

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555151	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/03/2025
NAME OF PROVIDER OR SUPPLIER  Willows Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>52274</p> <p>Based on observation, record review, interview, and facility policy review, the facility failed to provide nail care for 1 (Resident #119) of 2 residents reviewed for activities of daily living (ADLs).</p> <p>Findings included:</p> <p>A facility policy titled, Fingernails/Toenails, Care of, revised 02/2018, revealed, The purposes of this procedure are to clean the nail bed, to keep nails trimmed, and to prevent infections. The policy revealed, General Guidelines 1. Nail care includes daily cleaning and regular trimming.</p> <p>An Admission Record revealed that the facility admitted Resident #119 on 03/27/2025. According to the Admission Record, the resident had a medical history that included diagnoses of unspecified cerebrovascular disease, weakness, and type 2 diabetes mellitus without complications.</p> <p>Resident #119's Care Plan Report, included a focus area initiated 03/28/2025, that indicated the resident had an ADL self-care performance deficit due to a cerebrovascular accident (CVA). Interventions (initiated 03/28/2025) directed staff to praise all efforts at self-care, promote dignity by ensuring privacy, and provide supportive care and assistance with mobility as needed.</p> <p>A Nursing Documentation Evaluation, dated 03/27/2025, revealed the section titled, Physical functional assessment/physical assist [assistance], indicated that the resident required extensive assistance of one person for bathing and person for hygiene.</p> <p>Resident #119's Documentation Survey Report, for March 2025, revealed staff had documented that personal hygiene was provided during the day shift on 03/28/2025, 03/29/2025, and 03/30/2025, and during the night shift on 03/27/2025 and 03/30/2025. The Documentation Survey Report revealed staff had documented that a bed bath was provided during the day shift on 03/28/2025, 03/29/2025, and 03/30/2025, and during the night shift on 03/30/3035.</p> <p>During an observation on 03/31/2025 at 10:55 AM, Resident #119's fingernails on the first three fingers of their right hand were soiled.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation on 04/01/2025 at 9:05 AM, Resident #119 was lying in bed. Resident #119's fingernails on the first three fingers of their right hand were heavily soiled. During a concurrent interview, Resident #119 stated that they did not know how long they had been in the facility and did not know if they had been given a shower or bath.</p> <p>During an interview on 04/01/2025 at 12:10 PM, Certified Nursing Assistant (CNA) #3 stated that residents were to get ADL care daily. CNA #3 stated that residents had assigned shower days and in between shower days, staff were to give bed baths. CNA #3 stated that when they provided showers to the residents, they cleaned the residents' nails. She stated that she checked the resident's nails daily, and if needed clipped their nails once a week, but cleaned the nails whenever it was needed. CNA #3 stated she had worked with Resident #119 for the past three days. She stated that she was to do nail care for Resident #119 if the resident's nails were long or if their nails were dirty. She stated that she had checked Resident #119's nails daily for the past three days.</p> <p>During an interview on 04/01/2025 at 12:32 PM, Licensed Vocational Nurse (LVN) #4 stated Resident #119 was a part of her assignment for the day. LVN #4 stated that all staff were to provide ADL care. She stated that each resident was to have assigned shower days, and in between the shower days each resident was to get peri-care or ADL care as needed. LVN #4 stated that the CNAs were to check the resident's nails once a week on shower days, and as a nurse she was to check the resident's nails once weekly. She stated that she was unsure as to where the CNAs documented nail care. LVN #4 stated that she was not aware of any reason why nail care would not be provided to Resident #119. During a concurrent observation of Resident #119's fingernails, LVN #4 confirmed that Resident #119 had dirty fingernails. She stated that her expectation was that staff clean the resident's nails when needed.</p> <p>During an interview on 04/03/2025 at 10:26 AM, the Interim Director of Nursing (DON) stated that the CNAs were to get a list of residents who needed nail care, and the expectation was that nails were to be cleaned during care, and if the resident was diabetic the nurses were to do the nailcare.</p> <p>During an interview on 04/03/2025 at 10:42 AM, the Interim Administrator stated that CNAs were responsible for ensuring ADLs were completed for residents as needed. She stated that nail care was to be performed while showering and bathing the resident and as needed. She stated that her definition of as needed meant that any time the resident's hands were soiled, they were to be cleaned. The Interim Administrator stated that his expectation was that Resident #119's nails should have been cleaned.</p>		