

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/23/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345450	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/30/2024
NAME OF PROVIDER OR SUPPLIER WESTWOOD HEALTH AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 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 An unannounced complaint investigation was completed on 1/30/24. None of the 18 allegations resulted in federal deficiency. Intake numbers investigated: NC0021348, NC00207766, NC00212021, NC00210454, NC00211298 and NC00212228. See Event # XHTD11.	F 000			
F 842 SS=B	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care	F 842		2/8/24	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

02/08/2024

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.

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F 842	<p>Continued From page 1</p> <p>operations, as permitted by and in compliance with 45 CFR 164.506;</p> <p>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record reviews, staff and Physician interviews, the facility failed to maintain complete</p>	F 842	1. Resident #1 no longer resides at facility.		

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F 842	<p>Continued From page 2</p> <p>and accurate medical records in the area of hospital readmission and medication changes for 1 (Resident #1) of 14 medical records reviewed.</p> <p>The findings included:</p> <p>Resident #1 admitted on 9/26/23 with diagnoses of a history of a Cerebral Vascular Accident (CVA), Diabetes Mellitus (DM) encephalopathy, schizophrenia, Parkinson's Disease and a history of urinary tract infections (UTIs).</p> <p>Review of Resident #1's September 2023 Physician orders included orders for Levemir insulin, Insulin Glargine and Humalog sliding scale insulin along with orders for oral anti-glycemic medications (Metformin and Januvia) and blood sugar checks three times daily.</p> <p>Review of a nursing note dated 9/29/23 read she was discharged to the hospital for an altered mental status.</p> <p>Review of Resident #1's hospital discharge summary dated 10/3/23 read was discharged back to the facility with orders to continue all of her medications and blood sugar finger sticks except her Levemir insulin was discontinued.</p> <p>Review of Resident #1's facility readmission Physician orders dated 10/3/23 did not include orders for insulin or blood sugar checks.</p> <p>Review of a Physician progress note dated 10/4/23 read Resident #1 was readmitted and all medications were "ok'd on readmission There was no documentation regarding the discontinuation of insulin and blood sugar check.</p>	F 842	<p>An Ad hoc Quality Assurance Performance Improvement Committee was held on 02/06/2024 to formulate and approve a plan of correction for the deficient practice.</p> <p>2. An audit was completed by the Director of Nursing on 02/06/2024 of admissions/ re-admissions within the last 30 days for medication changes. Identified changes were uploaded into PCC on 02/07/2024.</p> <p>3. The Director of Nursing and/or Nurse Manager educated licensed nurses related to documentation on medication changes; they also educated the medical record clerk on medical record filing on 02/06/2024. Moving forward, newly hired licensed nurses and newly hired and medical record clerks will be educated during the orientation process.</p> <p>4. The Director of Nursing and/or Nurse Manager will audit new admissions/readmissions medical records weekly x 4 weeks, then monthly x5 months to ensure accurate medical records. The Nurse Manager will report the results of the audit and report the results to the Quality Assurance Performance Improvement Committee (QAPI). Findings will be reviewed by the QAPI committee and updated as indicated.</p>		

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F 842	Continued From page 3 An interview was completed on 1/30/24 at 3:10 PM with the Director of Nursing (DON). She confirmed there was no documentation for nursing or the Physician regarding the discontinuation of insulin and blood sugar checks A telephone interview was completed on 1/30/24 at 4:30 PM with the Physician. She confirmed there was no documentation in her readmission progress note dated 10/4/23 regarding the discontinuation of Resident #1's insulin and blood sugar checks. She stated she must have forgotten to document it in her progress note. The Physician stated it should have been documented in her progress note.	F 842			