

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>12/10/2020</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 12/08/20 through 12/10/20. 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 12/08/20 through 12/10/20. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirement(s).  Upon entrance on 12/08/20, the census in this 65 certified bed facility was 42. Of the 42 current residents, 21 residents were positive for COVID-19. Eleven (11) staff members were also positive. Cumulative testing totals in the facility indicated a total of 28 COVID-19 positive residents with no deaths. A cumulative total of 19 staff members have tested positive. By closure of the survey, an additional 5 residents were reported positive.	F 000			
F 684 SS=D	Quality of Care CFR(s): 483.25  § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in	F 684			

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.

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F 684	<p>Continued From page 1</p> <p>accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview and clinical record review, the facility staff failed to ensure that residents receive treatment and care in accordance with the comprehensive person-centered care plan as evidenced by failure to administer medications per physician's order for 1 of 7 residents in the survey sample, Resident #6.</p> <p>The findings included:</p> <p>For Resident #6, the facility staff failed to follow physician's orders for the administration of the medication Meropenem (an antibiotic used to treat infection) on 12/08/20 and 12/09/20.</p> <p>Resident #6's diagnosis list indicated diagnoses, which included, but not limited to COVID-19, Chronic Obstructive Pulmonary Disease with Acute Exacerbation, Chronic Kidney Disease Stage 3, Neuromuscular Dysfunction of the Bladder, and Type 2 Diabetes without Complications.</p> <p>The quarterly MDS (minimum data set) with an ARD (assessment reference date) of 10/08/20 assigned the resident a BIMS (brief interview for mental status) score of 15 out of 15 in section C, Cognitive Patterns.</p> <p>A review of Resident #6's medical record revealed an active physician's order dated 12/08/20 stating "Meropenem Solution Reconstituted 1 GM (gram) use 1 gram</p>	F 684			

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F 684	<p>Continued From page 2</p> <p>intravenously every 8 hours for ECOLI ESBL in urine for 10 days 1 gram q (every) 8 hours IV (intravenous) for 10 days."</p> <p>Resident #6's urine culture collected on 12/02/20 with the final report verified on 12/08/20 at 2:23pm, states in part, colony count &gt;100,000 CFU/ML and urine culture E.coli ESBL, multi drug resistant organism.</p> <p>Resident #6's comprehensive care plan included the focus area of "Resident has a UTI (urinary tract infection): ECOLI ESBL" initiated on 12/09/20. Care plan interventions included, but were not limited to "IV ABT (antibiotic) as ordered; Meropenem as ordered" and "IV ABT via Port-a-Cath".</p> <p>A review of Resident #6's December 2020 MAR (medication administration record) revealed Meropenem was not administered on 12/08/20 at 10:00pm with the reason documented as "No RN (registered nurse) in building to administer". The medication was also not administered on 12/09/20 6:00am and 12/09/20 at 2:00pm with no documentation for the reason not administered. Resident #6 received the first dose of Meropenem on 12/09/20 at 10:00pm.</p> <p>On 12/10/20 at 9:54am, surveyor spoke with the administrator and the IP (infection preventionist) concerning Resident #6 not receiving Meropenem as ordered on 12/08/20 and 12/09/20. The IP stated they contacted the NP (nurse practitioner) and the NP stated that they had already given the order to hold the antibiotic until the site could be accessed. IP also stated Resident #6 was on the COVID Unit and was in the process of moving off the unit and the port was not accessed until</p>	F 684			

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F 684	<p>Continued From page 3 yesterday evening.</p> <p>On 12/10/20 at 10:20am, surveyor requested an as worked nursing schedule for 12/08/20 and 12/09/20. Surveyor spoke with the administrator and IP on 12/10/20 at 10:33am, administrator stated the nurse that did the order was an agency LPN (licensed practical nurse) and there were nurses available in-house but the LPN did not let anyone know about the order. IP stated LPN's can administer the medication after the port is accessed by a RN.</p> <p>Surveyor requested and received the facility's policy for administering IV medications, entitled "Administration of an Intermittent Infusion" which states in part: To Be Performed By: Licensed nurses according to state law and facility policy. The nurse is responsible and accountable for obtaining and maintaining competence with infusion therapy within his or her scope of practice. Competency validation is documented in accordance with organizational policy.</p> <p>On 12/10/20 at 11:28am, the administrator stated they have already started educating the nurses and the facility has on-call nurses when needed for things like this but they were not made aware.</p> <p>No further information regarding this issue was presented to the surveyor prior to the remote exit conference on 12/10/20.</p>	F 684			