STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155549	A. BUILDING 00 B. WING	08/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
WILLOWBEND LIVING CENTER	7524 E JACKSON ST MUNCIE, IN 47302

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 0000 Bldg. 00	This visit was for a Recertification and State Licensure Survey. Survey dates: August 11, 12, 13, 14 & 15, 2024 Facility number: 000681 Provider number: 155549 AIM number: 100286100 Census Bed Type: SNF/NF: 40 Total: 40 Census Payor Type: Medicare: 4 Medicaid: 32 Other: 4 Total: 40 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed August 16, 2024.	F 0000	=" p="">
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Submission of this Plan of Correction does not constitute an admission to or an agreement with facts alleged on the survey report. Submission of this Plan of Correction does not constitute an admission or an agreement by the provider of the truth of facts alleged or corrections set forth on the statement of deficiencies. The Plan of Correction is prepared and submitted because of requirements under State and Federal law. Please accept this Plan of Correction as our credible allegation of compliance.
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Jennifer Bohanon	HFA	08/30/2024

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclo 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.

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F 0689 SS=E Bldg. 00	483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. Based on observation, interview, and record review, the facility failed to ensure potentially hazardous items were safely secured on the dementia unit. This deficient practice had the potential to impact 11 of 13 mobile residents who resided on the secured dementia unit. Findings include: During an observation on 8/14/24 at 3:10 p.m., residents were moving freely on the dementia unit. Some propelled themselves in a wheelchair while others ambulated either independently or with assistance devices, such as a walker. Employees were present and interacting with residents. However, not all residents were within the employees' line of sight.	F 0689	1 & 2. There were no residents on the secured dementia unit affected by this alleged deficient practice. Eleven residents on the secured dementia unit had the potential to be affected. The hand sanitizer gel bottles, box of denture tablets, and razors have been removed from the cabinet in the right-side dining area on the secured unit. The potentially hazardous items have been safely secured away from resident access. The facility staff has been educated on the facility's policy titled, "Storage and Security of Items Potentially Hazardous to Residents."	08/19/2024

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	During an observation on 8/14/24 at 3:14 p.m., the right-side dining area in the dementia unit was observed to have an unlocked cabinet. The cabinet face had a sign which indicated ,"This cabinet must remain locked at all times." The cabinet was unlocked. The cabinet door, which was ajar, could be easily opened. A combination lock was placed inside the cabinet on the center shelf. Inside the cabinet, there were the following potential hazardous items: a. 2 bottles of gel hand sanitizer. Both bottles of hand sanitizer gel contained a warning label which indicated, "If ingested contact poison control." b. 1 open box of denture cleaning tablets which was approximately 3/4 full. The box had the capacity to hold 90 tablets. The box had a warning label which indicated, "If ingested contact poison control." c. 13 disposable razors. During an interview on 8/14/24 at 3:30 p.m., the Dementia Unit Manager indicated the cabinet should have been locked. All thirteen residents who resided on the unit had a diagnoses of dementia or a related disorder. A current, 1/2016, facility policy titled, "Storage and Security of Items Potentially Hazardous to Residents", provided by the Administrator on 3/14/24 at 3:55 p.m., indicated the following: "...This facility shall provide each resident an environment that is as free as possible from hazards over which the facility has control, to include but not to be limited to safe storage of toxic chemicals and medication, and safe use If equipment and electrical appliances. ... Examples of such hazards might include...disabled locks or		3. The facility's policy titled "Storage and Security of Items Potentially Hazardous to Residents" has been reviewed and no changes are indicated at this time. The facility staff has been educated on the policy with a special focus on safely securing potentially hazardous items away from resident access. 4. The DON or designee will be responsible for monitoring Resident accessible areas to ensure potentially hazardous items are safely secured from the Residents. This monitoring will occur on scheduled work days as follows: daily for two weeks, one time weekly for two weeks then one time monthly thereafter on an ongoing basis. Should a concern be found, immediate corrective action will occur. Results of these reviews and any corrective actions will be discussed during the facility's monthly QA meetings on an ongoing basis for a minimum of six months. The plan will be adjusted if indicated by increasing or decreasing the monitoring until 100% compliance is obtained.	

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	latches... Certain sharp items ... may be appropriate for many residents but hazardous for others with cognitive impairment...." An untilled document, dated 8/14/24, provided by the Administrator on 8/15/24 at 10:40 a.m., indicated the following: 13 residents resided on the dementia unit. 2 of 13 residents required staff assistance for mobility. 11 of 13 residents were capable of independent locomotion by either walking or self propelling their wheelchair. 3.1-45(a)			