STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515156	A. Building B. Wing	10/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Willow Tree Healthcare Center	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)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515156	A. Building B. Wing	10/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Willow Tree Healthcare Center	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)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Based on interview, and record review, the facility failed to ensure that residents were free from abuse and neglect, as evidenced by the facility staff failing to accommodate the resident's request for a snack. Resident Identifiers: Resident #31. Facility Census: 98.Findings Includea) Resident #31Record review revealed that Resident #31 was diagnosed with the following:Type II Diabetes Mellitus with HyperglycemiaHemiplegia and Hemiparesis following Cerebral Infarction affecting left non-dominant side.Acquired absence of left leg above the kneeAcquired absence of right leg above the kneeChronic Obstructive Pulmonary Disease Dysphagia following Cerebral InfarctionGastrointestinal Hemorrhage UnspecifiedMuscle Weakness (Generalized)Unspecified Lack of Coordination Resident #31 has capacity and has a Brief Interview for Mental Status (BIMS) score of 15. During an interview with Resident #31 on 10/28/25 at approximately 9:28 AM, resident stated that on the night of 10/16/25, he was not feeling well and had asked Nursing Aide (NA) #36 for something to eat because he was not feeling well. Resident #31 stated that NA #36 had responded, saying, There are no sandwiches, shut up and go to sleep! Resident #31 stated that on the morning of 10/17/25 he had woken up with a blood glucose level of 40. Resident #31stated that he was very upset about what had happened. Resident #31 also stated that after his complaint, a nurse and NA #36 had come into his room, and NA #36 denied saying that to him. The resident stated that he had responded, Bullshit, she said that!Upon being asked what action had been taken to address his allegation, the resident stated that he had been told that snacks would be available at night.A review of the Initial report submitted to the Office of Health Facility Licensing and Certification (OHFLAC) revealed the following description of the allegation, [Typed as written], by the Assistant Director of Nursing (ADON): On 10/17/25 at 7:20 AM, the patient experienced an episode of hypoglycemia. Blood glucose was checked and found to be 40/42 mg/dl. Appropriate interventions were initiated per hypoglycemia protocol. Including administration of oral glucose/juice/snack. Blood glucose was rechecked and noted to be within normal range following treatment. The patient became alert and stable after the intervention.After stabilization, patient reported that on the night of 10/17/25 at approximately midnight, he requested something to eat because he was not feeling well. Patient stated that the CNA who responded told him to shut up and go to sleep and that there was nothing to eat. Patient expressed frustration regarding the incident. Charge nurse notified. Follow up planned with dietary services and CNA staff regarding nighttime snack availability and staff-patient interaction. Patient currently awake, alert, and resting comfortably in bed. No acute distress noted. Will continue to monitor and support as necessary.The initial report was submitted to OHFLAC on 10/20/25 at 5:40 PM, which had not met the mandated reporting window for abuse.During an interview with the Director of Nursing (DON) and ADON on 10/29/25 at approximately 10:35 AM, the ADON insisted that she had been involved in the resident's care and stated that she had not been aware of the details of the incident until 10/20/25. Upon being questioned about her written statement dated 10/17/25, in the initial report, ADON stated the resident had not made any statement at the time of the hypoglycemic episode because he was out of it. ADON stated that they had been unaware of the incident until she had received the complaint from the resident on 10/20/25.However, record review on 10/28/25 at 10:00 AM revealed that the facility had been aware of the circumstances of the incident on 10/17/25, as evidenced by the following:An order on 10/17/25, which stated:Please give resident a small snack of crackers and cheese before bedtime to prevent hypoglycemia. In addition, the resident's previous order for insulin dated 01/12/25, which stated:Insulin Glargine Subcutaneous Solution 100 UNIT/ML (Insulin Glargine) Inject 38 units subcutaneously at bedtime for diabetes. had been discontinued on 10/17/25, and a new order had been placed on 10/17/25 which stated:Insulin Glargine yfgn - Subcutaneous Solution 100 UNIT/ML (Insulin Glargine-yfgn) Inject 30 units subcutaneously one time a day for DM2 Further review of records revealed written statements by Licensed Practical Nurse (LPN) #11, and NA #36.LPN #11's statement dated 10/21/25, stated: [Typed as written] I never heard [NA #36] tell resident to shut up. Resident had asked for a sandwich, [NA #36] asked me if we had any. I stated that we don't have any sandwiches. [NA #36] responded to resident saying [LPN #11] said we don't have any sandwiches. NA #36 and LPN #11 went back to the nurses' station afterward. NA #36's statement dated 10/20/25 stated: [Typed as written] On 10/16/25 at around 1or 2 am, [Resident #31] asked me for a sandwich. [LPN #11] was in the hallway and heard him ask, and she said We don't have any sandwiches. I said to [Resident] that [LPN #11] said we don't have any sandwiches.Someone told me that [Resident #31] said I told him to shut up and go to bed. I may have told him to try to get some sleep which I

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515156	A. Building B. Wing	10/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Willow Tree Healthcare Center	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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515156	A. Building B. Wing	10/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Willow Tree Healthcare Center	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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Based on interview, and record review, the facility failed to ensure that alleged violations involving abuse, neglect, or mistreatment are reported immediately, but not later than 2 hours after the allegation is made. Resident Identifier: #31. Facility Census: 98.Findings Include Ra) Resident #31Record review revealed that Resident #31 was diagnosed with Type II Diabetes Mellitus with Hyperglycemia. The resident had been prescribed Insulin Glargine Subcutaneous Solution 100 UNIT/ML (Insulin Glargine) Inject 38 units subcutaneously at bedtime for diabetes.During an interview with Resident #31 on 10/28/25 at approximately 9:28 AM, resident stated that on the night of 10/16/25, he was not feeling well and had asked Nursing Aide (NA) #36 for something to eat because he was not feeling well. Resident #31 stated that NA #36 had responded, saying, There are no sandwiches, shut up and go to sleep! Resident #31 stated that he was very upset about what had happened. Resident #31 also noted that after his complaint, a nurse and NA #36 came into his room, and NA #36 denied saying that to him. The resident stated that he had responded, Bullshit, she said that!Upon being asked what action had been taken to address his allegation, the resident stated that he had been told that snacks would be available at night.A review of the Initial report submitted to the Office of Health Facility Licensing and Certification (OHFLAC) revealed the following description of the allegation, [Typed as written], by the Assistant Director of Nursing (ADON): On 10/17/25 at 7:20 AM, patient experienced an episode of hypoglycemia. Blood glucose was checked and found to be 40/42 mg/dl. Appropriate interventions were initiated per hypoglycemia protocol. Including administration of oral glucose/juice/snack. Blood glucose was rechecked and noted to be within normal range following treatment. Patient became alert and stable after intervention.After stabilization, patient reported that on the night of 10/17/25 at approximately midnight, he requested something to eat because he was not feeling well. Patient stated that the CNA who responded told him to shut up and go to sleep and that there was nothing to eat. Patient expressed frustration regarding the incident. Charge nurse notified. Follow up planned with dietary services and CNA staff regarding nighttime snack availability and staff-patient interaction. Patient currently awake, alert, and resting comfortably in bed. No acute distress noted. Will continue to monitor and support as necessary.The initial report was submitted to OHFLAC on 10/20/25 at 5:40 PM, which had not met the mandated reporting window for abuse.During an interview with the Director of Nursing (DON) and ADON on 10/29/25 at approximately 10:35 AM, the ADON insisted that she had been involved in the resident's care, and stated that she had not been aware of the details of the incident until 10/20/25. Upon being questioned about her written statement dated 10/17/25, in the initial report, ADON stated the resident had not made any statement at the time of the hypoglycemic episode because he was out of it. ADON stated that they had been unaware of the incident until she had received the complaint from the resident on 10/20/25.However, record review on 10/28/25 at 10:00 AM revealed that the facility had been aware of the circumstances of the incident on 10/17/25, as evidenced by the following:An order on 10/17/25 which stated:Please give resident a small snack of crackers and cheese before bedtime to prevent hypoglycemia. In addition, the resident's previous order for insulin dated 01/12/25, which stated:Insulin Glargine Subcutaneous Solution 100 UNIT/ML (Insulin Glargine) Inject 38 unit subcutaneously at bedtime for diabetes, had been discontinued on 10/17/25, and a new order had been placed on 10/17/25, which stated:Insulin Glargine yfgn - Subcutaneous Solution 100 UNIT/ML (Insulin Glargine-yfgn) Inject 30 unit subcutaneously one time a day for DM2 Further review of records revealed that the five day follow up report to OHFLAC had been submitted on 10/22/25 at approximately 3:26 PM.The investigative summary stated the following: On 10/20/25, at approximately 7:20 AM, a resident reported a prior incident allegedly involving verbal mistreatment by an NA that occurred on 10/17/25 around midnight. The resident stated that when requesting food, the NA told him to shut up and go to sleep, and there was nothing to eat.Immediate actions:Resident safety ensured, reassurance provided that the allegation would be reported and investigated as per facility policy. Charge Nurse, Supervisor, and DON notified immediately .NA was suspended pending investigation to protect resident safety and maintain impartiality.Incident reported to the Sheriff's Office per mandatory reporting guidelines. Interviews conducted with the resident, involved NA, and other staff on duty at the time of the alleged incident. No witnesses or corroborating evidence were found to support the allegation. The facility documented that the Investigation had determined that there was insufficient evidence to substantiate the allegation of verbal mistreatment. Notwithstanding the fact that Resident #31 had presented with a blood glucose level of 40 mg/dl on the morning of 10/17/25, and had also expressed his frustration regarding the incident, the facility investigation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515156	A. Building B. Wing	10/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Willow Tree Healthcare Center	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)
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. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	515156	A. Building B. Wing	10/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Willow Tree Healthcare Center	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to ensure that residents received person-centered care and treatment in accordance with professional standards of practice. Resident Identifiers: Resident #12 and #31. Facility census:98Findings Include The resident had repeated episodes of nausea and vomiting over a period of over ten (10) days, and the facility failed to refer the resident to the hospital for evaluation. The resident was finally transferred to the hospital due to a family member's insistence. At the hospital, he was treated for acute metabolic encephalopathy. Acute kidney injury, aspiration pneumonia, and a UTI.a) Resident #12Resident #12 lacks capacity and has a Brief Interview of Mental Status (BIMS) score of 1.An attempt was made to contact the residents' Power of Attorney (POA), but the call went unanswered.Record review on 10/27/25 at 3:10 PM revealed that Resident #12 was diagnosed with:Peripheral Vascular Disease, UnspecifiedDiabetes Mellitus due to underlying condition with HyperglycemiaComplete traumatic amputation at knee level, Right lower legComplete traumatic amputation of left lower leg, level unspecifiedMajor Depressive DisorderGastroesophageal Reflux Disease without EsophagitisChronic Kidney Disease Stage 3 unspecified. Further record review revealed the following notes: 07/07/25 at 11:00 PMChief Complaint / Nature of Presenting Problem:Nausea and vomitingHistory Of Present Illness:[Resident #12] is a resident of [NAME] Tree with multiple chronic medical conditions including but not limited to: HTN, PAD, iron deficiency, CKD, type 2 diabetes, depression, bilateral below the knee amputations. He is a full code and lacks capacity to make medical decisions. He is being seen today for report of nausea and vomiting. Dark brown emesis was noted and tested heme positive. He was previously on a PPI and stopped due to CKD and anemia. Zofran has been minimally improving his symptoms. He continues with dysphagia and is followed by ST. 07/08/25 at 02:46 AM CNA came to this writer after cleaning up resident stating, [Resident] threw up; we cleaned him up it was a little bit of brown throw up and clear stuff but we changed him and changed his bed. Asked CNA to get vitals and to let this writer know if it happens again and that this writer needs to see the throw up.07/08/25 at 06:04 AMLipid Panel, HgbA1c, CBC, CMP.one time only for HTN, DM2, CVA, HLD until 07/08/2025 23:59Blood obtained via right arm for labs and placed in the fridge. 07/08/25 at 6:34 AMVomiting without pain, low susp of SBO or serious pathology at this time. Will write for zofran, call back if vomiting continues. Pt can be seen today by in house provider, they should be on site. Labs already ordered and pending. Re: FS, pt non-insulin dependent, about to get breakfast. 07/08/25 at 6:42 AMOndansetron HCl Tablet 4 MGGive 1 tablet by mouth every 4 hours as needed for Nausea and Vomiting for 1 DayN/V 07/08/25 at 7:08 AM Large amounts of clear mucus with small amount of brown particles. PHP was notified and ordered Zofran 4mg PRN one was administered at 0642. And PHP wants him to be seen in house. 07/08/25 at 1:18 PMSucralfate Tablet 1 GMGive 1 tablet by mouth four times a day for gastric protection for 1 Day now, before meals and at bedtime 07/09/25 at 5:37 PM by Registered Nurse (RN) #62Kidney, Ureter, and Bladder (KUB)one time only for nausea/vomiting for 11 Days. Exam to be administered 07/10/2025 07/09/25 5:37 PM by RN #62LAB: Urinalysis w/reflex cxone time only for leukocytosis, chills, SP TTP for 2 DaysExam to be performed 07/10/2025 07/09/25 at 5:38 PMrefer to GI ASAP one time only for hematochezia for 5 D. To be scheduled 07/10/2025 07/09/25 at 5:51 PMCefTRIAXone Sodium Solution Reconstituted 1 GMInject 1 gram intramuscularly every 24 hours for infection, URI for 3 DaysOne gram Rocephin administered to right gluteus maximus per order. Topical lidocaine placed 10 minuetes prior to adminsitration. Resident tolerated well. Poor po intake at dinner, only taking fluids. No emesis noted or reported thus far this shift. 07/09/25 at 11:00 PMHistory Of Present Illness:[Resident] with multiple chronic medical conditions including but not limited to: HTN, PAD, iron deficiency, CKD, type 2 diabetes, depression, bilateral below the knee amputations. He is a full code and lacks capacity to make medical decisions. He is being seen today for follow up of labs and xrays. Leukocytosis was noted >13 and IM rocephin was started, CXR was negative for acute changes and KUB showed ileus type pattern. He stated he was feeling better and taking in PO fluids. SQ 1/2 NS was [placed on hold while his mentation and PO intake improved. 07/10/25 at 12:16 PMreceived chest x ray results and KUB results. MD present in building. made him aware. waiting for new orders. 07/10/25 at 6:20 PMSodium Chloride Intravenous Solution 0.45 %Inject 500 ml subcutaneously every shift for Dehydration 50ml/hr x 0.5 liters. Leave heplock in place until repeat labs obtained. DC once IV therapy is complete.On hold per provider 07/10/25 at 6:45 PMCNA reports that [Resident] was not taking liquids normally but rather pocketing the liquid and coughing. Assessed patient and