

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 235444	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/31/2020
NAME OF PROVIDER OF SUPPLIER WESTWOOD NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 16588 SCHAEFER DETROIT, MI 48235	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0686 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to Intake number MI 610. Based on interview and record review the facility failed to timely assess and provide wound treatment for one sampled resident (R4) from a total sample of five residents, resulting in the potential for wound worsening, delayed healing or infection. Findings include: Record review revealed that R4 was admitted into the facility on [DATE] with [DIAGNOSES REDACTED]. Review of the admission physician's history and physical dated 4/7/20 documented R4 was alert and oriented x1 .totally dependant on staff for activities of daily living (ADL's) and was noted to have a wound on his buttocks .Impression: .Stage 2-3 (Stage III - Full thickness tissue loss. Subcutaneous fat may be visible.) sacral ulcer .Plan: .Wound care. An incomplete Admission Nursing assessment dated [DATE] (21 days after the resident was admitted) documented Coccyx pressure ulcer, Stage II. There was no wound description documented on the nursing assessment. Review of the physicians orders dated 4/7/20 to 5/6/20 documented a treatment to the buttocks pressure ulcer was ordered on [DATE] (13 days after R4 was admitted into the facility). Review of the Treatment Administration Records (TAR's) for the months of April and May 2020 revealed that R4 did not receive any treatment to the buttocks wound until 4/20/20 (13 days after the resident was admitted into the facility). A 4/13/20 care plan titled, Resident has actual skin impairments upon admission and is at risk for worsening, delayed healing, and new skin disruption had interventions of; Assess skin during care, report any red, bruised, or newly opened areas to the charge nurse .full head to toe skin assessment to be completed on admission and again on shower days .provide treatment as ordered . During an interview with the Director of Nursing (DON) at 2:50 p.m., she said that she recognized that assessment timeliness was a concern and was trying to educate the nurses on the importance of completing the assessments within a reasonable time frame. When asked what a reasonable time frame was the DON responded, Within 24 hours of admission. Interventions are to be put in place after the resident is assessed. Review of the facility's undated policy titled Conducting an Accurate Resident Assessment documented, The purpose of this policy is to assure that all residents receive an accurate assessment, reflective of the resident's status at the time of the assessment, by staff qualified to assess relevant care areas. Review of the facility's policy titled Wound Treatment Management updated 1/30/20 documented, 2. In the absence of treatment orders, the licensed nurse will notify physician to obtain treatment orders. This may be the treatment nurse, or the assigned licensed nurse in the absence of the treatment nurse.</p>		
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.