

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235444	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/17/2021
NAME OF PROVIDER OR SUPPLIER Westwood Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 16588 Schaefer Detroit, MI 48235	
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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38208</p> <p>This citation pertains to intake MI00119550</p> <p>Based on interview and record review the facility failed to consistently document administration of medication and reorder medications that were not available, effecting 5 of 22 residents (R#16, R#32, R#42, R#51 and R#38) reviewed for medication administration, resulting in residents not receiving medications as ordered by the physician and the potential for medications not being therapeutic. Findings include:</p> <p>During interview 6/9/21 at 10:23 AM with Director of Nursing (DON BB) confirmed if not documented on Medication Administration Record (MAR) it was not given. DON BB confirmed that it was protocol to always sign for medication after administration.</p> <p>R#16</p> <p>During interview on 6/6/21 at 9:30 AM, R#16 stated, There is never enough staff here and we don't get medications on time and sometimes not at all.</p> <p>Record review of R#16's face sheet on 6/7/21 revealed resident was admitted into the facility on [DATE] with diagnoses that included morbid obesity, mild persistent asthma (respiratory disease) and pain in right knee. According to the Minimum Data Set (MDS) dated [DATE], R#16 had intact cognition and was extensive to total dependence with Activities of Daily Living (ADLS).</p> <p>Record review of the Medication Administration Record (MAR) for May 2021 and June 2021 revealed the following medications were not signed out as administered for R#16:</p> <p>Melatonin (Sleep Aid)- 5/7, 5/8,5/12, 5/15,6/5</p> <p>Protonix (Acid Reducer)- 5/9</p> <p>Aripiprazole (Antipsychotic)-5/9</p> <p>Dexifol (Supplement)-5/9</p> <p>Docusate Sodium (Stool Softener)-5/9</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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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Klor- con (Potassium supplement)-5/9</p> <p>Lasix (diuretic)-5/9</p> <p>Prozac (Antipsychotic)-5/9</p> <p>Advair (Inhaler)- 5/9</p> <p>Buspirone (Antianxiety)- 5/7, 5/8, 5/9, 5/15, 5/21, 6/4, 6/5.</p> <p>Albuterol Sulfate (inhaler)- 5/9,6/4.</p> <p>Seroquel (Antipsychotic)- 5/9, 6/4.</p> <p>R#32</p> <p>Record review of R#32's face sheet on 6/7/21 revealed original admission into facility on 4/6/20 with diagnoses that included peripheral vascular disease (poor circulation), hypertension (high blood pressure) and Type 2 diabetes. According to the Minimum Data Set (MDS) dated [DATE], R#32 had intact cognition and needed supervision with most Activities of Daily Living (ADLS).</p> <p>During an interview with R#32 on 6/6/21 at 8:42 AM, R#32 stated, They (facility) needs more help.</p> <p>Record review of Medication Administration Record (MAR) for May 2021 and June 2021 revealed the following medications were not signed out as administered for R#32:</p> <p>Aspirin (Antiplatelet)- 5/9</p> <p>Atorvastatin (Cholesterol) -5/7, 5/8, 6/5.</p> <p>Ferrous Sulfate (Iron supplement)- 5/1 and 5/9.</p> <p>Lantus (long-acting insulin)- 5/7.5/8, 5/12 and 6/5.</p> <p>Plavix (Antiplatelet)- 5/9</p> <p>Humalog (short acting insulin)- 5/7, 5/9, 5/12, and 5/21.</p> <p>Hydralazine (anti-hypertensive)- 5/7, 5/8, 5/9, 5/12, 5/21 and 6/5.</p> <p>R#42</p> <p>Record review of R#42's face sheet revealed admission into the facility on [DATE] with diagnoses of Type 2 diabetes, congestive heart failure, hemiplegia (paralysis). According to the Minimum Data Set (MDS) dated [DATE], R#42 had intact cognition and was extensive assist with personal hygiene.</p> <p>During an interview on 6/6/21 at 8:50 AM, R#42 stated, Sometimes we don't get medications like we are supposed to, and they sure don't have enough staff.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of Medication Administration Record (MAR) for May 2021 and June 2021 revealed the following medications were not signed out as administered for R#42:</p> <p>Norvasc (antihypertensive) 05/9 and 6/4.</p> <p>Atorvastatin (antiplatelet)- 5/7, 5/8, 5/9 and 5/12.</p> <p>Lasix (diuretic) - 5/1, 5/9, 5/23, 5/24.</p> <p>Glipizide (anti hyperglycemic) -5/1, 5/9, 5/23 and 5/24</p> <p>Juvia- (anti hyperglycemic)- 5/1, 5/9, 5/23, 5/24, 6/10 and 6/11</p> <p>Keppra (anticonvulsant)- 5/7, 5/8, 5/12, 5/15,6/5, 6/9 and 6/10.</p> <p>Plavix (antiplatelet)- 5/9, 5/23, 5/24, 6/10 and 6/11.</p> <p>Sertraline (Antipsychotic) - 5/9 and 6/4.</p> <p>Metformin (antihyperglycemic) 5/9, 5/23 and 5/24.</p> <p>R#51</p> <p>Record review of R#51's face sheet revealed admission into the facility on [DATE] with diagnoses of chronic obstructive pulmonary disease, malignant neoplasm (cancer) of tongue, major depression. According to the Minimum Data Set (MDS) dated [DATE], R#51 had intact cognition and was independent with most Activities of Daily Living (ADLS)</p> <p>During interview on 6/6/21 at 8:50 AM, R#51stated, I have to ask for medications they(facility) take forever to get them delivered.</p> <p>Record review of Medication Administration Record (MAR) for May 2021 and June 2021 revealed the following medications were not signed out as administered for R#51:</p> <p>Norvasc (anti-hypertensive)-5/9</p> <p>Pepcid (antacid) 5/9</p> <p>Symbicort- (inhaler) 5/9</p> <p>During interview on 6/17/21 at 1:47PM, LPN A confirmed that all medications and treatments should be signed out to prove that they were given. LPN A confirmed the reason for signing out medications was to triple check that nurses have the right resident, right time, right dose, right route and right drug.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of the facility policy Medication Administration (no implementation date) revealed the following: Medications are administered by licensed nurses, or other staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice, in a manner to prevent contamination or infection.</p> <p>15194</p> <p>Resident 38 (R38)</p> <p>Review of the Admission Record for R38 stated the resident was admitted to the facility on [DATE] with diagnoses that included: Covid 19, rheumatoid arthritis, chronic obstructive pulmonary disease, severe protein calorie malnutrition and alcoholic hepatitis with ascites.</p> <p>On 6/7/21 at 10:30 A.M., during an interview R38 reported that his medications (Methadone and Percocet) were frequently not given to him in a timely manner and his Hepatitis C medication (Mavyret) was being discontinued. The resident explained that frequently this medication was not available because the nursing staff stored the medication in the Director of Nursing office and sometimes staff ignored his request or inquiries concerning his medications.</p> <p>On 6/8/2021 at 10:10 A.M. review of the Medication Administration Record (MAR) for Mavyret 100 milligrams revealed: missed/not documented as given on these dates: 4/4, 4/7, 4/13, 4/22, 5/9. The medication was not available and coded with the #10 for 5/6, 5/7, 5/8, 5/14 and 5/24. Mavyret was discontinued on 6/14/21, when the Director of Nursing (DON) informed physician H of a shortage of 4 tablets.</p> <p>On 6/15/21 at 9:00 A.M. Nurse A was asked where the facility stored R38's medication (Mavyret. Nurse A explained it was her understanding the medication was very expensive and to prevent loss of the medication it had been stored in the Director of Nursing office. Initially, staff including herself, were not aware where the drug was stored which contributed to confusion about the availability of the drug.</p> <p>Review of the Manufacturers Safety Information Sheet for Mavyret revealed, Frequent monitoring of relevant laboratory parameters. Before starting treatment with Mavyret Your doctor will do blood tests to check for hepatitis B infection. Your doctor will monitor you if you are at risk for Hepatitis B reaction during treatment and after you stop taking Mavyret.</p> <p>Review of the facility's lab book revealed that from January 2020 through November 2020 one entry was written which indicated labs had been refused in January. There were no other orders for labs for R38.</p> <p>On 6/15/21 at 3:10 P.M. Physician Assistant (P.A.) S stated: we probably should have ordered labs (for R38), but that medication was started by the GI (Gastrointestinal) staff, and we thought their service would follow R38.</p> <p>On 6/16 at 9:00 A.M. Physician N was contacted via the telephone and indicated labs for R38 would be ordered and P.A. S would follow up with the facility staff and Gastroenterology staff.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Other medications reviewed but not documented as given included: Methadone HCL 10 milligram 2 Tablets 4/3, 4/9, 4/10, 4/11, 4/12, 4/13, 4/16, 4/17, 4/22, 4/23, 5/9, 5/21, 5/22, 5/23, 5/24.</p> <p>Percocet tablet 1 T. Q (every) 8 hour -4/3, 4/4 4/5, 4/7, 4/12, 4/13, 4/16, 4/17, 4/22, 4/25, 4/26, 4/28</p> <p>On 6/17/21at 9:50 A.M. the Director of Nursing (DON) BB stated, Staff probably forgot to document the medications as given. DON BB was unable to provide evidence that the medication was administered.</p>		

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<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34901</p> <p>This citation pertains to MI00120492.</p> <p>This citation has three deficient practices.</p> <p>Deficient practice #1.</p> <p>Based on observation, interview, and record review, the facility failed to provide physician ordered wound care treatments, assess and monitor resident's skin condition, and follow the wound care team's recommendations for oral and topical antibiotics for one resident (#27) reviewed for quality of care, resulting in an immediate jeopardy when the resident was sent to the hospital on 5/21/21 and was found to be septic (life threatening blood infection), developed a left foot abscess, and experienced excisional debridement of his left foot down to the level of muscle.</p> <p>Findings include:</p> <p>On 6/6/2021 at 10:12 AM, during the initial tour of the facility, Resident #27 (R27) was awake and lying in his bed. R27 stated he just got back from the hospital on Friday (6/4/2021). R27 said I had poison in my blood. They cut my feet open and cleaned them. I had an infection in both feet. My pain level was 10 out of 10 when I went to the hospital. On 6/8/2021 at 9:50 AM, R27 stated he was sick the whole day prior to going to the hospital. R27 said, I slept the whole day. The next day I got up to go to dialysis and because I was in so much pain, I told the ambulance driver to take me straight to the hospital. The (nursing home) staff were not changing my dressing.</p> <p>Review of the Admission Record revealed R27 was originally admitted on [DATE]. R27 went to the hospital on 5/20/2021 and was readmitted to the facility on [DATE]. His diagnoses included end stage kidney disease, cerebral infarction, anemia, diabetes mellitus, and convulsions. A Minimum Data Set, dated dated [DATE] documented R27 had intact cognition.</p> <p>A review of R27's progress notes revealed the following:</p> <p>-5/21/2021 at 1:26 PM: Resident sent to hospital from dialysis. Doctor and responsible party notified. (This note was created on 5/22/2021 at 1:27 PM.)</p> <p>-6/4/2021 at 5:07 PM: Resident received from (local hospital) with diagnosis of foot infection .Skin is as follows: right foot amputation of 4th/5th toes. Open area to sacrum coccyx treatment intact .Right lateral foot has an open area treatment intact .Left plantar foot with multiple sutures treatment intact. Left (foot) has an open area to plantar foot. (Nurse Practitioner) aware of admission and current medication. Resident voices no pain at this time.</p> <p>On 6/8/2021 beginning at 11:10 AM, R27's clinical record was reviewed with Director of Nursing (DON BB) and the following was revealed:</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>R27's May 2021 Treatment Administration Record (TAR) review documented: Bilateral feet apply dry bulky protective dressing every two days and prn (as needed) every night shift every other day for protection. Ordered 2/27/2021. During May 2021, the dressing was not done on 5/2, 5/4, 5/6, 5/8, 5/10, 5/12, 5/14, and 5/20. According to DON BB, the implications of not receiving the proper wound care could result in non-healing of the wound, potentially it could have gotten worse, and potentially it could become infected. DON BB said, Septicemia is an infection. We know he had a foot infection.</p> <p>R27's Wound care team's note of 5/12/2021 documented in part the following: Wound #8 left MP (metatarsophalangeal) joint is a diabetic ulcer and has received a status of not healed. Subsequent wound encounter measurements are 2.4 cm (centimeter) length x 2.2 cm width x 0.4 cm depth, with an area of 5.28 square cm and a volume of 2.112 cubic cm. There is a moderate amount of sero-sanguineous drainage noted which has a mild odor. Wound bed has pink base epithelialization. Treatment recommendation: Metrogel (topical antibacterial) daily and prn to left foot wounds. Keflex (oral antibiotic) 500 mg 1 po (by mouth) twice a day x 10 days.</p> <p>Per review of R27's May 2021 TAR, the wound care team changed recommendations from Medihoney (topical wound dressing) to Metrogel daily to left foot wounds. DON BB said, It is not documented on the TAR so we can assume he didn't get it. This could cause the wound to become worse or get worse.</p> <p>A review of R27's Medication Administration Record (MAR) for May 2021 revealed that Keflex was not ordered.</p> <p>A request for skin assessments and shower sheets for March 2021, April 2021, May 2021, and June 2021 yielded one document dated June 8, 2021.</p> <p>On 6/8/2021 at 12:53 PM, DON BB, in the presence of the State Surveyor, called the medical transportation company that takes R27 to and from the hemodialysis center and spoke with Dispatcher UU. Dispatcher UU said, (R27) was taken from (the nursing home) to (local hospital) by us because he was in a lot of pain.</p> <p>On 6/9/2021 at 10:31 AM, Wound Care Team Nurse Practitioner (NP II) stated she recommended the Metrogel for left plantar foot because it had an odor and that's an indication that there may be an infection. I ordered a topical antibiotic. I want them to go ahead and follow my order. If they can't get the treatment, I want them to call me. They did not call about the Metrogel or they could have called (R27's) primary (care physician).</p> <p>A review of R27's consultation from Doctor of Podiatry Medicine (DPM) 3/5/2021 (created on 3/31/2021 at 9:02 PM) documented in part the following: .This patient is seen for a nursing home visit. Patient is seen for preventative foot care. Patient is unable to perform daily checkups to feet .Assessment .Pain in toes .Left foot more breakdown .Plan .Please continue off loading techniques to prevent any ulcerations or breakage of skin .Order wound care .</p> <p>A review of R27's consultation from Nurse Practitioner (NP ZZ) on 4/1/2021 documented in part the following: NP acute visit .follow up on acute and chronic medical problems .Assessment: Diabetic foot ulcer- local care as directed by Wound Care Team .</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>A review of R27's consultation from NP ZZ on 5/6/2021 documented in part the following: NP acute visit . follow up on acute and chronic medical problems .Assessment: Diabetic foot ulcer - local care as directed by Wound Care Team .</p> <p>A review of R27's hospital records for the admission between 5/20/2021 and 6/4/2021 documented the following:</p> <p>Primary Diagnosis: foot infection.</p> <p>Surgical Procedure: I&D (incision and drainage) debridement left foot; excisional wound debridement right foot; repeated debridement of primary closure.</p> <p>-5/20/2021 at 4:02 PM: lab results: Staphylococcus aureus - Methicillin resistance detected. Interpretation: positive for methicillin resistant staphylococcus aureus (MRSA).</p> <p>-Blood Culture Collected 5/20/2021 at 4:02 PM. Critical value called to and read back by RN (Registered Nurse) 5/21/21 at 3:06 PM. Culture: staphylococcus aureus anaerobic bottle culture. Results: this result has been designated as a possible significant finding.</p> <p>-Radiology / Diagnostics of 5/20/2021 at 4:21 PM: Left foot. Impression: Skin ulcer and/or gas forming infection or abscess involving the plantar aspect of the fourth metatarsophalangeal joint.</p> <p>-Infectious Disease consult. Blood culture 5/20/2021 MRSA. Radiology: x-ray foot: possible abscess in the plantar aspect foot on admission. Assessment: Septicemia with MRSA. Most likely source: foot infection. admitted with right foot diabetic foot ulcer and a left foot diabetic foot ulcer associated with abscess. Status/post (s/p) left foot wound debridement with incision and drainage of abscess. S/P incision and debridement on 5/25/2021. Plan/Recommendation: vancomycin (antibiotic) and Unasyn (antibiotic).</p> <p>-Radiology report of 5/21/2021 at 11:02 PM: Complete left foot. Impression: skin ulcer and/or gas forming infection or abscess involving the plantar aspect of the fourth metatarsophalangeal joint.</p> <p>-Progress note 6/4/2021 at 10:30 AM: Impression: left foot abscess status post excisional debridement of left foot down to the level of muscle, 5/25/2021 secondary closure.</p> <p>-DPM: Left foot: lateral forefoot ulceration measure 2x1.5x1.5 cm opening to muscle layer, surgical closure site with sutures intact.</p> <p>On 6/08/2021 at 3:10 PM, observations of R27's feet were made in the presence of Certified Nursing Assistant (CNA) PP. Bottom of Right foot had small opening with red base. Left foot had open area where baby toe was removed. Multiple sutures were observed across the bottom of the left foot diagonally (baby toe to heel). Small opening noted midway of sutures.</p> <p>A facility policy titled, Wound Treatment Management, undated, was reviewed and revealed the following:</p> <p>-Wound treatments will be provided in accordance with physician orders, including the cleansing method, type of dressing, and frequency of dressing change.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>-Treatments will be documented on the Treatment Administration Record</p> <p>Nursing Home Administrator (NHA) AA was notified of an Immediate Jeopardy on 6/9/2021 at 9:20 AM that began on 5/21/21, due to the facility's failure to provide the physician ordered treatment for a diabetic foot ulcer, implement the wound care team's recommendation for oral and topical antibiotics, and provide weekly skin assessments for March 2021, April 2021, or May 2021 for R27.</p> <p>A written plan for removal for the immediate jeopardy was received and verified on 6/14/2021.</p> <p>1. Resident #27 will receive wound care treatment per the physician orders on 6/9/21, which reflects the order of using Metrogel daily and prn to his left foot wounds. Effective 6/9/21, it will be documented on the TAR in (electronic health record) as being done.</p> <p>2. Effective 6/10/21, the days in which the resident has to go to dialysis, the contracted wound care team will evaluate and provide care upon his return back to the facility. In the event the contracted wound care specialist has left before he returns, a licensed nurse will provide his wound care treatment, which includes measurements.</p> <p>3. The licensed nurses will conduct skin assessments on 6/9/21 for the residents within the facility to ensure there are no new skin issues. On 6/9/21, 66 of 67 skin assessments were completed. One resident was out to dialysis and their skin assessment will be completed upon their return. One of the skin assessments revealed that a resident had excoriation on both feet. The physician and resident's responsible party was notified, and a treatment was put in place. This resident will be evaluated by the contracted wound team on 6/16/21 and current treatment plan will remain in place.</p> <p>4. On 6/9/21, the wound care policy was reviewed by the Administrator, Medical Director and Director on Nursing to ensure it's appropriate as written. it was deemed appropriate as evidenced by, meets the current standard of care.</p> <p>5. On 6/9/21, the licensed nurses will be re-in-serviced on the wound care policy and their responsibility to ensure weekly skin assessments are being completed. Approximately 5 out of 15 licensed nurses have been in-serviced as of today. Only those who have been educated on the wound care policies and standards of care, will be allowed to provide those services. The education of the remaining nurses should be completed by 6/10/21.</p> <p>6. On 6/2/21, a new wound care nurse was hired, and her official start date will be 6/14/21. Her sole responsibility will be wound care, skin care and preventative care, rounding with the contracted wound care team and carrying out any new recommendations from the contracted wound care team. The Unit Manager responsible for that floor, will complete wound care in the absence of the Wound Care Nurse and the Unit Manager is trained.</p> <p>7. On 6/9/21, the contracted wound care notes will be scanned into the medical record when received from the wound care team. The licensed nurses will have access to the notes and/or recommendations given by the wound care company. The wound nurse or designee will be responsible for reviewing the information within 24 hours of receiving it from the wound care team and transcribing any new recommendations on to the TAR after verification from the primary care physician. The skin integrity care plan will be updated accordingly. If there are any new areas, the responsible party and physician will be notified.</p> <p>(continued on next page)</p>		

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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 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>8. On 6/14/21, 7 residents who are seen by the contracted wound team for either pressure ulcers, diabetic ulcers and/or surgical ulcers, were reviewed. Residents care plans were reviewed and/or revised.</p> <p>9. On 6/14/21, a new wound care nurse started her full-time position. Her sole responsibility will be wound care, skin care and preventative care, rounding with the contracted wound care team and carrying out any new recommendations from the contracted wound care team. The Unit Manager responsible for that floor, will complete wound care in the absence of the Wound Care Nurse and the Unit Manager is trained.</p> <p>Although the Immediate Jeopardy was removed on 6/14/21, the facility remained out of compliance at a scope isolated and severity of actual harm due to not all facility staff had received education and the State Agency could not verify sustained compliance.</p> <p>Deficient practice #2.</p> <p>Based on interview and record review, the facility failed to monitor and assess a potentially toxic medication (valproic acid) for one resident (#53), reviewed for management of drug levels, resulting in a missed opportunity for timely management of known physiological condition and potential for relapse in mood symptoms.</p> <p>Findings include:</p> <p>A review of the Admission Record revealed Resident #53 (R53) was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses that included injury of head, psychotic disorder with delusions, adjustment disorder with disturbance of conduct, mood disorder, and vascular dementia. Review of the Minimum Data Set, dated dated dated [DATE] documented severe cognitive impairment.</p> <p>A review of R53's clinical record documented the following:</p> <p>-Valproic acid solution 250 mg/5ml, give 750 mg by mouth two times a day related to mood disorder due to known physiological condition. Order date 5/27/2020.</p> <p>-Depakote (valproic acid) levels one time a day every 90 days for labs. Order date 3/3/2020.</p> <p>-Valproic acid level requested 2/21/2021.</p> <p>On 6/15/2021 at 12:29 PM, according to Director of Nursing (DON BB) valproic acid levels are to be obtained so you know if the resident is therapeutic or not. Review of R53's clinical record did not reveal the valproic acid level results requested on 2/21/2021.</p> <p>On 6/16/2021 at 10:42 AM, DON BB stated, Yesterday we requested the lab results (from 2/21/2021) and ordered another lab (to be drawn). DON BB acknowledged the valproic acid results were not obtained and reviewed and the subsequent lab obtained in a timely manner.</p> <p>A review of R53's lab test performed on 2/22/2021, obtained by the facility on 6/15/2021, documented valproic acid of 25L (low) ug/ml (micrograms per milliliter). Reference range: 50.0-100.0 ug/ml.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On 6/17/2021 at 3:14 PM, a telephone interview was conducted with Psychiatric Nurse Practitioner (NP GG) who stated R53 had a bipolar diagnosis and was having mood swings of bipolar with violence, and valproic acid levels should be drawn every 90 days. NP GG stated she did not receive the lab results obtained February 2021. NP GG said, That's what I need, and I never get it. I don't have access to the results. In reference to R53's level of 25 ug/ml, NP GG stated, That's too low. I think that it could cause mood levels that would not be as stable as they could be. If the lab results come in, as a courtesy it would be nice to get a call if the levels are subtherapeutic.</p> <p>A review of the facility document used to train nursing staff titled, Laboratory, X-ray and EKG Orders, undated, revealed the following:</p> <ul style="list-style-type: none"> -To ensure that diagnostic procedures are done based on medical necessity on a timely manner and abnormal results are referred to the physician. -Abnormal lab and X-ray results must be referred by the licensed nurse to the attending physician as needed and flagged for review. The attending physician will address any abnormal labs and will document interventions as needed and the reason why no intervention was required. <p>A review of the facility policy titled, Laboratory Standing Order, undated, revealed the following:</p> <ul style="list-style-type: none"> -It is the policy of this facility to obtain, maintain and monitor labs and admission orders resulting from medical conditions and/or medications. <p>A lab draw will be ordered on admission and subsequently thereafter, based on diagnosis, symptoms, and/or medication ordered as follows:</p> <ul style="list-style-type: none"> -Depakote level every 3 months. <p>39958</p> <p>Deficiency Practice Statement #3</p> <p>Based on interview and record review the facility failed to ensure follow-up appointments were scheduled for 1 of 22 residents (Resident #19) resulting in the potential for undetected decline in health.</p> <p>Findings include:</p> <p>Review of an Admission Record revealed, Resident #19 originally admitted to the facility with pertinent diagnosis which included Fracture to lateral orbital wall right side, Frontotemporal Dementia (affects behavior and language), Zygomatic Fracture (cheek and outer side of eye socket), and Nontraumatic Chronic Subdural Hemorrhage (bleeding in brain).</p> <p>Review of a Minimum Data Set (MDS) assessment, with a reference date of 2/13/21 revealed Resident #19 had severe cognitive impairment. Resident #19 required extensive assistance of one staff with dressing, hygiene, and bathing.</p> <p>(continued on next page)</p>		

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F 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	<p>Review of a Progress Note with a date of 3/11/21 at 8:38 a.m. revealed, .Resident was transferred to (hospital name) instantly.</p> <p>Review of a Progress Note with a date of 3/13/21 at 10:50 p.m. revealed, pt alert and verbally responsive . arrived via ambulance-medications reviewed and transcribed as ordered .</p> <p>Review of Patient Discharge Instructions with a date of 3/3/21 revealed, Resident #19 had follow-up appointments which included: physician appointment in 1 to 2 weeks and Eye Institute 1 to 2 weeks.</p> <p>Review of a Transition of Care Form with a date of 3/12/21 revealed, follow-up appointment with physician in 2 weeks, please follow up with neurosurgery and request HEAD CT WITHOUT CONTRAST for subsequent primary care follow up.</p> <p>In an interview on 6/15/21 at 12:06 p.m., Unit Manager HH reported the Unit Manager does the follow up appointments when a resident is admitted .</p> <p>In an interview on 6/15/21 at 12:31 p.m., Director of Nursing (DON) BB reported Resident #19 did not go on follow-up appointments. DON BB then reported follow-up appointments are done by Staffing Coordinator PP or the nurse that does the admit.</p>		

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<p>F 0725</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34901</p> <p>This citation pertains to intakes MI00111127, MI00112478, MI00117985, MI00118858, MI00119550, and MI00120492.</p> <p>This citation has 2 Deficiency Practice Statements.</p> <p>Based on observation, interview, and record review, the facility failed to ensure sufficient staffing was available to render care, pass meal trays, and meet resident needs for all 67 residents in the facility. An Immediate Jeopardy was determined on 6/15/2021 when on the following dates and times, there was only one licensed or registered nurse in the building: 5/4/2021 (census of 69) between 7:00 AM and 7:00 PM; 5/9/2021 (census of 65) between 7:00 AM and 2:30 PM; 6/4/2021 (census of 67) between 9:00 PM and 12:15 PM on 6/5/2021; and 6/5/2021 (census of 66) between 12:16 PM and 7:00 PM. The facility staff did not administer prescribed insulin, IV antibiotics, anti-psychotics, anti-coagulants, anti-hypertensives, and/or anti-convulsants for Residents #1, #16, #19, #20, #22, #27, #32, #36, #38, #39, #42, #44, #51, #52, #56, #172, and #173. This deficient practice resulted in the likelihood for actual harm for Residents #1, #16, #19, #20, #22, #27, #32, #36, #38, #39, #42, #44, #51, #52, #56, #172, and #173, and placed all residents residing in the facility at risk for serious harm, injury, and/or death.</p> <p>Based on observation, interview, and record review, the facility also failed to ensure meals were delivered and served in a timely manner for three residents (#8, #36, and #38) due to insufficient staffing resulting in resident dissatisfaction.</p> <p>Findings include:</p> <p>On 6/6/2021 at 8:10 AM, Licensed Practical Nurse (LPN) U was observed on the first floor. LPN U stated her shift began at 7:00 PM on 6/5/2021 and she was waiting for her relief to arrive. LPN U stated LPN V's, who was working on the second floor, shift began at 7:00 PM and there were two Certified Nurse Aides (CNA) working the midnight shift as well. LPN U said, Having only two CNAs on the midnight shift has been a habit lately.</p> <p>On 6/6/2021 at 8:25 AM, CNA T, who worked on the locked dementia unit, said, I actually have help today. CNA T said, Sometimes I work by myself.</p> <p>On 6/6/2021 at 10:00 AM, during the initial tour of the facility, no nursing staff was observed on the 2 North unit. There were eleven residents residing on the unit. At 10:12 AM, Resident #27 (R27) was observed awake and lying in his bed. On R27's overbed table was a plastic bag containing a disposable carryout container. Gnats were observed swarming around the bag. During an interview at this time, R27 stated the contents of the bag contained uneaten Chinese carryout from the evening before and no one had been in his room to dispose of the bag.</p> <p>On 6/6/2021 at 10:25 AM, Certified Nurse Aide (CNA) EE was observed on 2 North. When interviewed, CNA EE said, I was supposed to arrive at 7 AM but I arrived at 9:30 AM today. CNA EE stated he did not know the nurse that was working on 2 North, I haven't seen her.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>On 6/6/2021 at 10:37 AM, an unidentified resident stated he was in pain. When interviewed, he said, I went from evening to morning without pain meds. I have to wait forever for pain meds. Usually there is no one here.</p> <p>On 6/6/2021 at 10:55 AM, Resident #172 (R172) was observed awake and in his room. When interviewed, R172 stated he had a bone infection in his foot after a toe amputation and was to receive intravenous (IV) antibiotics. R172 stated that yesterday he had to go downstairs to the first floor to get some nursing help regarding his scheduled IV antibiotic treatment. R172 stated he finally received a treatment at 1:15 AM but had not received any treatments since.</p> <p>On 6/6/2021 at 11:03 AM, Resident #173 (R173) was heard calling for a nurse. When interviewed, R173 stated his urinary catheter bag needed to be changed, he needed some water, and he had pain in his foot. R173 pulled his call light. The call light system at the nurse's station was observed lit signifying that R173 needed assistance but there was no staff observed around the nurse's station.</p> <p>On 6/6/2021 at 11:10 AM, the telephone located at the 2 North nurse's station was ringing. An unidentified resident answered the phone and said, No one is here. You'll have to call back. When queried about the phone call the unidentified resident said, They wanted a nurse.</p> <p>On 6/6/2021 at 11:18 AM, Resident #52 (R52) was observed awake and lying in her bed. When interviewed R52 said, There might not be a nurse to work this side of the floor (2 North) on afternoon and midnights. I take a lot of meds and have gone without.</p> <p>On 6/6/2021 at 11:23 AM, when interviewed CNA EE stated he still had not seen a nurse on 2 North.</p> <p>On 6/6/2021 at 11:37 AM, when interviewed LPN HH stated she arrived at 11:00 AM today to work on 2 South and that the facility called her in to relieve the midnight nurse.</p> <p>On 6/6/2021 at 11:51 AM, Registered Nurse (RN) C was observed on 2 North. When interviewed she stated she arrived around 10 AM and had been watching over the 1 South med cart. Director of Nursing (DON) BB had just instructed her to come to the 2 North unit. A review of the Medication Administration Records (MAR) for R27, R52, R172, and R173 was conducted with RN C and the following medications were not administered on 6/6/2021 at the designated times:</p> <p>R27: 9:00 AM antibiotic, anticonvulsant, anti-hypertensive, insulin per sliding scale.</p> <p>R52: 6:00 AM anticoagulant, 8:00 AM anticonvulsant, antibiotic, topical wound solution, anticonvulsant, and 9:00 AM antibiotic.</p> <p>R172: 6:00 AM IV antibiotic, 9:00 AM anticonvulsant and long-acting insulin.</p> <p>R173: 9:00 AM anti-coagulant, anti-hypertensive, mood-stabilizer, anti-convulsant, fast-acting insulin, and long-acting insulin.</p> <p>On 6/6/2021 at 12:43 PM during an interview, R173 said, Ain't no nurses usually on shift. When you push the (call) light don't no one come. Today, I ain't had no meds yet.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>On 6/7/2021 at 10:30 AM, a confidential resident council meeting was held with four facility residents in attendance all of whom were alert and oriented and able to express themselves without difficulty. The following statements were made regarding facility staffing:</p> <p>-There is not enough staff.</p> <p>-The facility is cheap, and they won't hire people.</p> <p>-I was getting ready to go to bed and no one was there to give me a night gown or brief. I slept in my underwear without a gown.</p> <p>-I'm smelling urine and feces on residents. The residents in the building aren't being cleaned.</p> <p>On 6/9/2021 at 3:19 PM, the clinical record for Resident #53 (R53) was reviewed with DON BB in terms of a fall with major injury that occurred on 5/4/2021. DON BB authored the following progress note: Writer called to resident's room by the Housekeeping supervisor. Upon arrival writer noticed three cenas surrounding resident who was face down on the floor in the room in front of the bed. Writer noted pooled blood on the floor coming from the face of the resident. Writer and other staff were calling the resident by name and he was responsive. Writer rolled the resident into a supine position and cleansed the blood with a clean towel. It was then noted a large gash to the middle of the forehead. The resident remained responsive. 911 was called and in route. Dr. (name) was also notified and wanted the resident transferred to the hospital . DON BB stated she responded to the fall because the only nurse on duty on 5/4/2021 was at lunch.</p> <p>A review of staffing schedules and individual staff punch sheets revealed that the facility had only one nurse working on the following dates and times:</p> <p>5/4/2021 (census of 69) between 7:00 AM and 7:00 PM</p> <p>5/9/2021 (census of 65) between 7:00 AM and 2:30 PM</p> <p>6/4/2021 (census of 67) between 9:00 PM and 12:15 PM on 6/5/2021</p> <p>6/5/2021 (census of 66) between 12:16 PM and 7:00 PM</p> <p>When interviewed Confidential Staff Informant #1 said, A lot of the residents don't get meds right because there is no one to give it to them. Sometimes I won't see a nurse (on the unit) my entire shift.</p> <p>When interviewed Confidential Staff Informant #2 said, Residents will ask for meds. I have to go to another unit to ask the nurse for the residents' meds and the residents have to wait a long time.</p> <p>When interviewed Confidential Staff Informant #3 said, Wound dressings haven't been done. I will come on shift and will be the only nurse and because of that wound care is further delayed because of med pass.</p> <p>Resident #1</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Review of an Admission Record revealed, Resident #1 admitted to the facility with pertinent diagnosis which included Schizophrenia (mental disorder), Adjustment Disorder, and Central Cord Syndrome (loss of movement and sensations in arms and hands).</p> <p>Review of a Minimum Data Set (MDS) assessment, with a reference date of 3/12/21 revealed Resident #1 had severe cognitive impairment, with a Brief interview for Mental Status (BIMS) score of 2, out of a total possible score of 15.</p> <p>Review of a Medication Administration Record (MAR) for Resident #1 revealed:</p> <p>Medications that were not passed on 6/5/2021 included an anticonvulsant, antibiotic, antianxiety, and antipsychotic.</p> <p>Resident 8 (R8)</p> <p>On 6/6/21 at 11:44 A.M, R8 complained frequently his food was served cold and on last night (Saturday 6/5/2021) meals were served very late because the food cart had been left on the elevator. R8 reported the food cart was left on the elevator for over an hour and there was no nursing staff to pass the trays on the 1 North Hall. R8 continued stating, his grits at breakfast were sometimes so cold they jelled because there may be only one nurse aide or nurse to pass their trays. R8 stated: There is not enough staff and on 6/5/21 for dinner the nurse was not available for residents on this hall.</p> <p>Review of the Admission Record for R8 documented the resident was admitted to the facility on [DATE] with diagnoses which included: Tear of Lateral Meniscus injury, osteoarthritis of the knee, hypertension, and age-related physical debility.</p> <p>The MDS dated [DATE], documented R8 had a BIMS of 15/15 (intact thought process). The resident was identified as being independent for eating and required set up only.</p> <p>Resident #16 (R#16)</p> <p>During interview on 6/6/21 at 9:30 AM, R#16 stated, There is never enough staff here and we don't get medications on time and sometimes not at all.</p> <p>Record review of R#16's Admission Record on 6/7/21 revealed resident was admitted into facility on 2/9/21 with diagnoses that included morbid obesity, mild persistent asthma (respiratory disease) and pain in right knee. According to the MDS dated [DATE], R#16 had intact cognition and was extensive to total dependence with Activities of Daily Living (ADLS).</p> <p>Record review of R#16's MAR for 5/9/21 at 9:00 AM revealed medications that were not signed out as administered included an antipsychotic, diuretic for hypertension, and two antipsychotics.</p> <p>Resident #19</p> <p>Review of an Admission Record revealed, Resident #19 originally admitted to the facility with pertinent diagnosis which included Frontotemporal Dementia (affects behavior and language), Mood Disorder, Adjustment Disorder, and Chronic Subdural Hemorrhage (bleeding in brain).</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Review of a MDS assessment, with a reference date of 2/13/21, revealed Resident #19 had severe cognitive impairment.</p> <p>Review of a MAR for Resident #19 revealed medication not passed on 6/5/2021 included an anticonvulsant and antipsychotic.</p> <p>Resident 20 (R20)</p> <p>Review of the Admission Record revealed R20 was originally admitted on [DATE] and readmitted on [DATE] with diagnoses that included end stage renal disease, epilepsy, diabetes mellitus, hypertension, and peripheral vascular disease.</p> <p>According to R20's May 2021 MAR, medications not passed on 5/4/2021 included an anti-hypertensive, anti-coagulant, anti-convulsant, fast-acting insulin per sliding scale, long-acting insulin, and pancreatic enzymes. Medications not passed on 5/9/2021 included an anti-coagulant, anti-convulsant, fast-acting insulin per sliding scale, anti-hypertensive, and pancreatic enzymes.</p> <p>According to R20's June 2021 MAR, medications not passed on 6/5/2021 included an anti-hypertensive, anticoagulant, anticonvulsant, fast-acting insulin per sliding scale, long-acting insulin, and pancreatic enzymes.</p> <p>Resident #22</p> <p>Review of an Admission Record revealed, Resident #22 originally admitted to the facility with pertinent diagnosis which included Dementia and Hypertension. Review of a MDS assessment, with a reference date of 4/3/21 revealed Resident #22 had cognitive impairment, with a BIMS score of 11, out of a total possible score of 15.</p> <p>Review of a MAR for Resident #22 revealed medications not passed on 6/5/2021 included an antihypertensive, anticoagulant, and antipsychotic.</p> <p>R27</p> <p>Review of the Admission Record revealed R27 was originally admitted on [DATE] and readmitted on [DATE] with diagnoses that included cerebral infarction, end stage renal disease, hypertension, unspecified convulsions, and diabetes mellitus.</p> <p>According to R27's May 2021 MAR, medications not passed on 5/4/2021 included an anticoagulant, anticonvulsant, anti-hypertensive, and fast-acting insulin per sliding scale. Medications not passed on 5/9/2021 included an anticoagulant, anticonvulsant, anti-hypertensive, and fast-acting insulin per sliding scale.</p> <p>According to R27's June 2021 MAR, medication not passed on 6/5/2021 included an antibiotic, fast-acting insulin per sliding scale.</p> <p>Resident #32 R(#32)</p> <p>During interview with R#32 on 6/6/21 at 8:42 AM, R#32 stated, They (facility) needs more help.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Record review of R#32's Admission Record, revealed an original admission into facility on 4/6/20 with diagnoses that included peripheral vascular disease (poor circulation), hypertension (high blood pressure) and Type 2 diabetes. According to the MDS dated [DATE], R#32 had intact cognition and needed supervision with most ADLs.</p> <p>Record review of R#32's MAR for 5/9/21 revealed the following 9:00 AM medications were not signed out as administered an antiplatelet and antihypertensive.</p> <p>Resident #36 (R36)</p> <p>On 6/6/21 at 11:44 A.M. during the initial tour and on 6/7/21 at 2:00 P.M., R36 complained on Saturday, 6/5/2021, the dinner trays were left on the elevator for over an hour because there was no nursing staff to pass trays. R36 stated: It's not enough staff to take care of the residents. Food is served cold, and we end up waiting for our medications because the nurse is on the other side passing those residents their medications. R36 commented: Sometimes (R8 in the room across the hall) responded to his call light because nursing staff was on another floor.</p> <p>Review of the Admission Record for R36 indicated the resident was admitted to the facility on [DATE] with diagnoses that included: chronic obstructive pulmonary Disease, convulsions, chronic pain, Bipolar Disorder, cerebral infarction affecting left non-dominant side and malignant neuroleptic syndrome. Review of the MDS dated [DATE] documented R36 had a BIMS of 15/15 (intact thought process), was independent for eating and required set up only.</p> <p>Review of the May 2021 MAR For R36 revealed medication not passed on 5/4/2021 included an inhaler. Medications not passed on 5/9/2021 included a pain medication, inhaler, antihistamine, antihypertensive agent, antipsychotic and antianxiety.</p> <p>Resident 38 (R38)</p> <p>Review of the Admission Record for R38 indicated the resident was admitted to the facility on [DATE], with diagnoses that included: Covid-19, rheumatoid arthritis, chronic obstructive pulmonary disease, severe protein calorie malnutrition and alcoholic hepatitis with ascites. On 6/7/21 at 10:30 A.M., review of the MDS dated [DATE], documented R#38 had a BIMS of 15/15 (intact thought process) required limited assistance with eating.</p> <p>Review of R38's May 2021 MAR indicated medications not passed or administered as ordered on 5/4/21 included a duragesic patch, inhaler, antihistamines, pain medication, controlled pain medication.</p> <p>On 6/6/21 at 11:44 A.M., R38 approached the surveyor and stated: There is not enough staff. The resident continued to follow the surveyor and commented: On 6/5/21 at the dinner meal he was the last resident to receive his tray because there was not enough nursing staff, and the nurse could not be located to inquire about his food. R38 asked to be interviewed later (6/7/21) after smoking time.</p> <p>R38 stated he had requested for the carton containers on his tray to be opened because of his arthritis but on 6/5/21 he could not open the carton. Pointing to the unopened milk cartons on the bedside table, the resident stated: No one could help me there was no staff downstairs.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>On 6/7/21 at 1:17 P.M. during an interview with Dietary Cook O concerning the delivery of the resident's meals tray on 6/5/21. Cook O stated: Around 6:30 P.M. She went to the first floor to return the food cart to the kitchen. The Cook discovered the one North Food Cart still on the elevator with approximately 10-12 resident's trays that had not been served. Cook O was instructed by her supervisor and the Administrator (who were contacted by phone) to pass the trays to the residents. Cook O stated: there was no nurse or Aide on the floor. I passed the trays as I was instructed by the Union Steward.</p> <p>In a subsequent Interview Dietary Manager H confirmed Cook O had been directed to pass the resident's their trays on the one North hall on 6/5/21.</p> <p>On 6/17/21 at 2:20 P.M. during an interview, DON BB stated on 6/5/2021 there was a staff shortage but provided no other reasons why the nurse aides assigned to the floor did not pass trays to the residents on the 1 North hall.</p> <p>Resident 39 (R39)</p> <p>Review of the Admission Record for R39 indicated the resident was admitted to the facility on [DATE] with diagnoses of Covid-19, hypoxemia, schizophrenia, dementia, behavior disturbance, seizures, essential hypertension, and acute respiratory failure with hypoxia.</p> <p>Review of R39's June 2021 MAR indicated medications not passed on 6/4/2021 included an inhaler, antihypertensive agent, anti-seizure medication, and neuropathic (nerve) pain agent. Medications not passed on 6/5/2021 included a mood stabilizer, antihypertensive agent, anti- seizure, and neuropathic (nerve) pain agent.</p> <p>Resident #42 (R#42)</p> <p>During interview on 6/6/21 at 8:50 AM, R#42 stated, Sometimes we don't get medications like we are supposed to, and they sure don't have enough staff.</p> <p>Record review of R#42's Admission Record revealed admission into the facility on [DATE] with diagnoses of Type 2 diabetes, congestive heart failure, hemiplegia (paralysis). According to the MDS dated [DATE], R#42 had intact cognition and was extensive assist with personal hygiene.</p> <p>Record review of R42's May 2021 MAR for 5/9/21 at 9:00 AM revealed the following medications were not signed out as administered two antihypertensives, anti hyperglycemic, antiplatelet, and antipsychotic.</p> <p>Resident #44 (R#44)</p> <p>Review of an Admission Record revealed, Resident #44 originally admitted to the facility with pertinent diagnosis which included Vascular Dementia, Schizoaffective disorder, Anxiety, Epilepsy (causes seizures) and Type 2 Diabetes. Review of a MDS assessment, with a reference date of 4/29/21 revealed Resident #44 had severe cognitive impairment with a BIMS score of three, out of a total possible score of 15.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Record review of R#44's May 2021 and June 2021 MARs revealed the following medication were not passed. May 4, 2021 included a fast acting insulin and June 4 2021 included an anticonvulsant, antianxiety, fast acting insulin, long acting insulin, antidepressant, and anti-tremor.</p> <p>Resident #51 (R#51)</p> <p>During interview on 6/6/21 at 8:50 AM, R#51 stated, I have to ask for medications they(facility) take forever to get them delivered.</p> <p>Record review of R#51's Admission Record revealed admission into the facility on [DATE] with diagnoses of chronic obstructive pulmonary disease, malignant neoplasm (cancer) of tongue, major depression. According to the MDS dated [DATE], R#51 had intact cognition and was independent with most ADLs.</p> <p>Record review of R51's MAR for 5/9/21 at 9:00 AM revealed R51's anti-hypertensive medication was not signed out as administered</p> <p>Resident 52 (R52)</p> <p>Review of the Admission Record revealed R52 was originally admitted on [DATE] and readmitted on [DATE] with diagnoses that included epilepsy, sepsis, end stage renal disease, cerebrovascular disease, and pressure ulcer.</p> <p>Record review of R51's MAR for 6/5/2021 revealed medications not passed included an antibiotic, anticonvulsant, and anticoagulant.</p> <p>Resident #56</p> <p>Review of an Admission Record revealed, Resident #56 admitted to the facility with pertinent diagnosis which included Diffuse Traumatic Brain Injury (rapid shift of brain) and Mood Disorder. Review of a MDS assessment, with a reference date of 5/21/21 revealed Resident #56 had severe cognitive impairment.</p> <p>Record review of MARs for Resident #56 revealed:</p> <p>Medication not passed on 5/4/2021 included an anticoagulant.</p> <p>Medication not passed on 6/4/2021 included an anticoagulant and antipsychotic.</p> <p>R172</p> <p>Review of the Admission Record revealed R172 was admitted on [DATE] with diagnoses that included osteomyelitis, diabetes mellitus, and epileptic seizures.</p> <p>Record review of R172's MAR for 6/5/2021 revealed medications not passed included an IV antibiotic, muscle relaxant, and insulin per sliding scale.</p> <p>R173</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Review of the Admission Record revealed R173 was admitted on [DATE] with diagnoses that included diabetes mellitus, intracardiac thrombosis, cerebral infarction, major depressive disorder, anxiety disorder, hypertension, and schizoaffective disorder bipolar type.</p> <p>Record review of R173's MAR for 6/5/2021 revealed medications not passed included an anticoagulant, anticonvulsant, antihypertensive, long-acting insulin, and fast-acting insulin per sliding scale.</p> <p>During an interview 6/15/21 at 10:23 AM, DON BB confirmed being the only nurse on duty on 5/9/21 from 7:00 AM to 2:30 PM.</p> <p>On 6/15/2021 at 4:05 PM, during an interview, Nursing Home Administrator (NHA) AA stated they did not have an emergency staffing plan. She said, We're still working on trying to get it where it meets the needs of the facility. When asked if she had a plan to show me, NHA AA said, No.</p> <p>A telephone interview was conducted with the facility's Consultant Pharmacist (CP) JJ on 6/15/2021 at 3:17 PM. CP JJ provided the following information regarding the clinical implications of missed or untimely medication administration for the following medications:</p> <ul style="list-style-type: none"> -anticonvulsants: if being used for seizures it should be given on a timely basis. If it is used as a mood stabilizer, it is less critical but should not be delayed more than two hours. -anticoagulant: if being used as a prophylactic, it is a good practice to stay within plus or minus one hour of the designated administration time. -antipsychotics should be given as prescribed because it is being used for psychosis. -pancreatic enzymes: for the sake of the patient, they should be given regularly, or the patient may experience diarrhea. -insulin: timing is very important. Long-acting insulin should be administered within plus or minus one hour of the designated administration time. Fast-acting insulin should be administered 15 minutes before mealtime or with a meal. <p>On 6/17/2021 at 10:33 AM, when the Director of Nursing was interviewed regarding staffing concerns identified during the survey, she said, I anticipated it, because we have a staffing crisis. I've been in the building as the only nurse, and I know how difficult it is. This is a direct result of not having enough staff.</p> <p>A review of the facility policy titled, Nursing Services and Sufficient Staff, undated, documented the following:</p> <p>It is the policy of the facility to provide sufficient staff with appropriate competencies and skill sets to assure resident safety and attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident .</p> <p>Providing care includes, but is not limited to, assessing, evaluating, planning and implementing resident care plans and responding to resident's needs.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>On 6/15/2021 at 4:35 PM, NHA AA was verbally notified and received written notification of the immediate jeopardy that began on 5/4/2021 and was identified on 6/15/2021 due to the facility's failure to provide sufficient staffing to meet resident needs.</p> <p>The following written plan for removal for the immediate jeopardy was received and verified on 6/16/2021.</p> <ol style="list-style-type: none"> 1. The facility staffing levels were adequate on 6/15/21 and the resident clinical needs were met as evidenced by the MAR's/TAR's (Medication Administration Record and Treatment Administration Record) completed. 2. The Social Worker interviewed 39 residents with BIMS (Brief Interview for Mental Status) score of 9 or higher for potential neglect on 6/15/21. There were no negative outcomes. 3. Nursing initiated a physical assessments for 28 residents with BIMS score of 8 or below for potential neglect on 6/15/21. There (were) no negative outcomes. 4. Facility staffing policies and procedures were reviewed/revised on 6/15/21. 5. The Emergency Staffing policy was reviewed and revised to include the procedure to address resident clinical needs in the event there are call offs which only leaves (1) nurse in the facility. 6. The policy, (item 4 (e) which now states, The Director of Nursing, Unit Managers, Staffing Coordinator and Administrator will be expected to report to work in the event there are call-offs or no shows of licensed nurses resulting in only one nurse in the building. The Director of Nurses and Unit Managers will facilitate and assist with resident needs based on diagnosis and overall quality of care/acute of current resident population. 7. The Emergency Contingency Plan was reviewed and revised on 6/16/21. 8. A staff Town Hall meeting was initiated by the Administrator on 6/15/21 to provide education and facility staffing policies and procedures. Town hall meetings will be held monthly to provide updates to staff, as well to receive staff feedback and input. 9. A corporate consultant began providing oversight on 6/15/21 of staffing and provides weekly facility visits. Visits will continue weekly for at least 3 months. 10. The Administrator reviewed and revised the Facility Assessment on 6/15/21 and the staffing patterns were adjusted accordingly. Nursing Managers rotate weekends for nursing staffing/scheduling. 11. The facility is actively recruiting nurses and nurse aides. There were (2) LPN's in orientation on 6/15/21 and (1) LPN interviewed on 6/15/21. 12. The facility is initiating additional staffing resources/agencies, as needed to keep staffing numbers in acceptable parameters. <p>(continued on next page)</p>		

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F 0725 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	<p>Although the Immediate Jeopardy was removed on 6/15/21, the facility remained out of compliance at a scope widespread and severity of no actual harm with the potential for more than minimal harm that is not an immediate jeopardy due to sustained compliance could not be verified by the state agency.</p> <p>15194</p> <p>38208</p> <p>39958</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39958</p> <p>This Citation Pertains to Intake MI00111786</p> <p>Based on observation, interview and record review the facility failed to follow the procedure for reconciling controlled substances (drugs that have high potential for abuse) in the medication storage room and medication carts, resulting in a drug diversion and the potential for drug diversion to go undetected.</p> <p>Findings include:</p> <p>It was reported to the State Agency on 4/8/20 that the Director of Nursing (DON) became aware of a drug diversion from the facility backup narcotic (controlled substance) box on 4/7/20.</p> <p>In an observation and interview on 6/7/21 at 11:11 a.m., a box that contained controlled substances had a green tag. Licensed Practical Nurse (LPN) A reported when a controlled substance is taken from the backup box the nurse must call the physician and the pharmacy. LPN A then reported two nurses should be present to remove control substances and complete the Emergency Drug Kit Slip. LPN A reported the controlled substance backup box is delivered with a green tag and when it is opened replaced with a red tag. The backup box tags are not observed daily, only when something is removed per LPN A.</p> <p>In an interview on 6/7/21 at 8:39 a.m., Administrator AA reported being unaware of the drug diversion which occurred in April 2020. Administrator AA reported they did not have the FRI (Facility Reported Incident) related to the incident.</p> <p>In an interview on 6/8/21 at 5:06 p.m., Director of Nursing (DON) BB reported they could not find the QAPI (Quality Assurance & Performance Improvement) report on the drug diversion.</p> <p>Review of a Police report with a date of 4/9/20 at 3:20 p.m. revealed, the facility representative states the listed items were last counted on 4/6/20 at 6:00 a.m. Items were discovered missing on 4/7/20 at 8:30 a.m. The facility representative stated there are cameras in the facility but not in the medication room .</p> <p>Property Description:</p> <p>15- Hydrocodone/APAP 5/325 mg (miligram) (pain medication)</p> <p>10-Xanax 0.25 mg (for anxiety)</p> <p>10-Tylenol 3 (pain medication)</p> <p>4-Fentanyl 12 MCG (microgram) (pain patch)</p> <p>5-Fentanyl 25 MCG (pain patch)</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>5-Fentanyl 50 MCG (pain patch)</p> <p>5-Fentanyl 75 MCG (pain patch)</p> <p>5-Fentanyl 100 MCG (pain patch)</p> <p>10-Morphine Sulfate Quick Release 30mg (pain medication)</p> <p>15-Hydrocodone/APAP 10/325 mg (pain medication)</p> <p>4-Hydrocodone/APAP 7.5/325mg (pain medication)</p> <p>2-Morphine 20 mg Bottles (pain medication)</p> <p>Review of Narcotic Reconciliation forms for April 2020 revealed, on 4/3/20 all controlled substances were accounted for. On 4/7/20 the following medication were not accounted for:</p> <p>15- Hydrocodone/APAP5/325 mg</p> <p>10-Xanax 0.25 mg</p> <p>9 -Tylenol 3</p> <p>4-Fentanyl 12 MCG</p> <p>5-Fentanyl 25 MCG</p> <p>5-Fentanyl 50 MCG</p> <p>5-Fentanyl 75 MCG</p> <p>5-Fentanyl 100 MCG</p> <p>10-Morphine Sulfate Quick Release 30mg</p> <p>15-Hydrocodone/APAP10/325 mg</p> <p>4-Hydrocodone/APAP 7.5/325mg</p> <p>2-Morphine 20 mg Liquid</p> <p>Review of a Controlled Medications Shift Change form for 1 North medication cart revealed, the number of partial or full control substances were no documented for 6/14/21 - 6/16/21. LPN A reported controlled substances should be signed out when removed.</p> <p>Review of a Controlled Medications Shift Change form for 1 South medication cart revealed, the number of partial or full control substances were no documented for 6/14/21.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of a Controlled Medications Shift Change form for 2 North medication cart revealed, the number of partial or full control substances were no documented for 6/10/21 and 6/15/21.</p> <p>In an observation on 6/16/21 at 11:49 a.m., the controlled substance backup box sat on top of a cart in the medication storage room and was not under double lock. LPN A reported she told the two nurses to lock it (backup box) up when they were finished.</p> <p>In an interview on 6/17/21 at 8:47 a.m., LPN AAA reported controlled substances are counted by two nurses at the beginning and end of the shift and must be documented.</p> <p>In an interview on 6/17/21 at 8:49 a.m. DON BB reported at the beginning and end of the shift nurses are expected to count and document all controlled substances. DON BB then reported the controlled substance backup box should be under double lock.</p> <p>In an interview on 6/17/21 at 11:47 a.m., Administrator AA reported she has no additional information on the drug diversion from last year. Reported the only additional information she had was provided in the police report. The consultant reported they contacted the previous Admin and tore the office apart looking for the info. The Admin reported there has not been any other incidents related to drug diversion. Stated [NAME] would have let me known.</p> <p>In an interview on 6/17/21 at 1:23 p.m., Pharmacist BBB reported she recalled the incident for the drug diversion. Pharmacist BBB then reported the incident was fully investigated by the facility and the pharmacy.</p> <p>Review of a Report of Theft or Loss Controlled Substances form with a date of 4/7/20 revealed, Employee Pilferage (stealing) checked for type of loss.</p> <p>Review of an STAT (immediate) Box Delivery Log with a date of 4/2/20 revealed, one narcotic box was delivered to the facility.</p> <p>Review of a Controlled Substance Administration & Accountability Policy with no date revealed, Policy: It is the policy of this facility to promote safe, high quality patient care, compliant with state and federal regulations regarding monitoring the use of controlled substances. The facility will have safeguards in place in order to prevent loss, diversion, or accidental exposure . Policy Explanation and Compliance Guidelines . f. All controlled substances (Schedule II, III, IV, V) are account for in one of the following ways . ii. All control substances obtained from a non-automated medication cart or cabinet recorded on the designated usage form. Written documentation must be clearly legible with all applicable information provided . j. The charge nurse or designee conducts a daily visual audit of the required documentation of controlled substances. Spot checks are performed to verify i. Controlled substances that are destroyed are appropriately documented; and ii. Medications removed from either the automated dispensing system or medication cart/cabinet have a documented physician order .</p>		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Provide and implement an infection prevention and control program.</p> <p>38208</p> <p>This citation pertains to Intake MI00119500</p> <p>Deficiency Practice Statement A</p> <p>Based on observation, interview and record review the facility failed to: 1.) adhere to their infection control protocols to prevent the spread of COVID-19 and 2.) ensure adequate hand hygiene during resident care in 1 of 22 residents (REsident #44) reviewed for infection control, resulting in the potential of the spread of infections effecting all residents and staff.</p> <p>Findings include:</p> <p>On 6/6/21 at 8:05 AM, five surveyors were allowed entry to the building without being questioned for Covid-19 exposure and temperatures were not requested to monitor for possible infection.</p> <p>On 6/14/21 at 10:20 AM, an observation of Nurse A wearing mask below nose and mouth while providing care was observed.</p> <p>On 6/17/21 at 1:20 PM, an observation of Nurse A wearing mask below nose and mouth while providing care was observed. Nurse A was interviewed, and confirmed mask should be worn over mouth and nose when providing care to residents.</p> <p>On 6/17/21 at 1:20 PM, an observation of Nurse A wearing mask below nose and mouth while providing care was observed. Nurse A was interviewed, and confirmed mask should be worn over mouth and nose when providing care to residents.</p> <p>On 6/17/21 at 11:15 AM, during record review of facility's infection control surveillance had revealed no documentation for the month of June related to Resident #32 who had been started on antibiotic on 6/5/21 or any other residents that were being monitored for infection control issues. It was revealed that the antibiotic stewardship was not being followed related to Mcgreers Criteria (A guideline used by facilities to monitor antibiotic use).</p> <p>During interview on 6/17/21 at 11:20 AM, Director of Nursing (DON BB) confirms that Infection control protocols have not been followed consistently. DON BB confirms that all visitors and staff should be questioned for Covid 19 exposure and temperatures should have been obtained to monitor for infection. DON BB confirms that all staff providing care to residents should properly wear a mask. DON BB confirms that the mask worn by staff did not meet the recommendations of CDC (Center of Disease Control) guidelines. DON BB confirms that the education for infection control preventionist has not been completed.</p> <p>Record review of Infection Prevention and Control Program (no implemented date) documents the following: This facility has established and maintains an infection and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>According to the Centers for Disease Control, Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, Screen and Triage Everyone Entering a Healthcare Facility for Signs and Symptoms of COVID-19. Although screening for symptoms will not identify asymptomatic or pre-symptomatic individuals with SARS-CoV-2 infection, symptom screening remains an important strategy to identify those who could have COVID-19 so appropriate precautions can be implemented.</p> <p>39958</p> <p>Resident #44</p> <p>Review of an Admission Record revealed, Resident #44 originally admitted to the facility with pertinent diagnosis which included Vascular Dementia, Schizoaffective disorder, and Type 2 Diabetes.</p> <p>Review of a Minimum Data Set (MDS) assessment, with a reference date of 4/29/21 revealed Resident #44 had severe cognitive impairment with a Brief interview for Mental Status (BIMS) score of 3, out of a total possible score of 15. Resident #44 required total dependence of one staff with dressing, personal hygiene, and extensive assistance of one staff with bathing.</p> <p>In an observation on 6/8/21 at 10:18 a.m., Certified Nursing Assistant (CNA) KK prepared to give Resident #44 a shower. CNA KK applied gloves with no hand hygiene. CNA KK then removed Resident #44's clothes and sat Resident #44 on the shower chair. CNA KK washed, rinsed and dried Resident #44's face, upper body and back. CNA KK washed Resident #44's peri area from front to back. CNA KK placed the washcloths used to wash Resident #44 on the shower table and not in a bag. CNA KK rinsed and patted dry Resident #44's peri area.</p> <p>In an observation on 6/8/21 at 10:42 a.m., CNA KK put Resident # 44 on brief, pull up and clothes. CNA KK did no change gloves or perform hand hygiene during Resident #44's shower.</p> <p>In an observation on 6/8/21 at 10:46 a.m., CNA KK removed gloves with no hand hygiene and walked Resident #44 back to the unit. The dirty linen used for Resident #44's shower remained on shower bed.</p> <p>In an interview on 6/9/21 at 11:07 a.m., CNA KK reported gloves are removed when the shower is complete. CNA KK then reported the linen is picked up and bagged when the shower is done.</p> <p>In an interview on 6/14/21 at 12:21 p.m., Director of Nursing (DON) BB reported staff should change gloves during the shower. DON BB then reported gloves should not be worn for the entire shower.</p> <p>Review of a Hand Hygiene policy with no date revealed, Policy: All staff will perform hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors. This applies to all staff working in all locations within the facility . 1. Staff will perform hand hygiene when indicated, using proper technique consistent with accepted standards of practice . 6. Additional considerations: a. The use of gloves does not replace hand hygiene .</p> <p>In an observation on 6/16/21 at 10:00 a.m., Licensed Pratical Nurse (LPN) A sat at the 1st floor nurses station with a mask under the chin and not around mouth or nose.</p> <p>41741</p> <p>(continued on next page)</p>		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235444	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/17/2021
NAME OF PROVIDER OR SUPPLIER Westwood Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 16588 Schaefer Detroit, MI 48235	
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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Deficiency Practice Statement B Based on interview and record review, the facility failed to develop and implement a water management plan to reduce the risk of legionella in the domestic water supply, resulting in the potential growth of legionella and other opportunistic pathogens in premise plumbing. The deficiency affects all 67 residents and staff in the facility. Findings include: During an interview on 06/08/21 at 10:53 AM regarding the facilities water management plan, with the Maintenance Director RR, it was found the facility has no active water management plan being carried out within the facility. MD RR advised there is no water management plan and we do not do any testing; we just check the water temperatures daily. At this time there was not a viable document to review that contained procedures being followed by the facility to reduce the instance of Legionella.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235444	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/17/2021
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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41741</p> <p>This citation pertains to Intake MI00112478.</p> <p>Based on observation, interview, and record review the facility failed to maintain an effective pest management program, resulting in the presence of mice in the facility. This deficient practice has the potential to affect all 67 residents in the facility. Findings include:</p> <p>On 06/06/21 at 08:18 AM Observed a dead mouse on the glue trap in front of the resident bed in room [ROOM NUMBER].</p> <p>During an interview on 06/08/21 at 10:35 AM the Maintenance Director (MD) RR advised nursing units have a pest log to report any sightings of pest. MD RR advised the facility has a contact with [pest control company] and they come out every Tuesday. MD RR also advised that he sometimes sets out mouse traps in the facility, so whoever sets out the traps, between him and the pest control company, will check them.</p> <p>On 06/08/21 at 10:45 PM Observed the dead mouse still on the glue trap in front of the resident bed in room [ROOM NUMBER]. When queried MD RR advised will get rid of this right away. MD RR was asked who put out the glue trap, MD RR stated I put this trap out.</p> <p>During review of the 1 North Pest Sighting log, no mention of mice in room [ROOM NUMBER] was noted.</p>		