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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555151	A. Building B. Wing	02/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Willows Post Acute	320 North Crawford Street Willows, CA 95988

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 0567 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to manage his or her financial affairs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record and policy review, the facility violated Resident 1's right to manage her own financial affairs when the facility applied to have Resident 1's pension checks deposited into a resident fund management service (a bank account managed by a company who handles resident funds), without written authorization from Resident 1. This failure caused Resident 1 anger and frustration by not having control over how she chose to manage her finances.Findings:A review of the facility's policy and procedure titled, Resident Trust Account Policy dated 1/1/2023, indicated that no account may be opened until the Delegation of Responsibility for the Management of Personal Funds has been signed by the Resident or their Representative.Resident 1 was admitted on [DATE] with diagnoses that included, diabetes (high blood sugar), peripheral vascular disease (poor circulation), osteoporosis (weak bones), high blood pressure, delusional disorder (mental illness with persistent fixed false beliefs), and cognitive/communication deficits (memory, reasoning, attention and information processing problems). A review of Resident 1's Minimum Data Set (MDS, an assessment), dated 10/9/25, indicated that Resident 1 had no memory, recall, thinking or reasoning problems, and had no mood or behavior problems.A review of the facility's document titled, Business Office Activity Note, dated 12/6/23 at 1:49 pm, written by the Business Office Manager (BOM), indicated that Resident 1 was approached by the BOM and Social Service Assistant (SSA) who asked her to have her funds transferred into a resident fund management service bank account. Resident 1 declined and informed the BOM and SSA, that she wanted to continue managing her own bank account.A review of the facility's document titled, Authorization Agreement To Handle Resident Funds indicated, on 6/5/25 the facility's BOM signed the Authorization Agreement declaration to have Resident 1's funds transferred into a resident fund management service account. Resident 1 had not signed the Authorization Agreement. During an interview on 10/17/25 at 12:30 pm, Resident 1 stated, I owe a lot of money to this facility and I know they are right in what they think. I understand their position. They say I am not competent. I am competent. Resident 1 expressed that she wanted to manage her own bank account and had not agreed to the facility managing her funds. Resident 1 stated she was very angry and upset over no longer having control of her money.

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