

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 03/07/2024
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)
<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49103</p> <p>Based on observation, interview, and record review, the facility failed to repair an unattached closet door for one resident (R905) of three residents reviewed for environment, resulting in resident dissatisfaction with the living environment and concern over protection of personal belongings.</p> <p>Findings Include:</p> <p>On 3/7/24 at 10:10 AM, R905 was observed pointing at the closet door reserved for R905's belongings. The door was off the hinges and in front of the open closet. The closet items were visible. R905 expressed unhappiness with the condition of the closet door and the exposure of personal belongings. The resident said having the door unattached was upsetting because anyone could come inside the room and see and take personal belongings. The resident stated My Coca Cola was taken. R905 also said the door had been in this condition since his admission, date of, 1/15/24 (over two months).</p> <p>Review of the clinical record of R905 admitted [DATE] according to the MDS (Minimum Data Set) dated 1/22/24 documents that resident has intact cognition. Resident is able to make all needs known independently.</p> <p>On 3/7/24 at 10:50 AM, LPN (Licensed Practical Nurse) B was asked about the condition of the door. LPN B explained she had not noticed R905's closet door was missing. LPN B acknowledged that R905 should have a functional door for the closet.</p> <p>On 3/7/24 at 3:40 p.m. the Nursing Home Administrator (NHA) was interviewed and said daily rounds are made by the Maintenance Supervisor. The facility is working to get (Tels) back. Maintenance does not have a check list to use for repairs needed. We are currently working on replacing furniture however I was unaware of the closet prior to today.</p> <p>On 3/7/24 at 4:30 PM the Maintenance/Services Log Sheet was reviewed for dates 2/24/24 - 3/8/24. There was no entry for the broken closet door in R905's room.</p> <p>Review of the facility policy titled, Accommodation of Needs dated January 2024 states in part, The facility will make reasonable accommodations to individualize the resident's physical environment including their personal bathroom and bedroom and the common living areas within the facility.</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49103</p> <p>This citation pertains to intakes MI142286 and MI141954.</p> <p>Based on observation, interview, and record review, the facility failed to maintain a clean bathroom and comfortable water temperatures for one resident (R902) and failed to maintain a clean bathtub (in a tub room commonly used by residents for toileting) to include R905, resulting in dissatisfaction with facility cleanliness and resident comfort.</p> <p>Findings Include:</p> <p>On 3/7/24 at 10:10 AM R905, was interviewed and expressed dissatisfaction with the cleanliness of the facility, specifically mentioning the tub room, I won't go in there now.</p> <p>Review of the clinical record of R905 admitted [DATE] according to the MDS (MDS (Minimum Data Set) dated 1/22/24 documented that resident has intact cognition. Resident is able to make all needs known independently.</p> <p>On 3/27/24 at 10:25 AM, an observation of the tub room revealed a dry dark green, thick substance covering the area just above the drain for an area approximately the size of a dollar bill and extending side to side across the entire surface of that section of the tub. Splattered dark green areas and streaks of of dark green and brown splatter were observed throughout the tub extending top to bottom.</p> <p>On 3/7/24 at 10:59 AM, Housekeeper E was queried about the condition of the tub. During the observation of the tub Housekeeper E said the tub had been in the stained and uncleaned condition at least two weeks. Housekeeper E said attempts had been made to scrape the substance off.</p> <p>On 3/7/24 at 11:17 AM the Maintenance Supervisor (MS) A said the condition of the tub had been unknown to the department of maintenance.</p> <p>On 3/7/24 at 3:40 p.m. the Nursing Home Administrator (NHA) was interviewed and said daily rounds are made by the Maintenance Supervisor and Housekeeping Supervisor. The NHA added that Housekeeping has a check list they are to utilize for cleaning.</p> <p>38230</p> <p>R902</p> <p>On 3/7/24 at 9:37 a.m., a complaint that was submitted to the state agency's complaint hotline on 1/8/24 at 16:55 (4:55 pm) was reviewed. The complainant who was also the resident (R902) alleged the facility did not have hot water and was not clean.</p> <p>(continued on next page)</p>

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the clinical record documented R902 was admitted into the facility on [DATE] and discharged from the facility on 12/28/23. According to admission MDS assessment dated [DATE], R902 was cognitively intact and required supervision with ADLs.</p> <p>On 3/7/24 at 11:59 p.m., the bathroom sink in room [ROOM NUMBER] was observed with a single handle sink fixture. When the fixture was turned on, it was loose at the base. The hot water was turned on and ran with a low stream. The longer the water ran, the slower the stream became to nearly a slow drip. The water did not get warm. The cold water was turned on and ran with a steady stream.</p> <p>Further observation of the bathroom revealed dried, dark-colored solid material on the seat of the toilet. There was also a painted shelf-like board over the top of the toilet that was unevenly cut and exposed ragged edges. The wall near the base board had missing patches of paint.</p> <p>On 3/7/24 at 12:09 p.m. the binder for maintenance work orders was located at the nurse's station. There were no entries in the binder for room [ROOM NUMBER].</p> <p>Review of the document titled Maintenance/Environmental Services Log Sheet for the month of December 2023 did not document a work order or repairs in room [ROOM NUMBER].</p> <p>On 3/7/24 at 3:05 p.m. Maintenance Supervisor A was interviewed about the bathroom's disrepair and said maintenance rounds are completely every morning. The facility no longer utilizes the electronic maintenance data base (Tels) that would notify when repairs are required for residents. Maintenance Supervisor A acknowledged the bathroom water in room [ROOM NUMBER] should not have a slow drip, should be running, and supplying hot water along with the other general repairs.</p> <p>On 3/7/24 at 3:40 p.m. the Nursing Home Administrator (NHA) was interviewed and said daily rounds are made by the Maintenance Supervisor. The facility is working to get (Tels) back. Maintenance does not have a check list to use for repairs needed.</p> <p>The facility's policy titled Environmental Services Safety Procedures dated January 2024 was reviewed but did not document daily maintenance procedures.</p>		