STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345450	A. BUILDING _____ B. WING _____	C 11/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTWOOD HEALTH AND REHABILITATION	**625 ASHLAND STREET ARCHDALE, NC 27263**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS A complaint investigation was conducted from 10/31/22 through 11/3/22. Event ID# 047G11. The following intakes were investigated NC00192058, NC00193695 and NC00194071. 1 of the 14 complaint allegations was substantiated resulting in a deficiency and 1 was substantiated without a deficiency. The Statement of Deficiencies was amended on 11/22/22 and tag F883 was deleted.	F 000		
F 770 SS=D	Laboratory Services CFR(s): 483.50(a)(1)(i) §483.50(a) Laboratory Services. §483.50(a)(1) The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services. (i) If the facility provides its own laboratory services, the services must meet the applicable requirements for laboratories specified in part 493 of this chapter. This REQUIREMENT is not met as evidenced by: Based on record reviews, Nurse Practitioner and staff interviews, the facility failed to obtain lab work as ordered (Resident #1). Resident #1 was admitted to the facility on 9/5/22 with diagnoses that included a pathological right knee fracture related to metastatic cancer, hypercalcemia (elevated calcium levels), abnormal phosphorus levels, and anemia. An admission Minimum Data Set (MDS) assessment dated 9/12/22 indicated Resident #1 had moderately impaired cognition.	F 770	1. Resident #1 is no longer at the facility. The Director of Nursing educated Nurse Manager #1 on the facility laboratory process policy on 11/01/2022. 2. A quality review was completed by the Nurse Manager of all residents with labs ordered in the last 30 days on 11/09/22. All labs were completed as ordered. An Ad hoc Quality Assurance Performance Improvement Committee will be held on 11/18/2022 to formulate and approve a plan of correction for the deficient practice.	11/29/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 11/18/2022

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F 770	Continued From page 1 Review of the physician orders revealed an order dated 9/29/22 to complete a lab draw of a complete blood count (CBC), complete metabolic panel (CMP), magnesium and phosphorus on 10/4/22 one time a day for labs until 10/4/22 at 11:59 PM. This order was signed by Unit Manager #1. A review of Resident #1's labs did not include lab work obtained on 10/4/22. Review of a Nurse Practitioner (NP) progress note dated 10/6/22 indicated the repeat phosphorus, CBC and CMP labs were not done as ordered on 10/4/22 and would be done at the next lab draw. The NP was interviewed on 11/1/22 at 9:15 AM and stated during her assessment of Resident #1, on 10/6/22, she noticed the labs had not been obtained as ordered on 10/4/22. She spoke with Unit Manager #1 and arranged for them to be collected at the next lab draw. Resident #1 was stable at that point and there was not an urgency to have them collected any sooner. The NP stated she would expect lab orders to be collected as ordered. On 11/1/22 at 10:36 AM, an interview occurred with Unit Manager #1. She reviewed the order from 9/29/22 indicating Resident #1 to have lab work on 10/4/22. She stated the lab requisition was completed by herself and placed in the lab book, for the phlebotomist. Unit Manager #1 was unable to state why the labs were not obtained as ordered on 10/4/22 only to say that the requisition could have gotten moved in the book or it was misfiled. When the NP discovered the lab work was missing, a new requisition was completed,	F 770	3. The Director of Nursing or designee educated licensed nurses including all shifts, part-time and prn on the facility laboratory process by 11/23/2022. Nursing staff that has not completed the education will completed the education prior to working next scheduled shift. Newly hired licensed nurses will be educated upon hire during orientation. 4. The Nurse Manager will conduct random Quality reviews of resident's labs ordered on 5 random residents 2 times a week for 8 weeks then weekly for 4 weeks. The Director of Nursing will report the results of the quality monitoring (audit) and report to the Quality Assurance Performance Improvement (QAPI) Committee. Findings will be reviewed by QAPI committee monthly and Quality monitoring (audit) updated as indicated.	

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F 770	Continued From page 2 and the labs were obtained at the next lab draw. The Director of Nursing (DON) was interviewed on 11/1/22 at 10:38 AM and indicated it was her expectation for labs to be obtained as ordered.	F 770		