

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  515085	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/10/2026
NAME OF PROVIDER OR SUPPLIER  Willows Center		STREET ADDRESS, CITY, STATE, ZIP CODE  723 Summers Street Parkersburg, WV 26101	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation and staff interview, the facility failed to provide a safe, clean, comfortable, and homelike environment for three (3) of five (5) resident rooms reviewed during the complaint survey process. The facility failed to keep the Packaged Terminal Air Conditioners (PTACs) in resident rooms [ROOM NUMBER] in good condition. Facility Census: 92. On 03/10/26 at approximately 9:15 a.m., the State Agency (SA) observed debris in the upper vent of the PTAC unit in resident room [ROOM NUMBER]. On 03/10/26 at approximately 9:18 a.m., the SA observed debris and a black like substance in the upper vent of the PTAC unit in resident room [ROOM NUMBER]. On 03/10/26 at approximately 12:30 p.m., the SA observed debris in the upper vent of the PTAC unit in resident room [ROOM NUMBER]. During an interview on 03/10/26 at approximately 1:15 p.m. the facility Administrator verified these findings. These findings were also acknowledged with the Administrative staff upon exit on 03/10/26 at approximately 3:30 p.m.</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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