CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/17/2020 **FORM APPROVED** OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER.		(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED	
495200						С		
		495200	B. WING _	<u></u>		09/0	8/2020	
11.000	ROVIDER OR SUPPLIER  OD CENTER			STREET ADDRES WESTWOOD MI BLUEFIELD, \				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST SE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EA	PROVIDER'S PLAN OF CORRECTION ACH CORRECTIVE ACTION SHOULD B SS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(XS) COMPLETION DATE	
F 000	An unannounced Me survey was conducte 09/08/2020 with onsi on 08/25/2020. Comcompliance with 42 C Term Care requirements investigated during the census in this 65 at the time of the surconsisted of two (2) or reviews and one (1) or	edicare/Medicald complaint d on 08/25/2020 through the observations conducted ections are required for CFR Part 483 Federal Long ents. One (1) complaint was are survey.  It certified bed facility was 53 yey. The survey sample eurrent resident record closed record review.	FO	this not agree alleg forti deficiently because hoth	paration and execution of plan of correction does constitute admission or element of the facts ged or conclusion of set h in the statement of ciencies. The plan of ection is prepared for executed solely ause it is required by a Federal and State laws.		10/01/20	
F 656 SS=E	CFR(s): 483.21(b)(1) §483.21(b) Comprehe §483.21(b)(1) The faci implement a comprehe care plan for each re- resident rights set for §483.10(c)(3), that in objectives and timefrom edical, nursing, and needs that are identife assessment. The condescribe the following (i) The services that a or maintain the reside physical, mental, and required under §483. (ii) Any services that under §483.24, §483. provided due to the re under §483.10, includ treatment under §483 (iii) Any specialized s	ensive Care Plans cility must develop and nensive person-centered sident, consistent with the th at §483.10(c)(2) and cludes measurable arnes to meet a resident's i mental and psychosocial ied in the comprehensive inprehensive care plan must j - are to be furnished to attain ant's highest practicable psychosocial well-being as 24, §483.25 or §483.40; and would otherwise be required 25 or §483.40 but are not esident's exercise of rights ling the right to refuse	F 6	servi thro Adm rega and l Activ Shee resid cons docu no lo facilii actio this r	nursing staff was in- iced starting 9.2.2020 ugh 10.1.2020 by the inistrative Nursing Team rding documenting meal HS Snacks intake on the vities of Daily Living (ADL) et and the intake for lent #1 is now istently being imented. Resident #3 inger resides in the ty, thus, no corrective in can be completed for resident.  Director of Nursing I) or designee will			
ADODATO		NIPPI IED TEPPERENTATIVES CIGNATUR			uct an audit to verify			

Any deficiency statement ending with an asterisk (\*) denotes a descioncy 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.

If continuation sheet Page 1 of 16



PRINTED: 09/17/2020 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495200		8. WING		С		
NAME OF D	ROVIDER OR SUPPLIER	155250	10.11.10		CTREET APPRICAGE ONLY OTHER THE GOOD	09/	08/2020	
I TOURL OF T	NO NO LIN ON GOLFEICK			STREET ADDRESS, CITY, STATE, ZIP CODE			1	
WESTWO	OD CENTER		1		WESTWOOD MEDICAL PARK BLUEFIELD, VA 24605		3.9	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFU TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X8) COMPLETION DATE	
F 656	Continued From page		F	656	1	10	/01/2020	
provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its				regards to monitoring the				
					intake at all meals are			
	rationale in the reside				implemented with the			
6		h the resident and the			required monitoring			
	resident's representat (A) The resident's got				documentation on resider	ıts'		
	desired outcomes.	ale for autiliesion and			Activities of Daily Living (Al	DL)		
		ference and potential for			sheet with corrective actio	n		
	future discharge. Fac				upon discovery to be			
whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate				completed by 10.01.2020.	20	1		
	entities, for this purpo				The DON or designee will r	e-		
	(C) Discharge plans i			educate nursing staff to		ï		
	plan, as appropriate,			ensure the residents				
	section.	n in paragraph (c) of this			nutritional care plans are			
	This REQUIREMENT				implemented by ensuring t	he		
	by:	lana and alleted at a sed			accurate documentation for	r		
		iew and clinical record Iff failed to implement the			monitoring intake at all			
		plan in regards to nutrition			meals is completed in the			
	for 2 of 3 residents, R	tesidents #1 and #3.			residents ADL Records and			
	The findings included	•			the Certified Nursing			
	·				Assistant (CNA) is to report			
	1. The facility staff fa				off to a licensed nurse to			
	all meals for Resident	failing to monitor intake at			verify completion of the			
					Resident ADL Record. The I	e-		
		ed Resident #1's clinical			education will include a			
	record on multiple day 09/05/2020.	ys between 08/27/2020 and			posttest to validate			
	VOJUJIZUZU.				understanding. New hires,			
	Resident #1's clinical	· · · · · · · · · · · · · · · · · · ·			including agency staff, will	be 🔝		
	_	nfarction (stroke), chronic			provided education and			
	kidney failure, modern malnutrition, obesity.	ate protein-caione anemia, type 2 diabetes			posttests during orientatio	n		
				_	The state of the s			

FORM CMS-2587(02-99) Previous Versions Obsolete

Event ID: OWU311

Facility ID: VA0271

If continuation sheet Page 2 of 16



PRINTED: 09/17/2020 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495200	B. WING		l	C
NAME OF P	ROVIDER OR SUPPLIER		1	STREET ADDRESS, CITY, STATE, ZIP CODE	1 09/	08/2020
WESTWOOD CENTER				WESTWOOD MEDICAL PARK BLUEFIELD, VA 24605		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 656	mellitus with diabetic (congestive) heart fall one side of the body) weakness or partial peody) following cerebidominant side, and acabove knee.  Section C (cognitive pannual MDS (minimuran ARD (assessment 03/03/2020 included amental status) summs possible 15 points. So was coded (1/1) to incomprehensive comprehensive comp	neuropathy, systolic ure, hemiplegia (paralysis of and hemiparesis (muscle aralysis on one side of the ral infarction affecting right expulred absence of left leg  satterns) of the resident's in data set) assessment with reference date) of a BIMS (brief interview for any score of 15 out of a section G (functional status) licate the resident required it, encouragement or cueing) for eating.  are plan developed for the intervention "Monitor for alternate choices as and physician to any  urmented Resident #1 s on 03/01/2020. On documented the resident  #1's ADL (activities of daily for the months of March, evealed that the facility staff all of the meal percentages. 29 missing meal there were 10 missing meal flay, there were 25 missing ne bedtime snack	F 65	by DON /Designee. Education to be complete entirety by 10.01.2020. CNAs will be required to report off to a licensed nuat the end of their shift to verify completion of the Resident's ADL records.  The DON or designee will audit the ADL Records weekly X 4 then monthly to ensure the residents' individual nutrition care p is implemented by ensuring the ADL documentation of monitoring of their intake all meals is completed with corrective action upon discovery to be completed 10.01, 2020.  Outcomes of those audits will be presented to the Quality Assurance Performance Improvement (QAPI) committee monthly The QAPI committee will direct further analysis and interventions based on	ed in urse X 2 blan ng f of th d by	0/01/2020
	percentages were mis	ne bedtime snack sing for 11 days in March, 9 lays in May 2020. Resident		reported outcomes and direct further investigation	ns.	

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: OWU311

Facility ID: VA0271

If continuation sheet Page 3 of 16



PRINTED: 09/17/2020 **DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING\_ 495200 B. WING 09/08/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **WESTWOOD MEDICAL PARK WESTWOOD CENTER BLUEFIELD, VA 24605** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (XIS) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) F 656 Continued From page 3 F 656 This page intentionally left #1 was not in the facility between May 22, 2020 blank. and May 27, 2020. The meals and bedtime snack counts for those days were not included in the May missing percentages totals. On 08/28/2020 at 3:35 p.m., during a phone call with the administrator and ADON (assistant director of nursing) the ADON informed the survey team it was the CNA's (certified nursing assistants) responsibility to complete the ADL Record sheets. On 09/04/2020 at 2:20 p.m., the facility's dietician was interviewed via conference call related to Resident #1's nutritional status and food intake documentation. The facility's administrator and ADON (assistant director of nursing) were present during the conference call. The ADON acknowledged the missing documentation for meal and snack percentages on the ADL record sheets and stated the expectation was for the percentages to be documented every day, every meal, every shift. No further information was provided prior to exit. 2. For resident #3, the facility staff failed to implement the nutrition care plan in regards to documenting PO (by mouth) intake. The clinical record was reviewed on 08/28/2020. Resident #3's clinical record included the

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diagnosis, failure to thrive, dementia, diabetes, benign neoplasm of adrenal gland, and gastroesophageal reflux disease.

Section C (cognitive patterns) of the residents admission MDS (minimum data set) assessment

Event ID: OWU311

Facility ID: VA0271

If continuation sheet Page 4 of 16



PRINTED: 09/17/2020 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495200	B. WING	B. WING		C 09/08/2020	
NAME OF PROVIDER OR SUPPLIER  WESTWOOD CENTER		w	TREET ADDRESS, CITY, STATE, ZIP COI ESTWOOD MEDICAL PARK LUEFIELD, VA 24605	DE	Ver100/2020		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD B		
F 656	o6/24/2020 included a mental status) summa possible 15 points. So was coded (0/1) to include a mental status) summa possible 15 points. So was coded (0/1) to include a mental status of the comprehensive of intervention "Monitor."  A review of the reside o6/24/2020 the staff of weighed 165.4 pound documented the reside of t	ment reference date) of a BIMS (brief interview for ary score of 8 out of a action G (functional status) dicate the resident was up help only for eating.  are plan included the and document PO intakes."  ants weights revealed that on locumented Resident #3 is. On 08/05/2020, the staff lent weighed 129 pounds.  #3's ADLs (activities of daily months of June, July, and if the residents meal is there were 14 missing residents meal active activities of daily months of June, July, and if the residents meal is there were 14 missing residents meal active Agust 20 missing meal August 20 missing meal August 20 missing meal and ADON (assistant e ADON verbalized to the is the CNA's (certified sponsibility to fill out the actility provided the surveyor neet that included	F 656	This page intention blank.	nally left		

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: OWU311

Fecility ID: VA0271

If continuation sheet Page 5 of 16



PRINTED: 09/17/2020 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CON	(X3) DATE SURVEY COMPLETED	
	*	495200	B. WING	C	
NAME OF P	ROVIDER OR SUPPLIER	923	STREE	ET ADDRESS, CITY, STATE, ZIP CODE	09/08/2020
WESTWO	OD CENTER			WOOD MEDICAL PARK	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES			BLUE	FIELD, VA 24605	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
			F684	1) Preparation and execution	
F 684	Quality of Care		F 684	of this plan of correction	10/01/2020
SS=E	CFR(s): 483.25			does not constitute	eq eeca
	§ 483.25 Quality of ca	iro		admission or agreement of	
3				the facts alleged or	
	Quality of care is a fundamental principle that applies to all treatment and care provided to			conclusion of set forth in the	
		ed on the comprehensive		statement of deficiencies.	
		lent, the facility must ensure treatment and care in		The plan of correction is	
	accordance with profe			prepared and/or executed	
		ensive person-centered		· •	
	care plan, and the res			solely because it is required	
	by:	is not met as evidenced		by both Federal and State	
		ew and clinical record		laws.	
		f failed to provide care in		The licensed nurses were in-	
		comprehensive care plan		serviced by the	
	and physicians orders Resident #1 and #3.	for 2 of 3 residents,		•	
	resident#1 and #5.			Administrative Nursing Team	
	The findings included:	:		9.24.2020 through 10.1.2020	
				regarding the importance of	
		iled to provide wound care		following physician orders by	
	according to physician	orders for Resident #1.		completing and documenting	
	One surveyor reviewe	d Resident #1's clinical		ordered treatments.	
	record on multiple day	s between 08/27/2020 and	28	Treatments are now being	
	09/05/2020.			completed and documented	
	Resident #1's clinical	record included the		per physician orders for	
		farction (stroke), chronic		resident #3.	
	kidney failure, modera			EF	
		anemia, type 2 diabetes		DON or designee will	-
	mellitus with diabetic i			conduct an audit on all	
		ure, hemiplegia (paralysis of and hemiparesis (muscle		current residents identified	
		aralysis on one side of the		with wounds by 10.01.2020	
	body) following cerebi	ral infarction affecting right		to ensure all residents with	
	dominant side, and ac	equired absence of left leg		wounds are being provided	
	apove knee. Section	C (cognitive patterns) of the		the wound care according to	

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Event ID: OWU311

Facility ID: VA0271

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PRINTED: 09/17/2020 **FORM APPROVED** CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING 495200 B. WING 09/08/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE WESTWOOD MEDICAL PARK **WESTWOOD CENTER BLUEFIELD, VA 24605 SUMMARY STATEMENT OF DEFICIENCIES** (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) physician orders with the 10/01/2020 F 684 Continued From page 6 F 684 **Treatment Administration** resident's annual MDS (minimum data set) Record (TAR) documentation assessment with an ARD (assessment reference date) of 03/03/2020 included a BIMS (brief completed. Corrective action interview for mental status) summary score of 15 upon discovery to be out of a possible 15 points. completed by 10.01.2020. The comprehensive care plan developed for DON or designee to re-Resident #1 included a focus area that read. "Resident at risk for skin breakdown related to educate licensed nurses shear/friction, limited mobility, incontinence, regarding the importance of morbid obesity, DM (diabetes mellitus), chronic following physician orders by fungal rash to back, excessive moisture" with one completing and documenting of many interventions that read, "Provide wound treatment as ordered." wound treatments to ensure the residents wound care is The Treatment Administration Record (TAR) contained a provider order that read, "Diabetic provided per physician Ulcer of (R) outer ankle [sic] Cleanse with wound orders and the TAR cleanser [sic] Pat dry [sic] Apply sure-prep to documentation is completed. peri-wound [sic] Fill wound cavity with collagen powder [sic] Cover with dry dressing and place The re-education will include Optifoam pad over dressing and secure with a posttest to validate gauze wrap daily and PRN (as needed) [sic] understanding. New hires. Optifoam pad only to be changed if soiled every day shift for wound care." That order had a start including agency staff, will be date of 05/28/2020 at 7:00 a.m. and a discontinue provided education and date of 06/10/2020 at 8:00 p.m. There was no posttests during orientation documentation on the TAR that facility staff had provided wound care according to this order for by DON /Designee. the dates of May 28th, 29th, 30th, 31st, June 1st Education to be completed in or 2nd. The wound care was documented June entirety by 10.01.2020. The 3rd through June 10th. **Administrative Nursing Team** 

FORM CMS-2567(02-99) Previous Versione Obsolete

On 09/08/2020 at 11:07 a.m. during a conference

input from the facility's infection preventionist (IP).

At 12:00 noon on the same day, the administrator

call with the facility's administrator, the missing

documentation of wound care as above was discussed. The administrator wanted to enlist

Event ID: OWU311

Facility ID: VA0271 RECEIVE Continuation sheet Page 7 of 16



and the Interdisciplinary

9.23.2020 regarding the

Team were in-serviced by the

Regional Resource Nurse on

PRINTED: 09/17/2020 FORM APPROVED OMB NO. 0938-0391

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED			
•		405000	D 11510			(	C
NAME OF D	ROVIDER OR SUPPLIER	495200	B. WING			09/	08/2020
TO THE OF THE	NOVIDEN ON OUPPLIER		ļ		STREET ADDRESS, CITY, STATE, ZIP CODE WESTWOOD MEDICAL PARK		
WESTWOOD CENTER			l		BLUEFIELD, VA 24605		
(X4) ID	SUMMARY ST/	ATEMENT OF DEFICIENCIES	ID.		PROVIDER'S PLAN OF CORRECTION	_	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(XS) COMPLETION DATE
F 684	Continued From page	7	F	684		1	0/01/2020
	and IP called the surv	eyor back. The IP			Meeting. The CAR Meeting		1
	acknowledged the wo	ound care was not			will be established to meet	-	
		AR. The administrator			weekly by 10.1.2020 and will		
		eare might be documented clinical record other than			review any resident		
		n. the administrator called			identified with wounds. The		
ĺ		ize the wound care was not			TARs will be reviewed in the		
		re in Resident #1's clinical					
	record.				CAR meeting for treatment		
	No further information	was provided prior to exit.			completion. Corrective		
	THE STATE OF THE S	was provided prior to exit.			action upon discovery of		
		ne facility staff falled to			licensed nurses failing to		
	follow a physician ord				complete and document		
	residents calorie intak	<b>6.</b>			treatments will be		
	The clinical record wa	s reviewed on 08/28/2020.			completed as necessary.		
					DON or designee will audit		
	Resident #3's clinical				the TARs weekly X 4 then	8	
		rive, dementia, diabetes,			monthly X 2 to ensure that		
	benign neoplasm of a gastroesophageal refl	orenai giano, and ux disease			the wound care ordered by		
	guest occoprinage at 10th	an discuss.			the physician and the		
		atterns) of the residents			documentation in the TAR is		
		num data set) assessment			1		İ
		nent reference date) of BIMS (brief interview for			being completed for all		
	mental status) summa				residents identified with	İ	
	-	ection G (functional status)			wounds with corrective		
		licate the resident was			action upon discovery.		
	independent with set u	up help only for eating.			Outcomes of those audits		
	A review of Resident ±	#3's weights revealed that					
		ff documented a weight			will be presented to the		
	165.4 pounds. On 08/	05/2020, the staff			Quality Assurance		
	documented the reside	ent weighed 129 pounds.			Performance Improvement		
	The "Order Peces Por	port" located in the clinical			(QAPI) committee monthly.		
	record included a phys				The QAPI committee will		
			1				- 1

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: OWU311

Facility ID: VA0271

If continuation sheet Page 8 of 16



CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/17/2020 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING		1.50.	(X3) DATE SURVEY COMPLETED	
		495200	B. WING				C <b>'08/2020</b>
WESTWOOD CENTER  SHAMABY STATEMENT OF DESIGNATION		STREET ADDRESS, CITY, STATE, ZIP CODE WESTWOOD MEDICAL PARK BLUEFIELD, VA 24805		VESTWOOD MEDICAL PARK	U U U	00/20/20	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFII TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 684	The residents compre the focus area "Resid (related to) significant intakes, need for appo On 07/24/2020, the di	che count X 72 hours."  chensive care plan included ent at nutrition risk r/t cwt. (weight) loss, poor etite stimulant."	F	584	direct further analysis and interventions based on reported outcomes and direct further investigations.  2) Resident #3 and no longer	10,	/01/2020
	07/21/2020. The sum the calorie count in th On 08/28/2020 at app administrator and ADG	repleted on 07/16, 07/20, and reyor was unable to locate e clinical record.  Proximately 3:35 p.m., the DN (assistant director of about the missing calorie	:		resides in the facility, thus, no corrective action can be completed for this resident.  DON or designee will conduct an audit on all		
	counts. The ADON verthis would be on paper requested.  On 08/31/2020, the fa	rbalized to the surveyor that ir. A copy of this was cility provided the surveyor			residents with a physician order in regards to the residents' calorie intake to ensure all residents with		:
	the sheet were docum 07/21/2020.	neet. However, the dates on nented as 07/16, 07/20, and			calorie intake orders are being completed and documented as ordered with	:	
	administrator and ADO dates. The ADON state missed the correspond physician, and were to	roximately 12:10 p.m., the DN were asked about the led the facility staff had ding dates, had notified the old to just pick it up starting			corrective action upon discovery to be completed by 10.01.2020	=	
	information on this. The thought this was done	verbally.			DON or designee to re- educate nursing staff to ensure the physician orders		
F 842 SS=E	provided to the survey	entifiable Information	F8	142	in regards to resident calorie intake are completed per the physicians order and if the order is changed the		

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: OWU311

Facility ID: VA0271

If continuation sheet Page 9 of 16



PRINTED: 09/17/2020 DEPARTMENT OF HEALTH AND HUMAN SERVICES **FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 495200 B. WING 09/08/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **WESTWOOD MEDICAL PARK WESTWOOD CENTER BLUEFIELD, VA 24605** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (XS) COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 842 Continued From page 9 physician must provide 10/01/2020 F 842 §483.20(f)(5) Resident-identifiable information. written documentation. The (i) A facility may not release information that is re-education will include a resident-identifiable to the public. posttest to validate (ii) The facility may release information that is understanding. New hires, resident-identifiable to an agent only in accordance with a contract under which the agent including agency staff, will be agrees not to use or disclose the information provided education and except to the extent the facility itself is permitted to do so. posttests during orientation by DON /Designee. §483.70(i) Medical records. Education to be completed in §483.70(i)(1) In accordance with accepted professional standards and practices, the facility entirety by 10.01.2020. must maintain medical records on each resident Physician orders will be that arereviewed daily in the Clinical (i) Complete; (ii) Accurately documented; Meeting to ensure physician (iii) Readily accessible; and orders are implemented and (iv) Systematically organized followed through. §483.70(i)(2) The facility must keep confidential DON or designee will audit all information contained in the resident's records, regardless of the form or storage method of the physician orders weekly X 4 records, except when release isthen monthly X 2 to ensure (i) To the individual, or their resident that the calorie intake orders representative where permitted by applicable law;

FORM CMS-2567(02-99) Previous Versions Obsolete

(ii) Required by Law:

with 45 CFR 164.506;

(iii) For treatment, payment, or health care

operations, as permitted by and in compliance

(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight

activities, judicial and administrative proceedings, law enforcement purposes, organ donation

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.

purposes, research purposes, or to coroners,

Event ID: OWU311

Facility ID: VA0271

If continuation sheet Page 10 of 16



are completed as ordered

changes with corrective

action upon discovery.

Outcomes of those audits

will be presented to the

**Quality Assurance** 

and written documentation

is provided for any physician

PRINTED: 09/17/2020 FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES O(1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING 495200 B. WING 09/08/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **WESTWOOD MEDICAL PARK WESTWOOD CENTER BLUEFIELD, VA 24605** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Performance Improvement 10/01/2020 F 842 Continued From page 10 F 842 (QAPI) committee monthly. §483.70(i)(3) The facility must safeguard medical The QAPI committee will record information against loss, destruction, or direct further analysis and unauthorized use. interventions based on §483.70(i)(4) Medical records must be retained reported outcomes and direct further investigations. (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. §483.70(i)(5) The medical record must contain-(i) Sufficient information to identify the resident; (ii) A record of the resident's assessments: (iii) The comprehensive plan of care and services provided: (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State: (v) Physician's, nurse's, and other Ilcensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by: Based on staff interview and clinical record review, the facility staff failed to ensure a complete an accurate clinical record for 3 of 3 residents, Residents #1, #2 and #3. The findings included: 1. For resident #1, the facility staff failed to ensure the resident's meal and bedtime snack

FORM CMS-2567(02-99) Previous Versions Obsolete

intake percentages were documented on the ADL

(activities of daily living) Record sheets.

Event ID: OWU311

Facility ID: VA0271

If continuation sheet Page 11 of 16



PRINTED: 09/17/2020 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 495200 B. WING 09/08/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE WESTWOOD MEDICAL PARK **WESTWOOD CENTER BLUEFIELD, VA 24605 SUMMARY STATEMENT OF DEFICIENCIES** (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) IPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY** F842 10/01/2020 F 842 Continued From page 11 Preparation and execution of F 842 The clinical record was reviewed on multiple days this plan of correction does between 08/27/2020 and 09/05/2020. not constitute admission or Resident #1's clinical record included the agreement of the facts diagnoses: cerebral infarction (stroke), chronic alleged or conclusion of set kidney failure, moderate protein-calorie forth in the statement of malnutrition, obesity, anemia, type 2 diabetes deficiencies. The plan of mellitus with diabetic neuropathy, systolic (congestive) heart failure, hemiplegia (paralysis of correction is prepared one side of the body) and hemiparesis (muscle and/or executed solely weakness or partial paralysis on one side of the because it is required by body) following cerebral infarction affecting right dominant side, and acquired absence of left leg both Federal and State laws. above knee. Section C (cognitive patterns) of the resident's annual MDS (minimum data set) The nursing staff was inassessment with an ARD (assessment reference serviced starting 9.2.2020 date) of 03/03/2020 included a BIMS (brief through 10.1.2020 by the interview for mental status) summary score of 15 out of a possible 15 points. Administrative Nursing Team regarding documenting meal The comprehensive care plan included the and HS Snacks intake on the intervention "Monitor intake at all meals, offer alternate choices as needed, alert dietitian and Activities of Daily Living (ADL) physician to any decline in intake." Sheet and the meal intake for resident #1 is now A review of Resident #1's ADLs (activities of daily living) sheets for the months of March, April, and consistently being May 2020 revealed that the facility staff had not documented. documented all of the meal percentages. For March there were 29 missing meal percentages, Residents #2 and #3 no for April there were 10 missing meal percentages longer reside in the facility, and for May, there were 25 missing meal percentages. The bedtime snack percentages thus, no corrective action were missing for 11 days in March, 9 days in can be completed for these April, and 19 days in May 2020. Resident #1 was residents not in the facility between May 22, 2020 and May

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missing percentages totals.

27, 2020. The meals and bedtime snack counts for those days were not included in the May

Event ID: OWU311

Facility ID: VA0271

If continuation sheet Page 12 of 16



PRINTED: 09/17/2020 **FORM APPROVED** CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 **STATEMENT OF DEFICIENCIES** (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING 495200 B. WING 09/08/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **WESTWOOD MEDICAL PARK WESTWOOD CENTER BLUEFIELD, VA 24605 SUMMARY STATEMENT OF DEFICIENCIES** (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) The Director of Nursing 10/01/2020 F 842 | Continued From page 12 F 842 (DON) or designee will conduct an audit to verify On 08/28/2020 at 3:35 p.m., during a phone call with the administrator and ADON (assistant that all resident's Activities director of nursing) the ADON verbalized to the of Daily Living (ADL) Records survey team that it was the CNA's (certified are complete including nursing assistants) responsibility to fill out the ADL Record sheets. documentation of the resident's meal and bedtime On 09/04/2020 at 2:20 p.m., the facility's dietician snack intake percentages per was interviewed via conference call related to Resident #1's nutritional status and food intake policy with corrective action documentation. The facility's administrator and upon discovery to be ADON (assistant director of nursing) were completed by 10.01.2020. present during the conference call. The ADON acknowledged the missing meal and snack percentages documentation on the ADL Record The DON or designee will resheets and stated the expectation was for the educate nursing staff percentages to be documented every day, every regarding the regulation for meal, every shift. maintaining complete and No further information was provided to the survey accurate medical records and team prior to exit conference. ensuring the residents' meal and bedtime snack intake 2. For Resident #2, the facility staff failed to percentages are documented ensure the staff documented the residents meal on ADL Record and the intake and bedtime snack(s) on the ADL (activities of dally living) sheets. **Certified Nursing Assistant** (CNA) is to report off to a The clinical record was reviewed on 08/28/2020. licensed nurse to verify Resident #2's clinical record included the completion of the Resident

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diagnosis, Alzheimer's disease, dementia.

gastroesophageal reflux disease, feeding

Section C (cognitive patterns) of the residents

with an ARD (assessment reference date) of

quarterly MDS (minimum data set) assessment

difficulties, and dysphagia.

Event ID: OWU311

Facility ID: VA0271

If continuation sheet Page 13 of 16



ADL Record. The re-

posttest to validate

education will include a

understanding. New hires.

including agency staff, will be

FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 495200 **B. WING** 09/08/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **WESTWOOD MEDICAL PARK WESTWOOD CENTER BLUEFIELD, VA 24605 SUMMARY STATEMENT OF DEFICIENCIES** (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY provided education and F 842 | Continued From page 13 10/01/2020 F 842 posttests during orientation 08/04/2020 was coded 1/1/2 to indicate the resident had problems with long and short term by DON /Designee. memory and was moderately impaired in Education to be completed in cognitive skills for daily decision making. Section K (swallowing/nutritional status) was coded 7/2 entirety by 10.01.2020. for eating to indicate this activity only occurred CNAs will be required to once or twice in the look back period. This MDS report off to a licensed nurse had been coded to indicate the resident had a at the end of their shift to weight loss and was not on a physician prescribed weight loss regimen. verify completion of the Resident's ADL records. On 08/28/2020 at 11:15 a.m., the surveyor contacted the administrator and asked to speak The DON or designee will with the MDS nurse. The administrator verbalized audit the ADL Records to the surveyor that the MDS nurse was not at the facility. The surveyor asked for information in weekly X 4 then monthly X 2 regards to the MDS being coded 7/2 for eating. to ensure complete and accurate medical records On 08/28/2020 at 11:30 a.m., the administrator verbalized to the surveyor that the MDS nurse maintained and ensuring the had resigned and was not available for interview. residents' meal and bedtime The administrator stated that she had spoken snack intake percentages are with the MDS nurse via phone and they stated they had coded the MDS with a 7/2 due to the documented on ADL Record lack of documentation on the ADL sheets. with corrective action upon discovery to be completed by A review of the ADL sheets for the months of July and August 2020 revealed that the facility staff 10.01, 2020. had not documented all of the residents meal percentages. For July, there were 42 missing **Outcomes of those audits** meal percentages and 19 bedtime snack will be presented to the percentages. For August, there were 59 missing **Quality Assurance** meal percentages and 24 bedtime snack percentages. Performance Improvement

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The residents comprehensive care plan included

the intervention "Monitor intake at all meals...alert dietitian and physician to any decline in intake."

Event ID: OWU311

Facility ID: VA0271

If continuation sheet Page 14 of 16

PRINTED: 09/17/2020



(QAPI) committee monthly.

The QAPI committee will

**CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING B. WING 495200 09/08/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **WESTWOOD MEDICAL PARK WESTWOOD CENTER BLUEFIELD, VA 24605 SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (XS) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY direct further analysis and Continued From page 14 10/01/2020 F 842 interventions based on On 08/28/2020 at 3:35 p.m., during a follow-up call with the administrator and ADON (assistant reported outcomes and director of nursing), these staff were asked if the direct further investigations. MDS coordinator could have asked the staff that worked with the resident for this information. The administrator verbalized to the survey team that she could have spoken with the CNAs (certified nursing assistants). No further information regarding this issue was provided to the survey team prior to the exit conference. 3. For resident #3, the facility staff failed to ensure the staff documented the residents meal and bedtime snack intake on the ADL (activities of daily living) sheets. The clinical record was reviewed on 08/28/2020. Resident #3's clinical record included the diagnosis, failure to thrive, dementia, diabetes, benign neoplasm of adrenal gland, and gastroesophageal reflux disease. Section C (cognitive patterns) of the residents admission MDS (minimum data set) assessment with an ARD (assessment reference date) of 06/24/2020 included a BIMS (brief interview for mental status) summary score of 8 out of a possible 15 points. A review of the ADL sheets for the months of June, July, and August 2020 revealed that the facility staff had not documented all of the residents meal percentages. For June there were 14 missing meal percentages, for July 67 missing meal percentages, and for August 20 missing

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meal percentages. These ADL sheets did not

Event ID: OWU311

Facility ID: VA0271

If continuation sheet Page 15 of 16

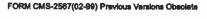
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PRINTED: 09/17/2020 FORM APPROVED OMB NO. 0938-0391

CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB NO	0. 0938-0391
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
495200  NAME OF PROVIDER OR SUPPLIER							08/2020
NAME OF P	ROVIDER OR SUPPLIER			8	STREET ADDRESS, CITY, STATE, ZIP CODE		
WESTWOOD CENTER				ı	WESTWOOD MEDICAL PARK BLUEFIELD, VA 24805		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG	REFIX (EACH CORRECTIVE ACTION SH			(XIS) COMPLETION DATE
F 842	Continued From page	15	F	842	₩.		
	include any percentag snack.	ge of intake for a bedtime	6		This page intentionally I	eft	38-
	The residents comprehensive care plan included the intervention "Monitor and document PO (by mouth) intakes."						1)
	with the administrator director of nursing) th	5 p.m., during a phone call and ADON (assistant e ADON verbalized to the the CNA's (certified nursing fility to fill out the ADL					
	with a calorie count si documentation for 3 r						
		n regarding the missing rovided to the survey team.					





Facility ID: VA0271

If continuation sheet Page 16 of 16

