowns was by the door and covered by a blanket that belonged to the resident's roommate. CNA #408 further stated that the contaminated PPE bin was full and confirmed the resident's roommate's blanket should not have been touching the contaminated PPE bin.Interview on 04/08/26 at 2:30 P.M. with the Director of Nursing (DON) revealed the facility did not have a policy that specified how staff should remove and contain contaminated PPE.Review of the facility policy titled Enhanced Barrier Precautions (EBP) Standard Operating Procedure, dated 12/03/25, revealed that guidance for EBP was to decrease risk of becoming colonized and developing infections with multidrug- resistant organisms status.