STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495200	A. BUILDING _____ B. WING _____	C 06/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTWOOD CENTER	**20 WESTWOOD MEDICAL PARK BLUEFIELD, VA 24605**

(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 A COVID-19 Focused Emergency Preparedness Survey was conducted onsite 6/5/23 through 6/7/23. The facility was in substantial compliance with 42 CFR Part 483.73(b)(6) emergency preparedness regulations and has implemented The Centers for Medicare & Medicaid Services and Centers for Disease Control recommended practices to prepare for COVID-19. The census, in this 65 certified bed facility, was 52 at the time of the survey.	E 000		
F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid abbreviated and COVID-19 Focus Infection Control survey was conducted 6/5/23 - 6/7/23. Corrections are required for compliance with 42 CFR Part 483.80 Federal Long Term Care infection control regulations. One (1) complaint (VA00058945 - Compliant with regulations) was investigated. The census, in this 65 certified bed facility, was 52 at the time of the survey. The survey sample consisted of nine (9) resident reviews.	F 000		
F 883 SS=D	Influenza and Pneumococcal Immunizations CFR(s): 483.80(d)(1)(2) §483.80(d) Influenza and pneumococcal immunizations §483.80(d)(1) Influenza. The facility must develop policies and procedures to ensure that- (i) Before offering the influenza immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization;	F 883		

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

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F 883	Continued From page 1 (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv)The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza immunization; and (B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal. §483.80(d)(2) Pneumococcal disease. The facility must develop policies and procedures to ensure that- (i) Before offering the pneumococcal immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv)The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits	F 883		

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F 883	Continued From page 2	F 883		

and potential side effects of pneumococcal immunization; and
(B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal.
This REQUIREMENT is not met as evidenced by:
Based on interviews, clinical record review, and facility document review, the facility staff failed to ensure influenza immunization and pneumococcal immunization for one (1) of five (5) residents sampled for immunization review (Resident #7).

The findings include:

The facility staff failed to administer influenza and pneumococcal immunization to Resident #7.

Resident #7's minimum data set (MDS) assessment, with an assessment reference date (ARD) of 4/3/23, was dated as completed on 4/17/23. Resident #7 was assessed as being able to make self understood and as being able to understand others. Resident #7 was assessed as having short-term memory problems and long-term memory problems. Resident #7 was assessed as requiring supervision for transfers and walking.

Resident #7's clinical record included documentation of telephone consent being obtained on 10/17/22 for both the pneumococcal vaccination and the influenza vaccination. No evidence of the facility staff attempting to administer these vaccines was found by or provided to the surveyor.

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F 883	Continued From page 3 On 6/6/23 at 9:29 a.m., the facility's Infection Preventionist (IP) reported Resident #7 had tested positive for COVID-19 on 10/26/23. The IP confirmed the resident could have received the aforementioned vaccines after they had recovered from COVID-19. (The Administrator was present for this interview.) The following information was found in a facility document titled "IC600 Influenza Immunization Program" (with a revised date of 5/1/23): "Centers will provide the opportunity to receive the appropriate ... influenza vaccine to patients and ... to employees annually, unless the immunization is medically contraindicated or the patient/employee has already been immunized." The following information was found in a facility document titled "IC601 Pneumococcal Vaccination" (with a revised date of 11/15/22): "Centers will provide the opportunity to receive the appropriate pneumococcal vaccine to all patients/residents ..." On 6/6/23 at 3:15 p.m., the surveyor discussed the failure of facility staff members to administer Resident #7's influenza immunization and pneumococcal immunization with the Administrator.	F 883		
F 887 SS=D	COVID-19 Immunization CFR(s): 483.80(d)(3)(i)-(vii) §483.80(d) (3) COVID-19 immunizations. The LTC facility must develop and implement policies and procedures to ensure all the following: (i) When COVID-19 vaccine is available to the facility, each resident and staff member is offered the COVID-19 vaccine unless the	F 887		

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F 887	Continued From page 4	F 887		

immunization is medically contraindicated or the resident or staff member has already been immunized;
(ii) Before offering COVID-19 vaccine, all staff members are provided with education regarding the benefits and risks and potential side effects associated with the vaccine;
(iii) Before offering COVID-19 vaccine, each resident or the resident representative receives education regarding the benefits and risks and potential side effects associated with the COVID-19 vaccine;
(iv) In situations where COVID-19 vaccination requires multiple doses, the resident, resident representative, or staff member is provided with current information regarding those additional doses, including any changes in the benefits or risks and potential side effects associated with the COVID-19 vaccine, before requesting consent for administration of any additional doses;
(v) The resident, resident representative, or staff member has the opportunity to accept or refuse a COVID-19 vaccine, and change their decision;
(vi) The resident's medical record includes documentation that indicates, at a minimum, the following:
(A) That the resident or resident representative was provided education regarding the benefits and potential risks associated with COVID-19 vaccine; and
(B) Each dose of COVID-19 vaccine administered to the resident; or
(C) If the resident did not receive the COVID-19 vaccine due to medical contraindications or refusal; and
(vii) The facility maintains documentation related to staff COVID-19 vaccination that

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F 887	Continued From page 5	F 887		

includes at a minimum, the following:
(A) That staff were provided education regarding the benefits and potential risks associated with COVID-19 vaccine;
(B) Staff were offered the COVID-19 vaccine or information on obtaining COVID-19 vaccine; and
(C) The COVID-19 vaccine status of staff and related information as indicated by the Centers for Disease Control and Prevention's National Healthcare Safety Network (NHSN).
This REQUIREMENT is not met as evidenced by:
Based on interviews, clinical record review, and facility document review, the facility staff failed to ensure COVID-19 immunization for one (1) of five (5) residents sampled for immunization review (Resident #6)

The findings include:

The facility staff failed to administer the COVID-19 vaccine to Resident #6.

Resident #6's minimum data set (MDS) assessment, with an assessment reference date (ARD) of 3/1/23, was dated as completed on 3/14/23. Resident #6 was assessed as being able to make self understood and as being able to understand others. Resident #6's Brief Interview for Mental Status (BIMS) summary score was documented as an eight (8) out of 15; this indicated moderate cognitive impairment. Resident #6 was assessed as requiring extensive assistance with bed mobility, dressing, toilet use, and personal hygiene.

Resident #6's clinical documentation included a consent dated 1/19/23 for the resident to receive the second dose of the COVID-19 vaccination.

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F 887	Continued From page 6 No evidence of the facility attempting to administer this vaccination was found by or provided to the surveyor. On 6/6/23 at 10:29 a.m., the facility's Infection Preventionist (IP) reviewed Resident #6's clinical documentation. The IP reported the aforementioned COVID-19 vaccine was not documented as being given. The following information was found in a facility document titled "IC604 COVID-19 Vaccination" (with a revised date of 5/1/23: "Centers will provide the opportunity to receive COVID-19 vaccinations for all doses ... following Centers for Disease Control and Prevention (CDC) recommendations ..." On 6/6/23 at 3:15 p.m., the surveyor discussed the failure of facility staff members to administer Resident #6's COVID-19 immunization with the Administrator.	F 887		