STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045371	A. Building B. Wing	05/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Westwood Health and Rehab, Inc	802 S West End Street Springdale, AR 72764

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 0628 Level of Harm - Potential for minimal harm Residents Affected - Some	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, it was determined that the facility failed to ensure that a resident's transfer or discharge was reported to the ombudsman for two (Resident #1 and Resident #3) of two residents reviewed. The findings include: Resident #1 Review of Resident #1's Medical Diagnosis revealed Resident #1 had diagnoses which included muscle wasting and atrophy, acute respiratory failure with hypoxia, moderate dementia without behavioral disturbance, psychotic disturbance, mood disturbance and anxiety. Review of Resident #1's admission Record revealed the facility admitted Resident #1 on 03/27/2025, and indicated the resident was discharged to a local hospital on [DATE]. Review of Resident #1's 5-day Minimum Data Sheet (MDS) with an Assessment Reference Date (ARD) of 03/31/2025 revealed that the Resident #1 had a Brief Interview of Mental Status (BIMS) score of 3, which indicated severe cognitive impairment. Review of a facility document titled Emergency Transfers dated February 2025, March 2025, April 2025, and May 2025 revealed a list of resident discharges that were sent to the Ombudsman. Resident #1 was not listed. During an interview on 05/28/2026 at 11:25 AM, the Administrator stated the Business Office Manager was responsible for preparing the Discharge/Transfer list to submit to the Ombudsman. The Administrator also confirmed that even though Resident #1 was expected to return when discharged , Resident #1 should have been on the April 2025 list. The Administrator stated, except for residents discharged to home, all transfers were reported to the Ombudsman. Resident # 3 Review of Resident #3's Medical Diagnosis revealed Resident #3 had diagnoses which included acute respiratory failure with hypoxia, morbid obesity due to excess calories, type 2 diabetes mellitus, anxiety disorder, and anoxic brain damage. Review of Resident #3's admission Record revealed the facility admitted Resident #3 on 01/31/2025, and indicated the resident was discharged to an area hospital on [DATE]. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	045371	A. Building B. Wing	05/28/2026

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0628 Level of Harm - Potential for minimal harm Residents Affected - Some	Review of Resident #3's 5-Day MDS with an ARD of 02/01/2025 revealed that Resident #3 had a BIMS score of 7, which indicated severe cognitive impairment. Review of a facility document titled Emergency Transfers dated February 2025, March 2025, April 2025, and May 2025, revealed a list of resident discharges that were sent to the Ombudsman. Resident #3 was not listed. During an interview on 05/28/2026 at 11:25 AM, the Administrator confirmed that even though the resident was not expected to return when discharged to the emergency department, Resident #3 should have been on the February 2025 list. The Administrator stated that except for residents who discharged home, all transfers were reported to the Ombudsman. The Administrator stated all facility-to-facility transfers should have been noted in the report sent to the Ombudsman. Review of a facility policy titled, Resident Rights revised in December 2016, revealed that the resident has the right to communicate with outside agencies (e.g., local, state, or federal officials, state and federal surveyors, state long-term care ombudsman, protection or advocacy organizations, etc.). Both Resident #1 and Resident #3 were dependent on the facility for communication due to cognitive deficits.