STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235444	A. Building B. Wing	03/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Westwood Nursing Center	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)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34901 This citation pertains to Intake MI00143461. Based on interview and record review, the facility failed to ensure resident's medical record accurately documented the administration of prescribed medications for one resident (R101) out of three residents reviewed for medical record documentation, resulting in the potential for staff and providers lacking accurate information to care for the resident. Findings include: A review of the Admission Record for Resident #101 (R101) documented an initial admission into the facility on [DATE]. R101's clinical record documented multiple readmissions and discharges, including a readmission on 1/9/24 with a discharge on 1/27/24, a readmission on 2/20/24 with a discharge on 3/20/24, and finally a readmission on 3/23/24 with a discharge on 3/28/24. R101's diagnoses included foreign body of alimentary tract, unspecified intestinal obstruction, specified eating disorder, non-suicidal self-harm, schizoaffective disorder, anxiety disorder, and bipolar disorder. A Minimum Data Set (MDS) dated [DATE] documented intact cognition. On 3/28/24 at 4:45 PM, an interview and record review were conducted with the Assistant Director of Nursing (ADON) and MDS Coordinator, Licensed Practical Nurse (LPN) I. A review of R101's Medication Administration Record (MAR) for March 2024 revealed the following: 1. An order for one 50 mg tablet of Briviact (used for seizure disorder) given twice daily at 9:00 AM and 9:00 PM was entered on the March 2024 MAR twice. Nursing documented that 50 mg of Briviact was administered twice at 9:00 AM from 3/1/24 through 3/10/24 and twice at 9:00 PM on 3/2/24, 3/3/24, 3/5/24, and 3/8/24. 2. An order for one 500 mg tablet of metformin (used for blood sugar management) given twice daily at 9:00 AM and 9 PM was entered on the March 2024 MAR twice. Nursing documented that 500 mg of metformin was given twice at 9:00 AM from 3/1/24 through 3/11/24 and twice at 9:00 PM on 3/2/24, 3/3/24, 3/5/24, 3/6/24, and 3/8/24. (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
	235444	A. Building B. Wing	03/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Westwood Nursing Center	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)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3. An order for 50 mg topiramate (use for seizure disorder) given twice daily at 9:00 AM and 9:00 PM was entered on R101's March 2024 MAR twice. Nursing documented that 50 mg of topiramate was administered twice at 9:00 AM on 3/1/24 through 3/11/24 and twice at 9:00 PM on 3/2/24, 3/3/24, 3/5/24, 3/6/24, and 3/8/24. 4. An order for 40 mg pantoprazole sodium (used for gastroesophageal reflux) given at 9:00 AM was entered on R101's March MAR twice. Nursing documented that 40 mg pantoprazole sodium was administered twice at 9:00 AM on 3/1/24 through 3/19/24. The ADON and LPN I said when R101 was readmitted to the facility on [DATE], and the previous medication orders had not been discontinued, nursing should have discontinued the old orders, verified the new orders, and put the new orders in. If there were any questions about the medications, the doctor should have been called for clarification. This is a standard of practice for nursing. During an interview on 3/29/24 at approximately 8:45 AM, MDS Coordinator, Registered Nurse (RN) J said when a resident goes to the hospital and does not return within 24 hours, the resident's medications should be discontinued by nursing. A review of the facility policy titled, Documentation in Medical Record, dated 1/29/24, revealed in part the following: Each resident's medical record shall contain an accurate representation of the actual experiences of the resident and include enough information to provide a picture of the resident's progress through complete, accurate, and timely documentation. A review of the facility policy titled, Medication Administration, dated 1/29/24, revealed in part the following: Correct any discrepancies and report to nurse manager. On 3/29/24 at 11:15 AM during the exit conference, the Nursing Home Administrator was asked if there was any additional documentation or information that the facility would like to provide prior to the end of the survey, and they reported there was not.