STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155228	A. BUILDING 00 B. WING	01/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
WILLOWS OF RICHMOND	2070 CHESTER BLVD RICHMOND, IN 47374

(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 the Investigation of Complaints IN00450200, IN00450346 and IN00450460. Complaint IN00450200 - No deficiencies related to the allegations are cited. Complaint IN00450346 - No deficiencies related to the allegations are cited. Complaint IN00450460 - Federal/state deficiency related to the allegations is cited at F760. Survey dates: January 2 and 3, 2025 Facility number: 000133 Provider number: 155228 AIM number: 100266080 Census Bed Type: SNF/NF: 55 Total: 55 Census Payor Type: Medicare: 4 Medicaid: 40 Other: 11 Total: 55 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on January 7, 2025.	F 0000	Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The Plan of Correction is prepared and/or executed solely because it is required by the provisions of Federal and State Law. Please accept this Plan of Correction as Credible Allegations of Compliance. The facility respectfully requests paper compliance for this citation.	
F 0760 SS=D Bldg. 00	483.45(f)(2) Residents are Free of Significant Med Errors			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Merry Goodwin	HFA	01/16/2025

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155228	A. BUILDING 00 B. WING	01/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
WILLOWS OF RICHMOND	2070 CHESTER BLVD RICHMOND, IN 47374

(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
	Based on interview and record review, the facility failed to ensure 1 of 3 residents reviewed for accuracy of medication receipt, received their medications as ordered by the physician. (Resident F) Findings include: On 1-2-25 at 4:30 p.m., the facility notified the Indiana Department of Health's (IDOH) Long Term Care Division of a medication error related to Resident F. This notification indicated Resident F was admitted to the facility on 11-30-24 with a 7-day order for her to receive Xanax (an anti-anxiety agent) 2 milligrams (mg) twice daily, to end on 12-7-24. Resident F returned to the hospital on 12-6-24 and returned to the facility on 12-8-24 with an order to continue the Xanax at the same dosage of 2 mg twice daily. "Medication not restarted upon return date due to prior stop date." A review of Resident F's hospital discharge instructions, dated 11-30-24, indicated she was to continue taking alprazolam [Xanax] 1 mg: two tablets twice daily for 14 doses. It indicated she had received the most recent dose at the hospital on 11-30-24 at 8:58 a.m. Her hospital discharge instructions, dated 12-8-24, indicated she was to continue taking alprazolam [Xanax] 1 mg: two tablets twice daily. This order did not have a stop date indicated. It indicated she had received the most recent dose at the hospital on 12-8-24 at 8:49 a.m. A review of the medication administration record (MAR) for December 2024, indicated she received alprazolam 1 mg: 2 tablets [total of 2 mg] twice daily on 12-1-24, 12-2-24, 12-3-24, 12-4-24, 12-5-24 and the morning dose of this on 12-6-24. The	F 0760	**What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;** Resident no longer resides in the facility. **How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken;** Resident's that reside in the facility have the potential to be affected by the alleged deficient practice. An audit by the Director of Nursing/designee will be completed for all residents admitted/readmitted to facility in the last 30 days to ensure all medications have been transcribed accurately into medical record by 01/17/2025 (Attachment 1). An audit by the Director of Nursing/designee will be completed for all residents that receive a controlled substance in the last 30 days to ensure all administrations are documented in the medical record and on the narcotic accountability sheet by 01/17/2025 (Attachment 2) . **What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur.** Nurses and qualified medication aides will be in-serviced on	01/17/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155228	A. BUILDING 00 B. WING	01/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
WILLOWS OF RICHMOND	2070 CHESTER BLVD RICHMOND, IN 47374

(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
	corresponding, "Controlled Substance Accountability Sheet," for Resident F's ordered alprazolam [Xanax] 1 mg, two tablets twice daily, indicated she received the 2 mg dosage twice daily on 12-1-24, 12-2-24, 12-3-24, 12-4-24 and 12-5-24, plus the morning dose of this medication on 12-6-24. She was hospitalized 12-6-24 and 12-7-24, returning to the facility on 12-8-24. The accountability sheet indicated Resident F received 2 mg on 12-8-24 at 8:00 p.m., and on 12-9-24 at 8:00 a.m., despite this order not being properly transcribed upon return from the hospital. The medication administration record (MAR) for the corresponding dates did not reflect these doses were administered. In an interview with the Administrator and Director of Nursing on 1-3-25 at 4:30 p.m., they indicated they were not aware of the entries. There were no entries in the progress notes, MAR or controlled substance accountability forms to indicate Resident F received any additional doses of alprazolam [Xanax] from 12-9-24 and until she was sent to the hospital on 12-22-24. Resident F's progress notes indicated she was sent out to the hospital again on 12-22-24 at 3:35 p.m., related to a possible seizure and a change in mental status. In an interview with the Administrator on 1-3-25 at 3:50 p.m., she indicated the facility became aware of an issue with this resident on 1-2-25 when a call was received from a staff member following up to see how Resident F was doing at the hospital. It was learned a medication error in which the resident had not been receiving the correct dosage of Xanax. "We started our investigation yesterday, right after we found out about it and sent a reportable to the state." The Administrator indicated Resident F "was originally admitted with		medication administration and accurate transcription of medication orders into medical record for admissions/readmissions by 01/17/2025 by the Director of Nursing and / or designee (Attachment 3) The clinical IDT team will be in-serviced on medication reconciliation review on new admission/readmission to facility by 01/17/2025 (Attachment 4). **How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place;** QAPI tool names Medication Reconciliation/Administration will be completed weekly X 4 weeks, bi-monthly X 2 and monthly X 3 months by Executive Director/Designee. If 100% threshold is not achieved an action plan will be developed. This information will be presented to the QAPI committee during the monthly meeting (Attachment 5).	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155228	A. BUILDING 00 B. WING	01/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
WILLOWS OF RICHMOND	2070 CHESTER BLVD RICHMOND, IN 47374

(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
	an order for Xanax 1 mg two tablets twice a day for 7 days. The resident went out to the hospital on day 6. When she returned to facility on 12-8-24, we had 2 nurses verify the orders and both nurses did not catch the resident was to resume the Xanax order of 1 mg two tablets twice daily. Even the [Hospital] Nurse Liaison, who always catches things like that, missed it as well." In review of a visit note from Resident F's neurologist, dated 12-24-24, it indicated she had a long history of 10 years or more of seizure activity, along with a history of 25 years or more of Xanax usage. It indicated previous attempts at reduction of the Xanax dosage had been unsuccessful. It addressed the recent "abrupt withdrawal likely is contributing to the seizures were [sic] seen now...Family was concerned that withdrawal symptoms from the alprazolam [Xanax] started last week even before the seizures...At this point I believe that the seizures are multifactorial." On 1-3-25 at 4:37 p.m., a copy of a policy entitled, "Medication Orders," was provided by the Corporate Staff. This policy indicated, "This facility shall use uniform guidelines for the ordering of medication. Medications should only be administered upon the signed order of a person lawfully authorized to prescribed...Written Transfer Orders (sent with a resident by a hospital or other health care facility) Implement a transfer order without further validation, if it is signed and dated by the resident's current attending physician, unless the order is unclear or incomplete, or the date signed is different from the date of admission. If the order is unsigned, or signed by another physician, or the date is other than the date of admission, the receiving nurse should verify the order with the current attending physician before medications are administered.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155228	A. BUILDING 00 B. WING	01/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
WILLOWS OF RICHMOND	2070 CHESTER BLVD RICHMOND, IN 47374

(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
	The nurse should document verification on the admission order record, by entering the time, date, and signature. Example: 'Order verified by the phone with Dr. Smith/M. Jones, R.N.'" This citation relates to Complaint IN00450460. 3.1-48(c)(2)			