

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  515156	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/07/2025
NAME OF PROVIDER OR SUPPLIER  Willow Tree Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1263 South George Street Charles Town, WV 25414	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to follow recognized standards of care, and in addition, failed to follow the facility's own policy and procedures with regards to monitoring residents after a fall. This citation is cited at past non compliance. Resident identifier: #111. Facility Census 107.</p> <p>Findings include:</p> <p>a) Resident #111</p> <p>Record review on [DATE] at approximately 11:15 AM revealed that the resident had an unwitnessed fall in his room on [DATE]. Record review revealed that the resident was found on the floor on [DATE] at around 9:15 AM.</p> <p>On [DATE] at 10:58 AM the Nurse Practitioner (NP) 171's notes stated the following:</p> <p>Per nurse, his spO2 on 2 liters NC. He was confused but redirectable. He had taken off his oxygen and it was replaced. Per staff, he was found on the floor near some wet towels. Patient stated he was getting back into bed when he fell. He knew it was 2024. He knew his name but could not say where he was located.</p> <p>A post fall evaluation nursing note by Registered Nurse (RN) #170 on [DATE] at 9:15 AM stated there were no injuries noted from this unwitnessed fall. The resident was not transferred to the hospital and the family/responsible party was notified and the resident had no complaints of pain.</p> <p>A review of the documentation about the neuro checks performed on Resident #111 at 9:15 AM revealed the resident was confused and did not follow commands. In addition, the assessment noted that the nurse was unable to assess pupillary reaction in both eyes due to the resident not following commands.</p> <p>A nursing note by RN #170 at 2:01 PM on [DATE] stated the following:</p> <p>Was observed on floor at approx. 09:15. Respirations 16 and SpO2 96% on 2L O2. Assessed. Transferred to bed via total lift and x3 assist. Alert with confusion. Cognition and ROM at baseline. Unable to follow commands to check pupils. Hand grips equal. Denied pain.</p> <p>(continued on next page)</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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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assessed again at approx. 0945. It was observed by CNA at around the same time. Was observed unresponsive at approx. 10am. Compressions started, 911 called and CPR continued until EMS arrived. Emergency contact made aware.</p> <p>A review of the facility's neuro check policy on [DATE] at 2:35 PM showed that neuro checks were to be performed on all unwitnessed falls at the following frequency:</p> <p>Every fifteen (15) minutes for one hour</p> <p>Every one (1) hour for four (4) hours</p> <p>Every four (4) hours for sixteen (16) hours</p> <p>Every twenty-four (24) hours for four (4) days.</p> <p>Record review on [DATE] at approximately 12:25 PM regarding the post fall documentation for Resident #111 on [DATE] revealed that neuro checks were not performed at fifteen (15) minute intervals as specified in facility protocol.</p> <p>The resident had been assessed at 9:15 am, and the next assessment had been performed at 9:45 AM.</p> <p>During an interview with the Director of Nursing (DON) at 2:50 PM on 05/07//25, DON stated that the neuro checks had to be completed. She stated that the protocol was every 15 min x4, then every hour x4, every 4 hrs. x 4, and then everyday x 4.</p> <p>Upon being notified that the neuro checks had not been performed on Resident #111 on [DATE]. Regional Clinical Nurse (RCN) #172 stated the facility had identified the lapse in protocol and documentation on [DATE]. RCN #172 further stated the facility had taken immediate action, implemented a QA study, performed education for all nursing staff, and performed audits going back three (3) months on all falls, to ensure that documentation and neuro checks were being performed as per protocol.</p> <p>A review of the documentation provided revealed that the facility had taken the following steps beginning on [DATE]:</p> <p>Notified the Medical Director regarding the incomplete neuro checks</p> <p>Suspended the nurse involved, pending the investigation. (The nurse was no longer employed at the facility during the complaint survey). as of [DATE]</p> <p>Facility reviewed and audited falls for post fall documentation and neuro checks. Completed [DATE]</p> <p>Education and questionnaires were provided to all nursing staff regarding post fall evaluations and documentation, including neuro checks. No nursing staff were allowed to work until education was completed. Completed on [DATE].</p> <p>All falls audited for complete documentation 5 times a week for 4 weeks, weekly for 4 weeks, and monthly for 3 months. Completed on [DATE]</p> <p>(continued on next page)</p>		

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