

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365785	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/04/2025
NAME OF PROVIDER OR SUPPLIER  Willowood Care Center of Brunswick		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39333</p> <p>Based on observation, medical record review, review of facility policy, and staff interview, the facility failed to ensure physician ordered and care plan fall interventions were in place for Resident #59 who has a fall history. This affected one (Resident #59) of three residents reviewed for falls. The facility census was 89.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #59 revealed an admitted [DATE]. Diagnoses included stable burst fracture of fifth lumbar vertebra, ventricular tachycardia, repeated falls, and Alzheimer's disease. Review of the comprehensive Minimum Data Set (MDS) 3.0 assessment, dated 02/25/25, revealed Resident #59 had severely impaired cognition, used a wheelchair, and was dependent on staff for walking.</p> <p>Review of the fall risk assessment dated [DATE] revealed Resident #59 was at risk for falls.</p> <p>Review of the care plan dated 02/20/25 revealed Resident #59 was at risk for falls due to diagnoses and repeated falls. Interventions included a Call Don't Fall sign in her room, keep call light within reach, non-skid footwear, and keep walkways clutter free.</p> <p>Review of the physician orders for March 2025 revealed an order for a Call Don't Fall sign in room.</p> <p>Observation and interview on 03/04/25 at 9:07 A.M. revealed Resident #59 was awake and lying in bed. Resident 59's call light was not within the resident's reach. The call light was in between the wall and bed on the floor. There was no sign posted in the room to remind Resident #59 to use the call light. Licensed Practical Nurse (LPN) #207 verified Resident #59's call light was not within reach and there was no signed posted in the room for Call Don't Fall as physician ordered.</p> <p>Review of the facility policy titled Falls and Fall Risk, Managing, dated 03/2018, revealed resident-centered approaches will be implanted to manage falls and fall risk.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00163235.</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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