STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115601	A. Building B. Wing	05/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Westwood Healthcare and Rehabilitation	101 Stockyard Road Statesboro, GA 30458

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 - Some	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** 49675 Based on observations, staff interviews, and review of the facility policy titled Preventative Maintenance Program, the facility failed to maintain a safe and sanitary environment in nine rooms on two of two halls (Blue Hall and Red Hall). These deficient practices had the potential to place residents at risk of living in an unsanitary and unsafe living environment, and a potential for diminished quality of life. Findings include: Review of the facility's policy titled Preventative Maintenance Program, reviewed 4/1/2024, revealed the Policy section stated, A Preventative Maintenance Program shall be developed and implemented to ensure the provision of a safe, functional, and comfortable environment for residents, staff, and the public. Observation on 5/2/2025 at 8:17 am of the shared bathroom for rooms [ROOM NUMBERS] revealed a dark, black, thick substance around the base of the toilet. In addition, there was a metal drain fixture in the floor of the bathroom that was covered in a dark black substance. Observation on 5/2/2025 at 8:20 am of the shared bathroom for rooms [ROOM NUMBERS] revealed a hole in the ceiling and a yellow substance around the toilet base. Observation on 5/2/2025 at 8:23 am of the shared bathroom for rooms [ROOM NUMBERS] revealed a metal drain fixture on the floor covered in a dark gray substance. During a concurrent observational tour and interview on 5/4/2025 beginning at 8:30 am, the Administrator and Maintenance Director confirmed the identified concerns. The Administrator stated they would clean and repair the toilets as well as the ceiling. The Administrator stated it was important to her for the residents to have a clean and safe environment. 36377 Observation on 5/2/2025 in an Activity Sitting Room located on the Red Hall revealed a dark brown spot on the ceiling tiles and protruding sharp, rugged, rusty edges on the door sill. (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
	115601	A. Building B. Wing	05/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Westwood Healthcare and Rehabilitation	101 Stockyard Road Statesboro, GA 30458

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 - Some	Observations on 5/2/2025 at 8:31 am and 2:44 pm, and on 5/3/2025 at 11:00 am and 2:01 pm in the bathroom for room [ROOM NUMBER] revealed a strong urine odor and dark, black, thick substance coating the floor drainage vent. Observation on 5/2/2025 at 8:32 am revealed broken blinds in room [ROOM NUMBER]. Observation on 5/2/2025 at 8:33 am in room [ROOM NUMBER] revealed a dark brown spot on the floor tiles near the entry door and a dark black substance coating the baseboard near bed A. Observation in the bathroom for room [ROOM NUMBER] revealed a dark brown substance coating the floor tiles near the toilet base and holes in the wall. Observation on 5/2/2025 at 8:37 am in the Blue Hall Shower Room revealed a large, greyish wet spot on the ceiling tile above the shower stall. Observation on 5/2/2025 at 8:40 am in the bathroom of room [ROOM NUMBER] revealed a strong musty odor, and a drainage vent covered with a dark, thick, sticky black substance. During a concurrent observational tour and interview on 5/4/2025 beginning at 8:38 am, the Administrator, Housekeeping Supervisor, and Maintenance Director confirmed the identified concerns. The Administrator, Maintenance Director, and Housekeeping Supervisor stated repairs would be made.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115601	A. Building B. Wing	05/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Westwood Healthcare and Rehabilitation	101 Stockyard Road Statesboro, GA 30458

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 - Minimal harm or potential for actual harm Residents Affected - Few	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** 49675 Based on resident and staff interviews, record reviews, and review of the facility's policies titled Bed Hold Notice and Transfer and Discharge, the facility failed to ensure one of 25 sampled residents (R) (R24) was provided with a written bed hold notice or reason for transfer at the time of transfer. This failure had the potential to place the residents or resident representative at risk of being uninformed about their rights related to hospital transfer and subsequent return to the facility. Findings include: Review of the facility policy titled Bed Hold, reviewed/revised 4/1/2024, revealed the Policy section stated, It is the policy of this facility to provide written information to the resident and/or the resident representative regarding bed hold practices both well in advance, and at the time of, a transfer for hospitalization or therapeutic leave. The Policy Explanation and Compliance Guidelines section included, 1. As part of the admission packet and at the time of a transfer to the hospital or therapeutic leave, the facility will provide the resident and/or the resident representative written information that specifies a. the duration of the State bed hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility; b. the reserve bed payment policy in the state plan policy if any. c. The facility policies regarding bed hold periods to include allowing a resident to return ot the next available bed. 3. The facility will keep a signed and dated copy of the bed hold notice information given to the resident and or resident representative in the resident's file and or medical record. 4. The facility will provide this written information to all facility residents, regardless of their payment source. Review of the facility policy titled Transfer and Discharge, reviewed/revised 4/1/2024, revealed the Policy Explanation and Guidelines section included, . 10.Emergency Transfers to Acute Care. g. Provide a notice of transfer and the facility's bed hold notice policy to the resident and resident representative as indicated. Review of R24's clinical record revealed an admitted [DATE] with diagnoses including, but not limited to, acute kidney failure and paroxysmal atrial fibrillation. Review of R24's Quarterly Minimum Data Set (MDS), dated [DATE], revealed Section C (Cognitive Patterns) documented a Brief Interview for Mental Status (BIMS) score of 15 (indicating little to no cognitive impairment). Review of R24's Clinical Census revealed R24 was transferred to the hospital from the facility on 6/22/2024 and 4/15/2025. Review of R24's clinical record revealed no evidence of the provision of a notice of bed hold or reason for transfer provided to R24 on 6/22/2024 or 4/15/2025. In an interview on 5/2/2025 at 2:02 pm, R24 stated the facility did not provide a written bed hold notice or reason for transfer form on 6/22/2024 or on 4/15/2025. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115601	A. Building B. Wing	05/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Westwood Healthcare and Rehabilitation	101 Stockyard Road Statesboro, GA 30458

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 - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 5/3/2025 at 2:42 pm, Licensed Practical Nurse (LPN) BB stated that when a resident is transferred from the facility to a hospital, she prints the resident's orders, face sheet, and notifies the physician and family. She stated that nurses did not complete or issue bed holds to residents or representatives and that the administration was responsible for the bed hold notifications. She further stated that the nursing staff did not give anything in writing to the resident for the reason for transfer. In an interview on 5/3/2025 at 8:44 am, the Administrator stated that the Business Officer Manager (BOM) managed bed holds and was unavailable for interview. The Administrator was unable to locate proof that a written bed hold notice or reason for transfer was provided to the resident or representative for the hospital transfers on 6/22/2204 and 4/15/2025. In an interview on 5/4/2025 at 9:15 am, the resident representative stated that a written bed hold notice or reason for transfer was not provided when R24 was transferred to a hospital on 6/22/2204 and 4/15/2025.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115601	A. Building B. Wing	05/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Westwood Healthcare and Rehabilitation	101 Stockyard Road Statesboro, GA 30458

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. 49681 Based on observations, staff interviews, and record reviews, the facility failed to implement care plans for two of 25 sampled residents (R) (R306 and R13). This deficient practice had the potential to place R306 and R13 at risk of medical complications, unmet needs, and a diminished quality of life. Findings include: 1. Review of R306's Quarterly Minimum Data Set (MDS) assessment, dated 3/24/2025, revealed Section E (Behaviors) documented physical behaviors toward others occurred one to three days, and other behavior symptoms not directed toward others occurred four to six days of the look-back period. Review of R306's Care Plan Report revealed a 'Focus initiated 10/23/2022 of Behaviors: has combative behaviors. Interventions included that the resident was seen by mental health services. Review of R306's clinical record revealed no documentation of mental health services for the last four months. In an interview on 5/3/2025 at 8:38 am, the Social Worker confirmed R306 had not been referred for behavioral health services as recommended by the Nurse Practitioner (NP). In an interview on 5/3/2025 at 12:22 pm, Registered Nurse (RN) EE stated the NP had recommended R306 to be evaluated by behavioral health services, but R306 had not been evaluated by behavioral health services. In an interview on 5/3/2025 at 12:28 pm, the Director of Nursing (DON) stated R306 should have been seen by the behavioral health services that provided weekly services at the facility. The DON stated the facility failed to arrange for R306 to have mental health services. In an interview on 5/3/2025 at 12:32 pm, the Administrator confirmed that R306's care plan included behavioral health services, and the services had not been provided. 49675 2. Review of 13's Quarterly MDS assessment, dated 4/22/2025, revealed Section J (Health Conditions) documented that the resident exhibited shortness of breath. Section O (Special Treatments, Procedures, and Programs) documented that the resident received oxygen therapy. Review of R13's Physician Orders revealed an order dated 1/18/2025 for oxygen at three liters per minute (LPM) via nasal canula, continuous. Observations on 5/2/2025 at 8:18 am, 8:34 am, and 5/3/2025 at 8:34 am and 10:30 am revealed the resident receiving oxygen at a rate set at 2 LPM. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115601	A. Building B. Wing	05/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Westwood Healthcare and Rehabilitation	101 Stockyard Road Statesboro, GA 30458

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of R13's Care Plan Report revealed a Focus area of being at risk for ineffective gas exchange related to acute respiratory failure, chronic obstructive pulmonary disease COPD, dyspnea, and malignant neoplasm of unspecified lung. Interventions included giving oxygen as ordered by the physician. In an interview on 5/3/2025 at 12:45 pm, the MDS Coordinator stated she developed resident care plans. She confirmed staff failed to follow R13's care plan by not administering oxygen as prescribed by the physician. The MDS Coordinator stated that her expectations of staff were to follow the care plan. In an interview on 5/3/2025 at 12:45 pm, the DON confirmed the facility failed to follow the care plan for R13 related to oxygen. She revealed she expected nurses to provide care per the physician's orders and follow the care plans. Cross-Reference F695

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115601	A. Building B. Wing	05/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Westwood Healthcare and Rehabilitation	101 Stockyard Road Statesboro, GA 30458

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36377 Based on observations, resident and staff interviews, record review, and review of the facility policy titled Accident and Supervision, the facility failed to ensure an environment free of accident hazards for three of 25 sampled residents (R) (R21, R25, and R18). This deficient practice had the potential to place R21, R25, and R18 at risk of avoidable accidents. Findings include: Review of the facility policy titled Accident and Supervision, dated 4/1/2024, revealed the Policy section stated, The resident environment will remain free of accident hazards as is possible. Each resident will receive adequate supervision and assistive devices to prevent accidents. This includes. 1. Identifying hazards (s) and risks(s). 2. Evaluating and analyzing hazards(s) and risk(s) 3. Implementing interventions to reduce hazards and risks. 4. Monitoring for effectiveness and modifying interventions when necessary. The Policy Explanation and Compliance Guidelines included, 1. Identification of Hazards and Risks - the process through which the facility becomes aware of potential hazards in the resident environment and the risk of a resident having an avoidable accident. a. All staff (e.g., professional, administrative, maintenance, etc.) are to be involved in observing and identifying potential hazards in the environment, while taking into consideration the unique characteristics and abilities of each resident. b. The facility should make a reasonable effort to identify the hazards and risk factors for each resident. c. Various sources provide information about hazards and risks in the resident environment. d. These sources may include, but are not limited to: . ii. Environmental rounds. 1. Review of R21's electronic medical record (EMR) revealed diagnoses including, but not limited to, unspecified osteoarthritis, history of falling, chronic obstructive pulmonary disease, heart failure, and hypertension. Review of R21's Quarterly Minimum Data Set (MDS) dated [DATE], revealed Section C (Cognitive Patterns) documented a Brief Interview Mental Status (BIMS) of eight (indicating moderate cognitive impairment). Section GG (Functional Abilities and Goals) documented R21 required supervision with ambulation and used a walker. Record review revealed R21 resided in room [ROOM NUMBER]. Observation revealed that rooms [ROOM NUMBERS] shared a bathroom. Observation on 5/2/2025 at 8:36 am revealed that while R21 was exiting the bathroom into her room, she slipped, without falling, and grabbed the sink and her rolling walker. Further observation revealed water around the base of the toilet in the bathroom. In an interview on 5/2/2025 at 8:36 am, R21 stated that water leaks from the toilet to the floor in the bathroom every time it is flushed. She stated the toilet had leaked for a few months, and she had reported it to staff. She further stated she was afraid of falling because of the water on the floor. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115601	A. Building B. Wing	05/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Westwood Healthcare and Rehabilitation	101 Stockyard Road Statesboro, GA 30458

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2. Review of R25 's EMR revealed diagnoses including, but not limited to, type two diabetes mellitus with hyperglycemia, cerebral ischemia, spinal stenosis, lumbar region with neurogenic age-related osteoporosis. Review of R25's Quarterly MDS, dated [DATE], revealed Section C (Cognitive Patterns) documented a Brief Interview Mental Status (BIMS) of six (indicating severe cognitive impairment). Section GG (Functional Abilities and Goals) documented R25 required supervision with ambulation and did not use an assistive device for ambulation. Review of R25's Care Plan Report revealed a Focus area initiated 8/6/2023, of being at risk for falls related to poor safety awareness, weakness, lack of coordination, and pain. Record review revealed R25 resided in room [ROOM NUMBER]. In an interview on 5/2/2025 at 8:45 am, R25 stated that water had been on the bathroom floor for about one month. 3. Review of R18's EMR revealed diagnoses including, but not limited to, Alzheimer's disease, hypertension, glaucoma, history of falling, and repeated falls. Review of R18's Quarterly MDS, dated [DATE], revealed Section C (Cognitive Patterns) documented a Brief Interview Mental Status (BIMS) of six (indicating severe cognitive impairment). Section GG (Functional Abilities and Goals) documented R18 required supervision with ambulation and did not use an assistive device for ambulation. Review of R18's Care Plan Report revealed a Focus area initiated 5/15/2024, of being at risk for falls related to history of falls, muscle weakness, pain, difficulty walking, and impaired vision. Interventions included keeping pathways free of clutter and any fall hazards Record review revealed R18 resided in room [ROOM NUMBER]. In an interview on 5/2/2025 at 8:42 am, Certified Nursing Assistant (CNA) CC verified that R21, R25, and R18 were ambulatory and used the shared bathroom. During a concurrent observation and interview on 5/2/2025 at 8:18 am, the Maintenance Supervisor and Director of Nursing (DON) confirmed the water on the floor and the leaking toilet in the shared bathroom of rooms [ROOM NUMBERS]. The Maintenance Supervisor reported being unaware of the toilet leaking at the base. In an interview on 5/4/2025 at 8:18 am, the Administrator reported being unaware of the leaking toilet in the shared bathroom for rooms [ROOM NUMBERS]. She stated that the facility staff conducted environmental rounds, and she would add checking for leaking toilets to the task list.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115601	A. Building B. Wing	05/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Westwood Healthcare and Rehabilitation	101 Stockyard Road Statesboro, GA 30458

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. 49675 Based on observations, staff interviews, record reviews, and review of the facility's policy titled Oxygen Administration, the facility failed to ensure that the physician's order for oxygen administration was followed for one of 10 residents (R) (R13) reviewed for oxygen administration. The deficient practice had the potential to place the resident at risk for medical complications, unmet needs, and a diminished quality of life. Findings include: Review of the facility's policy titled Oxygen Administration, dated reviewed/revised 4/1/2025, revealed the section titled Policy Explanation and Compliance Guidelines included, 1. Oxygen is administered under the orders of a physician, except in the case of an emergency. Review of R13's clinical record revealed diagnoses including, but not limited to, chronic obstructive pulmonary disease (COPD) (acute) exacerbation and acute respiratory failure with hypoxia. Review of 13's Quarterly Minimum Data Set (MDS) assessment, dated 4/22/2025, revealed Section J (Health Conditions) documented that the resident exhibited shortness of breath. Section O (Special Treatments, Procedures, and Programs) documented that the resident received oxygen therapy. Review of R13's Physician Orders revealed an order dated 1/18/2025 for oxygen at three LPM (liters per minute) via nasal canula, continuous. Observations on 5/2/2025 at 8:18 am, 8:34 am, and 5/3/2025 at 8:34 am and 10:30 am revealed the resident receiving oxygen at a rate set at 2 LPM. During a concurrent observation and interview on 5/3/2025 at 10:42 am, Licensed Practical Nurse (LPN) AA revealed that she was responsible for making sure the oxygen setting was set on the prescribed rate during morning medication pass. She stated she did not check the rate on 5/2/2025 or 5/3/2025, and she confirmed R13's oxygen was set on two LPM. LPN AA reviewed R13's physician orders and verified that the physician's order was for three LPM. In an interview on 5/3/2025 at 10:49 am, the Director of Nursing (DON) stated her expectations were for staff to ensure oxygen was administered as ordered by the physician. She stated nurses should check oxygen settings during their medication pass and rounding, since oxygen is a medication.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115601	A. Building B. Wing	05/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Westwood Healthcare and Rehabilitation	101 Stockyard Road Statesboro, GA 30458

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 0740 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident must receive and the facility must provide necessary behavioral health care and services. 49681 Based on staff interviews, record review, and review of the facility policy titled Behavioral Health Services, the facility failed to ensure one of 25 sampled residents (R) (R306) received behavioral health services to address behaviors. The deficient practice had the potential to place R306 at risk for medical complications, unmet needs, and a diminished quality of life. Findings include: Review of the facility policy titled Behavioral Health Services, reviewed/revised 4/1/2024, revealed the Policy section stated, It is policy of this facility to ensure all residents receive necessary behavioral health services to assist them in reaching and maintaining their highest level of mental and psychosocial functioning and well-being. The Policy Explanation and Compliance Guidelines section included, 3. The facility will ensure that necessary behavioral health care services are person-centered and reflect the resident's goal for care, while maximizing the residents' dignity, autonomy, privacy, socialization, independence, choice, and safety. Review of R306's clinical record revealed diagnoses including, but not limited to, unspecified psychosis, dependence on renal dialysis, end-stage renal disease, restlessness and agitation, unspecified dementia, and mood disorder. Review of R306's Quarterly Minimum Data Set (MDS) assessment, dated 3/24/2025, revealed Section E (Behaviors) documented physical behaviors toward others occurred one to three days, and other behavior symptoms not directed toward others occurred four to six days of the look-back period. Review of R306's Progress Notes revealed an entry dated 2/27/2025 documenting that the resident was observed in another resident's room with his hands on another resident's neck and head. The Physician, Director of Nursing, Administrator, and responsible parties were notified. Review of R306's Progress Notes revealed a Social Service Note dated 3/1/2025, of Writer reached out to Psychiatric NP [Nurse Practitioner] for an emergency consult. NP was unavailable and recommended that the resident be immediately sent out to a behavioral health facility. Writer informed NP that resident is on dialysis and no known behavioral health facility is able to accommodate him. As of writing, writer has not heard back from NP. Writer will monitor and follow up as necessary. Review of R306's clinical record revealed no documentation of mental health services for the last four months. In an interview on 5/3/2025 at 8:38 am, the Social Worker stated that R306 had behaviors and sometimes needed redirection. The Social Worker stated that she monitored R306 and there had been no further incidents since 2/27/2025. She confirmed R306 had not been referred for behavioral health services as recommended by the NP. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	115601	A. Building B. Wing	05/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Westwood Healthcare and Rehabilitation	101 Stockyard Road Statesboro, GA 30458

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 0740 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 5/3/2025 at 12:22 pm, Registered Nurse (RN) EE stated the NP had recommended R306 to be evaluated by behavioral health services, but R306 had not been evaluated by behavioral health services due to R306 was out of the facility for dialysis on the days the behavioral health service provider was at the facility. RN EE stated the facility should have arranged an appointment for R306 to receive behavioral health services. In an interview on 5/3/2025 at 12:28 pm, the Director of Nursing (DON) stated R306 should have been seen by the behavioral health services that provided weekly services at the facility. The DON stated the services were provided on Mondays, when R306 was at dialysis, and the facility should have arranged for R306 to be seen on a different day. In an interview on 5/3/2025 at 12:32 pm, the Administrator stated she was unaware that R306 had not received behavioral health services as recommended by the NP, and stated the services should have been arranged.