

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 02/20/2025
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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Not transfer or discharge a resident without an adequate reason; and must provide documentation and convey specific information when a resident is transferred or discharged.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34901</p> <p>This citation pertains to Intake MI00150156.</p> <p>Based on interview and record review, the facility failed to ensure appropriate information was communicated to the receiving hospital for one resident (R105) out of five residents reviewed for transfer.</p> <p>Findings include:</p> <p>It was reported to the State Agency that the facility failed to transfer a resident to the hospital with pertinent medical information. An anonymous complainant reported that the EMTs (Emergency Medical Technicians) that transported R105 to the hospital were only provided a piece of copy paper with the resident's name, date of birth, physician's name, and facility's medical record number for the resident written on it.</p> <p>A review of the clinical record for R105 documented an initial admitted [DATE] and readmission on 1/14/25. R105's diagnoses included dementia, unspecified psychosis, and delusional disorders. A Minimum Data Set assessment dated [DATE] documented the resident had severe cognitive impairment.</p> <p>A review of progress notes documented in part the following:</p> <p>- 2/9/25 at 9:09 PM. Transfer to hospital summary: Patient was transported to hospital per doctor order for abscess on left upper back. Patient was transported by ambulance on stretcher with two ems staff. Patient family member were notified.</p> <p>- 2/9/25 at 11:02 PM. Patient returned from hospital after upper back abscess drainage and packed with gauze. Patient was assessed .Patient is prescribed Bactrim DS (double strength) 800mg-160mg bid (twice daily) for 7 days. Patient Doctor and family member were notified. call light within patient reach and bed in low position. Staff monitor patient.</p> <p>On 2/20/25 at 12:16 PM, Unit Manager, Licensed Practical Nurse (LPN) D said when a resident is transferred to the hospital a transfer (eINTERACT) form should be completed. This form is given to the receiving institution because it includes proper information to ensure there is no lapse in service.</p> <p>(continued on next page)</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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 2/20/25 at 12:55 PM, Unit Manager, LPN E said prior to transferring a resident to the hospital, if it's not an emergency, the nurse should gather information. The nurse is to use the eINTERACT form to document the resident's information. This form is printed and sent with the resident along with the face sheet and medication list.</p> <p>On 2/20/25 at 2:02 PM, the Acting Director of Nursing (ADON) said the procedure for transferring a resident to the hospital, in a non-emergency situation, included the completion of the eINTERACT form and sending it to the hospital with the resident along with the resident's face sheet and copy of the resident's medication list. The ADON reviewed R105's clinical record and confirmed there was no transfer form (eINTERACT) completed regarding R105's transfer to the hospital on 2/9/25. The ADON could not provide documentation to support the receiving hospital had received any information about the resident's transfer.</p> <p>On 2/20/25 at 3:25 PM, the Nursing Home Administrator (NHA) said the facility should send resident information to the hospital.</p> <p>A review of the policy titled, Transfer and Discharge, dated 2025, documented in part the following:</p> <p>For a transfer to another provider, for any reason, the following information must be provided to the receiving provider:</p> <ul style="list-style-type: none"> - Contact information of the practitioner who was responsible for the care of the resident; - Resident representative information, including contact information; - Advance directive information; - All other information necessary to meet the resident's needs, which includes, but may not be limited to: <ul style="list-style-type: none"> -- Resident status, including baseline and current mental, behavioral, and functional status, reason for transfer, recent vital signs; Diagnoses and allergies; Medications (including when last received); and Most recent relevant labs, other diagnostic tests, and recent immunizations. - All special instructions and/or precautions for ongoing care, as appropriate such as: Transmission-based precautions such as contact, droplet, or airborne; - All other information necessary to meet the resident's needs, which includes, but may not be limited to: Resident status, including baseline and current mental, behavioral, and functional status, reason for transfer, recent vital signs; Diagnoses and allergies; Medications (including when last received). - For a transfer to another provider, ensure necessary information (as listed above) is provided along with, or as part of, the facility's transfer form. <p>On 2/20/25 at approximately 4:20 PM during the exit conference, the NHA had nothing else to add or provide pertaining to this deficient practice.</p>		