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The Willows Assisted Living

Facility ID: D6202

Plan of Correction

Survey End Date: 10/16/2025

Philip Cleveland, Administrator

The Willows Assisted Living
Facility ID: D6202
Administrator: Philip Cleveland
Survey Exit Date: 10/16/2025

1. **A 420-5-4-.03 (2) (a) Administration:** The facility failed to authorize, in writing, an administrative designee.

2. An administrator designee has now been authorized in writing.

3. The administrator designee's name and contact information has been posted in the facility.

4. The Administrator will ensure that if there is a change of administrator designee, it will be posted and a copy will be placed in the Plan of Correction binder in the Administrator's office. The Administrator will audit the posting semi-annually beginning on January 1, 2026 and ending on December 31, 2026 to ensure that correct contact information is posted.

5. Documentation of the audits will be placed in the Plan of Correction binder in the Administrator's office.

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1. **A405 420-5-4-.04 (6) Personnel:** The facility failed to document employee initial training prior to resident contact.

2. All employee training will be documented in the employee file.

3. The Administrator or designee will ensure that all employees initial the training documentation after each training session.

4. Documentation of all training (initial, ongoing or refresher) will be placed in the employees' file. The Administrator or designee will audit employee files quarterly to ensure that all training is documented in the personnel file. Audits will begin in January 2026 and end June 2026.

5. Documentation of the audits will be placed in the Plan of Correction binder in the Administrator's office.

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1. **A613 420-5-4-.06 (5)(a) (b) (c) (d) (e) Care of Residents:** The facility failed to obtain a physician's order for a resident to manage and have custody of their own medication.

2. All residents have been interviewed and educated on the requirement of a physician's order to have medications in their rooms.

3. The Administrator or designee will ensure that all new residents and sponsors know that to have medication in his/her room, a physician's order is required. Documentation of understanding of this regulation will be placed in the residents' chart upon admission.

4. The Administrator or designee will interview residents quarterly beginning in January 2026 and ending in June 2026 to ensure that there are no medications in the room that do not have a physician's order.

5. Documentation of the audits will be placed in the Plan of Correction binder in the Administrator's office.

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1. **A619-5-4-.06 (10) Care of Residents:** The facility failed to inspect the first aid kit for usability annually.

2. The first aid kit will be inspected for usability by 11/15/2025.

3. The Administrator or designee will inspect the first aid kit replacing any items that are not usable by 11/15/2025.

4. The Administrator or designee will inspect the first aid kit annually in November beginning November 2026.

5. Documentation of the annual inspections will be placed in the Plan of Correction Binder in the Administrator’s office.

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1. **A702 420-5-4-.07 (2) Food Service:** The facility failed to properly sanitize dishes and utensils, label left over food items and protect food from possible contamination.

2. All outdated test strips have been disposed of and new test strips have replaced them. Proper sanitization is being tested with the new test strips. All food has been placed on shelving, and no food is being stored on the floor. All leftovers are being labeled with the contents and a do not use beyond date.

3. The Administrator will provide refresher training for all kitchen staff on proper food storage, sanitization, and the labeling of leftovers by November 21, 2025. Documentation of training will be placed in the employee's file and in the Plan of Correction binder in the Administrator’s office.

4. The Administrator or designee will monitor food storage, sanitizing and labeling and storage of leftovers weekly beginning on 11/15/2025 and ending on 12/15/2025.

5. Documentation of the audits will be placed in the Plan of Correction binder in the Administrator’s office.

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1. **A1101 420-5-4-.11 (1) Fire Safety:** The facility failed to document monthly fire drills and the sprinkler inspection for 2024 was not conducted.

2. All fire drills will be documented. A sprinkler inspection was conducted in 2025, and documentation has been placed in the inspection binder. (See Attached)

3. The Administrator will ensure that all monthly fire drills are documented. Documentation of fire drills will be placed in the fire drill binder in the Administrator's office. The Administrator will ensure that all inspections are completed and documented in the inspection binder.

4. The Administrator will audit the fire drill binder quarterly beginning in January 2026 and ending in December 2026 to ensure that all fire drills have been documented in the fire drill binder. The Administrator will audit the inspection binder semi-annually in January and July to ensure that all inspections have been documented.

5. Documentation of the audits will be placed in the Plan of Correction binder in the Administrator's office.

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1. **A1203 420-5-4-.12 (5) Physical Environment:** The facility failed to maintain the walls and ceilings in sound construction with acceptable surface and was not kept clean and in good repair.

2. All holes outside of room and inside of room caused by mobility aids will be repaired by November 20, 2025.

3. The Administrator will instruct all staff to report any damage observed in hallways or resident rooms immediately upon observation.

4. The Administrator will report damage to the Governing Authority who will dispatch a repair person.

5. Documentation of repairs will be placed in the Plan of Correction binder in the Administrator’s office.