

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  10/11/2024
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 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22349</b></p> <p>Based on interview and record review, the facility failed to ensure the Preadmission Screening (PAS)/ Annual Resident Review (ARR) form for Mental Illness (MI)/ Intellectual Disability (ID)/ Related Conditions Identification (DCH-3877) document was completed and sent to the local state agency for an evaluation for a Level II determination for one (R1) of six residents reviewed for PASSARs, resulting in R1 not being screened for mental disorder or intellectual disability care needs and the potential for R1's care needs being unmet.</p> <p>Findings include:</p> <p>According to R1's Electronic Health Record (EHR) the resident admitted to the facility on [DATE] with diagnoses that included bipolar disorder and schizophrenia. R1 admitted with the following psychoactive medications prescribed:</p> <ul style="list-style-type: none"> <li>- Duloxetine 60 mg (milligrams) QD (every day) for depression.</li> <li>- Sertraline 50 mg QD for obsessive compulsive disorder and depression.</li> </ul> <p>On 9/4/24 the Social Work (SW) progress notes documented the resident admitted with bipolar disorder, schizophrenia, and was prescribed psychotropic medications. There was no PAS/ARR DCH-3877 form in the resident's EHR. There was no documented evidence that R1 was screened for MI/ID or related conditions health care needs. There was no documented evidence that R1 was evaluated for a Level II determination of MI/ID health care needs.</p> <p>On 10/09/24 at 11:26 AM Social Worker (SW) B reviewed R1's EHR and confirmed there was no DCH-3877 form. SW B said, It was missed. No we don't have one. The hospital did one and the resident may be exempt. SW B reported that R1 was going to be discharged back to her group home, but there were no progress notes to indicate R1 had discharge planning in progress.</p> <p>On 10/9/24 at 12:45 PM SW B presented a paper copy DCH-3877 form for R1 that indicated the resident had hospital exemption criteria. The form was incomplete and did not include a physician name, address, phone number, or physician signature. SW B presented a second paper copy DCH-3877 form for R1 that indicated a level I screening had occurred at the facility on 8/30/24. The form was incomplete and did not include the clinician's signature, address, or phone number.</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
---	-------	-----------

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  10/11/2024
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 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>According to the facility's policy for Behavioral Health Service last revised on 7/8/24 in part reads;</p> <p>It is the policy of this facility that all residents receive necessary behavioral health care and services to assist him or her to reach and maintain the highest level of mental and psychosocial functioning.</p> <p>2. The facility utilizes a comprehensive assessment process for identifying and assessing a resident's mental and psychosocial status and providing person-centered care. This process includes: .</p> <p>b. PASSAR screening.</p>		

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  10/11/2024
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>41423</p> <p>Based on observation, interview, and record review, the facility failed to apply hand splinting as ordered for two (R18 and R81) of five residents reviewed for Range of Motion (ROM), resulting in a potential loss of ROM to dependent residents with known contractures and the potential for decline in overall health status.</p> <p>Findings include:</p> <p>R18</p> <p>On 10/08/24 at 9:54 AM, R18 was observed in the hallway propelling their wheelchair with their left hand. R18's right hand fingers were curled into the palm. R18 was asked if they could open their right hand and they said, No. I had a stroke and my fingers are stuck this way. R18 was asked if they had a splint and the resident said, They (staff) don't always put it (splint) on.</p> <p>On 10/09/2024 AM at 08:46 AM, R18 was observed in their room sitting in a wheelchair. R18's right hand was wrapped with a white kerlix dressing while holding an Adaptive utensil. R18 was asked why their hand was wrapped. R18 said it wrapped so that they could hold their fork.</p> <p>A review of R18's electronic medical records noted readmission of 1/19/2024 with the diagnosis of Hemiplegia and Hemiparesis (hemiplegia is a severe or complete loss of strength, while hemiparesis is a relatively mild loss of strength) following a Cerebral Infarct (cerebral infarction occurs because of disrupted blood flow to the brain due to problems with the blood vessels that supply it.), Congestive Heart Failure (occurs when the heart can't pump enough blood to meet the body's needs), Anxiety, Glaucoma (eye Condition), Muscle Wasting (the decrease in size and wasting of muscle tissue), Stiffness of right elbow, Right Hand Contracture (the decrease in size and wasting of muscle tissue), and Type II Diabetes. R18's Brief Interview for Mental Status (BIMS) noted a score of 10 out of 15 that indicated a moderate cognitive impairment dated 7/30/2024. R18's Minimum Data Set (MDS) noted the resident required substantial/Maximum assistance with Activity of Daily Living.</p> <p>A review on R18's care plan noted the following, I have a right-hand contracture .Goal-To prevent further contracture in (their) right hand while maintaining ROM and flexibility .Interventions-Apply right hand splint palm protector every day .Notify Physician of refusals.</p> <p>R18's electronic medical records did not indicate the R18's refusal of wearing a splint.</p> <p>A review of R18's Occupational Therapy documentation noted a goal of the following: Patient will safely wear right hand resting hand splint during daily tasks .Dated 5/14/2024.</p> <p>A review of R18's electronic medical record indicated Order Details of: Restorative Nursing: To manage and wear splint every day for joint mobility .Dated 10/03/2024.</p> <p>R81</p> <p>(continued on next page)</p>		

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  10/11/2024
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/08/24 at 09:51 AM, R81 was observed in bed with their eyes closed. R81 did not answer to their name being called. R81 was wearing a gown. There was a wheelchair next to R81's bed. R81 was not wearing a splint.</p> <p>On 10/08/24 at 11:05 AM, in bed with eyes closed. R81 was asked how they were doing. R81 said, I'm alright. R18's right hand fingers were curled into their palm R81 was not wearing a splint.</p> <p>On 10/09/2024 at 09:10 AM, R81 was observed watching TV. R81 asked if they could open their hand and responded no. R81 asked if they wore a splint on their right hand and arm which they responded no. The Resident's right arm was slightly bent upward toward their chest at the elbow joint, and R18's right hand fingers remained curled into their palm.</p> <p>On 10/09/24 at 11:00 AM, R81 was observed in bed, receiving a bed bath. After their bath, Certified Nurse Assistant did not apply R81's splint. Certified Nurse Assistant (CNA) D was asked they were going to apply R81's splint. CNA D looked in the drawers and closet and said it was not in (R81) room and they would check with therapy.</p> <p>A review of R81's electronic medical records noted readmission of 5/14/2024 with the diagnosis of Renal Calculous, Chronic Fatigue, Heart Disease, Myocardial Infarct (heart attack), Kidney Failure, Depression, Hemiplegia and Hemiparesis (hemiplegia is a severe or complete loss of strength, while hemiparesis is a relatively mild loss of strength) following a Cerebral Infarct (cerebral infarction occurs because of disrupted blood flow to the brain due to problems with the blood vessels that supply it.), Cerebrovascular Disease (stroke), and Muscle weakness. R18's Brief Interview for Mental Status (BIMS) noted a score of 10 out of 15 that indicated a moderate cognitive impairment dated 8/21/2024. R81's The Minimum Data Set (MDS) noted the resident required substantial/Maximum assistance with Activity of Daily Living.</p> <p>A review of the electronic medical record noted Order Details of: Restorative Nursing: To manage Contractures, Resident to donn (sic) right hand resting hand splint and right elbow extension splint everyday . Dated 06/10/2024</p> <p>A review of R81's Occupational Therapy documentation noted a goal of the following: Patient will tolerate R [right] elbow extension splint .Patient will tolerate right resting hand splint .dated 08/15/2024</p> <p>On 10/10/2024 at 11:14 AM, the Therapy Manager E was interviewed and asked about R18 and R81's ordered splints, and he said, They are both supposed to wear splints.</p> <p>On 10/10/2024 at 2:12 PM, the facility Nursing Home Administrator (NHA) was interviewed regarding expectations for staff applying ordered splints to residents with known contractors. The Administrator stated, We expect staff to apply the residents' ordered splints.</p> <p>A review of the facility's policy entitled, Restorative Nursing Programs dated October 2023 noted, It is the policy of this facility to provide maintenance and restorative services designed to maintain or improve a resident's abilities to the highest practicable level .3. Nursing personnel are trained on basic, or maintenance nursing care that does not require the use of a qualified therapist or licensed nurse oversight. This training may include, but is not limited to .e. Assisting residents in adjustment to their disabilities and use of any assistive devices.</p>		

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  10/11/2024
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>22349</p> <p>Based on observation, interview, and record review the facility failed to establish a record of receipt, disposition, or reconciliation of controlled drugs (a drug that the government regulates for possession and use, i.e. narcotics) in the facility's back-up box (secured storage unit of controlled drugs), resulting in the facility being unable to account for the receipt of, disposition of, or discrepancies of controlled drugs in the facility's back-up box with the potential for drug diversion and controlled drugs being unavailable to administer to residents as prescribed.</p> <p>Findings include:</p> <p>On 10/08/24 at 3:36 PM the facility's back-up box designated for controlled drugs was observed to have a red plastic lock on it. There was no medication log or any documentation to record what medications were in the back-up box. There was no reconciliation log to determine receipt of, administration of, or disposition of any medication in the medication room. The interim Director of Nursing, Registered Nurse C was present during the observation of the back-up box. RN C said, We don't have a reconciliation log. It was accidentally locked inside this medication cart and nobody knows where the keys are. RN C pointed to a locked medication cart that was inside the medication storage room next to the back-up box. RN C left the room to get the current Director of Nursing (DON).</p> <p>At approximately 3:45 PM the current DON entered the medication room and confirmed there was no reconciliation log for any of the controlled drugs in the back-up box. The DON said, I just got here and there was no lock on the back-up box. I just put the red plastic lock on it before you came in here. I can't determine what medications have been taken out or administered at this time. I have no idea if there are discrepancies. Both RN C and the DON acknowledged that there was no way to determine what medications have been removed from the back-up box. Neither RN C or the DON could determine how long the medication cart had been locked without a key. RN C found some pharmacy slips that were illegible. There was no way to determine resident's name, the drug removed from the back-up box or which nurse removed the drug.</p> <p>On 10/9/24 at 9:03 AM the facility's back-up box for controlled drugs was observed to have a green plastic lock on it. There was no reconciliation log. The medication cart inside the medication room remained locked without ability to open it. There were no pharmacy slips or receipt that pharmacy had delivered medications to the facility. The DON was present and during interview could not determine if pharmacy had delivered any medications to the facility. The number to the facility's pharmacy was requested.</p> <p>On 10/8/24 at 9:30 AM and 3:30 PM the pharmacy number was called and a message was left requesting a return call. There was no return call from the facility's pharmacy prior to the end of the survey.</p> <p>According to the facility's Medication Storage policy (undated) read in part: It is the policy of this facility to ensure all medications housed on our premises will be stored in the pharmacy and/or medication rooms according to the manufacturer's recommendations and sufficient to ensure proper sanitation, temperature, light, ventilation, moisture control, segregation, and security.</p> <p>(continued on next page)</p>		

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  10/11/2024
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>2. Narcotics and Controlled Substances:</p> <p>a. Schedule II drugs and back-up stock of Schedule III, IV and V medications are stored under double-lock and key.</p> <p>b. Schedule II controlled medications are to be stored within a separately locked permanently affixed compartment when other medications are stored in the same area, such as in refrigerator.</p> <p>c. Any discrepancies which cannot be resolved must be reported immediately as follows:</p> <p>i. Notify the DON, charge nurse, or designee and the pharmacy;</p> <p>ii. Complete an incident report detailing the discrepancy, steps taken to resolve it, and the names of all licensed staff working when the discrepancy was noted;</p> <p>iii. The DON, charge nurse, or designee must also report any loss of controlled substances where theft is suspected to the appropriate authorities such as local law enforcement, Drug Enforcement Agency, State Board of Nursing, State Board of Pharmacy, and possibly the State Licensure Board for Nursing Home Administrators.</p> <p>a. Staff may not leave the area until discrepancies are resolved or reported as unresolved discrepancies.</p>