

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105654	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/03/2025
NAME OF PROVIDER OR SUPPLIER  Westchester Gardens Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  3301 N McMullen Booth Rd Clearwater, FL 33761	

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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interviews and record reviews, the facility failed to implement the ordered interventions to alleviate pressure to the heels for one resident (#1) out of three reviewed for following wound care provider orders. Findings included: Review of admission Record showed Resident #1 was admitted to the facility on [DATE], with diagnoses to include left hip fracture, emphysema, respiratory failure, dementia and moderate protein calorie malnutrition. Review of Resident #1's Wound and Healing progress notes, dated 9/24/2025, showed wound orders for wound #2 on the left heel and wound #3 right heel to off load wound, and float heels in bed. Resident #1's plan of care was discussed with nursing. A review of Resident #1's order summary report, as of 9/29/2025, revealed that the orders to off-load the wound and float heels in bed, as directed by the wound care provider, were not entered. Review of Resident #1's care plans showed focus areas for alteration in skin integrity and potential for alteration in skin integrity, both initiated on 8/27/2025. The interventions for these focus areas did not include off-load the wound and/or float heels in bed, as ordered by the wound care provider. Review of Resident #1's Kardex, dated as of 9/29/2025, did not show tasks to off-load wound and/or float heels in bed. During an interview and record review on 12/3/2025 at 1:17 P.M. with the Wound Care Nurse regarding Resident #1's wound care provider orders to off-load the wound and float the heels while in bed, she acknowledged these orders were not transcribed into the electronic health record (EHR), where such orders should be listed. The Wound Care Nurse reviewed the resident's care plans and was unable to show the interventions were included. When asked how the Certified Nursing Assistants (CNAs) were made aware of the wound care provider's orders, she stated that the CNAs know what to do because the information is listed in the resident's Kardex. She reviewed Resident #1's Kardex and was unable to show instructions to off-load the wound or float the heels while in bed. During an interview on 12/3/2025 at 2:29 P. M., the Director of Nursing (DON) stated that her expectation is for all wound care provider orders to be entered into the resident's electronic health record (EHR) and incorporated into the resident's care plans. Review of the policy titled, Comprehensive Care Plans, revised 10/27/2025, showed the following: Policy: It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment. Policy Explanation and Compliance Guidelines: 3. The comprehensive care plan will describe, at a minimum, the following: a. The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being. Review of the policy titled, Transcribing Physician Orders, revised 10/27/2025, showed the following: Policy: Licensed Nursing staff will transcribe physician/medical provider's orders according to clinical standards of practice.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 105654
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