

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

PRINTED: 05/09/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495200</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>09/11/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>WESTWOOD CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>20 WESTWOOD MEDICAL PARK BLUEFIELD, VA 24605</b>		
(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	
E 000	Initial Comments  An unannounced Emergency Preparedness COVID-19 Focused Survey was conducted 9/09/20 through 9/11/20. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities.	E 000			
F 000	INITIAL COMMENTS  An unannounced COVID-19 Focused Infection Control Survey was conducted 9/09/20 through 9/11/20. Corrections are not required for compliance with F-880 of 42 CFR Part 483 Federal Long Term Care requirement(s).  On 9/09/20, the census in this sixty-five certified bed facility was forty-seven. Of the forty-seven current residents, forty-seven residents have been tested with forty-five negative results and two pending results. Seventy-eight (78) staff members have been tested with 75 negative results, two pending results, and one rejected specimen. Cumulative testing totals in the facility indicated one COVID-19 positive resident that was discharged to the hospital and one COVID-19 positive staff member that has recovered. The facility conducted PPS (point prevalence survey) testing on 6/22/20, 7/01/20, 7/07/20, 7/14/20, 8/11/20, 8/25/20, and 9/02/20.	F 000			

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

TITLE

(X6) DATE

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.