

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

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105395	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/06/2026
NAME OF PROVIDER OR SUPPLIER Westwood Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1001 Mar-Walt Drive Fort Walton Beach, FL 32547	
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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, and record review, the facility failed to provide maintenance services to maintain resident bedrooms in good repair for 1 of 11 sampled resident bedrooms. (room [ROOM NUMBER]) The findings include: An observation of the wall near the window in room [ROOM NUMBER] was conducted on 8/3/26 at 3:01 PM. The wall was observed to be damaged and in disrepair. There was enough of a crack in the wall where the end of an ink pen could be inserted through the wall. Further observation of the wall in room [ROOM NUMBER] was conducted on 8/5/26 at 10:16 AM with the Maintenance Director. The Maintenance Director stated he was aware of the damage on the wall as the resident in the room had reported the damage to him about 2 weeks ago. He stated he was sure it was caused by the air conditioning leaking. The wall damage covered about 6 square feet and went up the wall about 12 inches. (Photographic evidence obtained.) The Administrator observed the wall damage on 8/5/26 at 10:25 AM and stated she was not aware of the damage. She stated they have room rounds. She stated the facility did not have a specific audit where they inspect the walls and structural integrity of the room. The Administrator stated the Maintenance Director confirmed he was informed of the wall damage two weeks ago, but she was not made aware of the damage. The facility policy Safe Environment (date implemented 1/1/24) states, The resident has a right to a safe, clean, comfortable, and homelike environment. The facility will provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. Areas of concern with environmental repairs/upkeep will be addressed and corrected in a timely manner depending on the scope of each project and the impact on resident safety will take priority over cosmetic repairs.		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 105395	If continuation sheet Page 1 of 3

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. Based on observation, resident interview, staff interviews, and record review, the facility failed to provide appropriate treatment and services to maintain and prevent further decrease in range of motion for 1 of 1 residents sampled for limited range of motion. (Resident #8) The findings include: The facility policy Prevention of Decline in Range of Motion (implemented 7/2/25) states, Residents who enter the facility without limited range of motion will not experience a reduction in range of motion unless the resident's clinical condition demonstrated that a reduction in range of motion is unavoidable. The facility in collaboration with the medical director, director of nurses and as appropriate, physical/occupational consultant shall establish and utilize a systemic approach for prevention of decline in range of motion, including the assessment, appropriate care planning, and preventive care. Based on the comprehensive assessment, the facility will provide interventions, exercises and/or therapy to maintain or improve range of motion. An observation of Resident #8 was conducted on 8/3/26 at 2:56 PM. His left hand was observed to be contracted, but no splint was on the left hand. At this time, the resident stated he has a splint, but the staff rarely put the splint on him. Further interview was conducted with Resident #8 on 8/4/26 at 3:10 PM. He stated the staff attempted to put his splint on today (8/4/26) but it was too painful. He stated that staff do not usually attempt to apply his splint so now his hand became stiff again, making it more painful to put the splint on. Review of Resident #8's electronic medical record revealed that the resident had a diagnosis of hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side (a condition which can result in weakness or paralysis on the left side of the body, impacting mobility, coordination, and daily functioning). The current physician orders revealed no orders for a splint, brace, or range of motion to the left hand. The quarterly minimum data set (MDS) (with an assessment reference date of 7/19/26) revealed the resident had a brief interview of mental status score of 13 indicating the resident was cognitively intact. The MDS also stated a functional limitation in range of motion impairment on one side of upper extremities, no physical therapy or occupational therapy (OT), and no splint or brace assistance and no restorative nursing program. The OT evaluation and plan of treatment dated 6/16/26 revealed a contracture involving the right upper shoulder, elbow, wrist, and fingers. A review of the OT discharge summary revealed the short term goal, Patient will safely wear a resting hand splint on left hand for up to 4 hours with minimal signs and symptoms of redness, swelling, discomfort, or pain. Discharge recommendations included a functional maintenance program to be implemented for Splint and Brace use, which includes, Splint to be worn 2 hours on and 2 hours off. Patient able to doff (remove) brace, CNA (Certified Nursing Assistant) trained in donning and wearing schedule. The resident's current comprehensive plan of care revealed no care plan related to limited range of motion or splint use. The record revealed no evidence of a program to apply the resident's splint to the left hand. A review of the list of residents receiving restorative nursing care provided by the Director of Nursing on 8/5/26 revealed Resident #8 was not on the list. An interview was conducted with the Occupational Therapist on 8/5/26 at 2:39 PM, the therapist who made the recommendation for the splint. She stated nursing was made aware of recommendations verbally and she normally notifies the resident's primary nurse. She had also notified the Director of Rehabilitation, and any recommendations are discussed in meetings. She stated her intent was for the resident to wear the splint 2 hours per day. An interview was conducted with Employee B (Certified Nursing Assistant for Resident #8) on 8/5/26 at 2:53 PM. She stated he used a splint on his hand but she was not sure how long he wore the splint. She stated restorative, a nurse, or a CNA (Certified Nursing (continued on next page)		

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assistant) usually applied the splint. An interview was conducted with Resident #8's assigned nurse, Employee C (Registered Nurse) on 8/5/26 at 3:07 PM. She stated he did not have use of his left upper extremity and did not have a brace or splint for the left upper extremity. An interview was conducted with the Director of Therapy on 8/5/26 at 3:17 PM. She stated the therapist will inform the nursing staff on duty of any recommendations from therapy and nursing will care plan the recommendations. She did not believe the recommendations were communicated to the Director of Nursing (DON). An interview was conducted with the DON on 8/5/26 at 3:40 PM. The DON stated therapy should be informing nursing of any recommendations in the facility's morning meeting so they can place physician orders in the electronic medical record. She had no idea that Resident #8 was supposed to wear a splint. The DON stated a form should be completed in writing by therapy for a referral to restorative.		