STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365785	A. Building B. Wing	10/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Willowood Care Center of Brunswick	1186 Hadcock Rd Brunswick, OH 44212

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42011 Based on observation, interview, and record review the facility failed to ensure a comprehensive non-pressure skin prevention plan was implemented and/or maintained to prevent non-pressure skin alterations. This affected one resident (Resident $28) of four residents reviewed for wounds. The census was 81. Findings include: Record review for Resident #28 revealed a re-admitted [DATE]. Diagnosis included apraxia following cerebrovascular disease, type two diabetes mellitus, muscle weakness and difficulty in walking. Review of the care plan for Resident #28 dated 11/10/23 revealed (Resident #28) was at risk for skin breakdown related to impaired mobility, general weakness, diabetic neuropathy, and sometimes scratches self when itching. Additional interventions dated 07/22/24 included to encourage tubigrips to bilateral lower extremities at all times, may remove for hygiene. Record review of the care plan for Resident #28 dated 12/20/23 revealed (Resident #28) had actual impairment of skin integrity which included a skin tear to the right lower extremity. Interventions dated 12/20/23 included to avoid scratching and keep hands and body parts from excessive moisture. Keep fingernails short. Record review of the Focused Wound Exam report dated 08/13/24 (untimed) for Resident #28 completed by Physician #218 revealed Resident #28 had a skin tear to the right lower lateral leg, full thickness that measured 2.7 centimeters (cm) by 3.0 cm by 0.1 cm. Additional wound details included (Resident #28) reports it is from bumping his leg on the wheelchair. Review of the progress note with an effective date of 08/13/24 created 10/10/24 at 3:30 P.M. by Licensed Practical Nurse (LPN)/ Wound Care Nurse #205 revealed Resident #28 was noted to scrape his right lower extremity on the wheelchair pedal. Record review of the plan of care for Resident #28 revealed no intervention was put into place for Resident #28 due to the injury on 08/13/24 to prevent further injury. Record review of the Focused Wound Exam report dated 08/20/24 (untimed) for Resident #28 completed by Physician #218 revealed skin tear to the right lower lateral leg resolved. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Interdisciplinary Team (IDT) follow up note dated 09/11/24 at 10:04 P.M. completed by DON revealed charge nurse was notified by STNA that (Resident #28) had a skin tear to the right lower extremity. Upon assessment resident was noted to have a previous skin tear that is noted to the same area that was previously healing however resident noted to have dry scab to area. Resident noted to have dry blood under his fingernails as resident was noted to be picking at scabbed area. New skin intervention, keep nails trimmed at all times. Review of the quarterly Minimum Data Set, dated dated dated [DATE] revealed Resident #28 was moderately cognitively impaired. Resident #28 had no impairment to the upper or lower extremities, used a wheelchair for mobility, was independent for meals, dependent for putting on or taking off footwear, and required partial/moderate assistants for chair/bed to chair transfer. Resident #28 had skin tears. Record review of the Focused Wound Exam report dated 09/17/24 (untimed) for Resident #28 completed by Physician #218 revealed Resident #28 had a skin tear to the right shin from trauma/injury. The wound measured 0.7 cm by 0.5 cm by 0.1 cm. Record review of the Focused Wound Exam report dated 09/24/24 (untimed) for Resident #28 completed by Physician #218 revealed the skin tear to Resident #28 right shin resolved. Record review of the Focused Wound Exam report dated 10/09/24 (untimed) for Resident #28 completed by Physician #218 revealed a non-pressure wound of the right shin, full thickness. Wound size 3.7 cm by 0.8 cm by 0.1 cm depth. Documentation from Physician #218 included to consider tubigrips as a means of helping to prevent future skin tears. Treatment included an abdominal pad (ABD) once daily for 30 days, kerlix apply once daily for 30 days. Observation on 10/09/24 at 4:07 P.M. revealed Resident #28 was sitting up in his wheelchair in the hall. Observation revealed open and scabbed wounds to Resident #28's right lower leg. When asked what occurred, Resident #28 pulled his leg up and revealed a wound to the right knee area. Resident #28 revealed he scraped his leg on the wheelchair getting out of his bed. Interview on 10/09/24 at 4:10 P.M. with Registered Nurse (RN) 219 revealed Resident #28 was confused at times. RN #219 revealed the scrape on Resident #28's leg was from him trying to put himself to bed. Resident #28 required assistance for transfers, but he was non-compliant. RN #219 revealed Resident #28's right leg healed but reopened, heals and reopens again from scratching it or bumping it which he does it all the time. RN #219 confirmed Resident #28 did not have a dressing to the right leg. Interview on 10/10/24 at 9:46 A.M. with Licensed Practical Nurse (LPN) Wound Care Nurse #220 revealed Resident #28 never refused wound treatments. Resident #29 had a new trauma area to the right shin. The wound occurred 10/09/24 and the dressing to the leg was initiated 10/09/24. LPN/ Wound Care Nurse #220 confirmed she applied the dressing to Resident #28's wound herself on 10/09/24, earlier in the day. Review of Resident #29's care plan with LPN/ Wound Care Nurse #220 confirmed Resident #28 was to have tubigrips (a soft, tube like material that protects the skin) on the bilateral lower extremities, initiated 07/22/24. LPN/ Wound Care Nurse #220 also confirmed Resident #28 was to have his fingernails kept short initiated 12/20/23. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observation on 10/10/24 at 10:00 A.M. with LPN/ Wound Care Nurse #220 revealed Resident #28 was sitting up in his wheelchair in his room. LPN/ Wound Care Nurse #220 confirmed Resident #28 did not have a dressing to the wounds on his right lower shin/knee area. LPN/ Wound Care Nurse #220 confirmed Resident #28 had an abrasion to his right knee, and two wounds to the right lateral leg in addition to the wound addressed to the right shin on 10/09/24. Resident #28 was also not wearing tubigrips to the bilateral lower extremities and Resident #28's nails were medium in length. Interview on 10/10/24 at 10:22 A.M. with State tested Nursing Assistant (STNA) #221 confirmed she was the STNA assigned to Resident #28. STNA #221 revealed she started her shift at 6:00 A.M. and revealed Resident #28 did not have any dressing to his right lower leg wounds all day and confirmed Resident #28 had not worn tubigrips at all since she had been there. STNA #221 revealed she did not know he was supposed to wear them. Interview on 10/10/24 at 10:24 A.M. with RN #219 verified Resident #28 did not have a dressing to the right lower leg. RN #219 also confirmed Resident #28 was not wearing tubigrips during her shift on 10/09/24 or her shift on 10/10/24. RN #219 revealed the tubigrips were being washed. Interview on 10/10/24 at 2:23 P.M. with Assistant Director of Nursing (ADON) 222 confirmed Resident #28 had a trauma/injury to his right lower leg on 08/13/24, 09/11/24 and 10/09/24. ADON #222 confirmed new interventions were not put into place at the time of the injuries/trauma to prevent further/continued injuries. ADON #222 confirmed the intervention that were in the care plan prior to 08/13/24 (tubigrips to the bilateral lower extremities and keep fingernails short) were not implemented during the review period 10/09/24 and 10/10/24. The deficiency is an incidental finding discovered during the complaint investigation.