**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**(x1) PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER:**

445449

**(x2) MULTIPLE CONSTRUCTION**

A. BUILDING

B. WING

**(x3) DATE SURVEY COMPLETED:**

04/19/2011

---

**NAME OF PROVIDER OR SUPPLIER:**

WESTWOOD HEALTH CARE

**STREET ADDRESS, CITY, STATE, ZIP CODE:**

524 WEST MAIN STREET

DECATURVILLE, TN 38329

---

<table>
<thead>
<tr>
<th>ID</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 253</td>
<td>483.15(h)(2) HOUSEKEEPING &amp; MAINTENANCE SERVICES</td>
<td>F 253</td>
<td>483.15(h)(2) Housekeeping &amp; Maintenance Services SS=D</td>
</tr>
</tbody>
</table>

This REQUIREMENT is not met as evidenced by:

Based on observation and interview, it was determined the facility failed to maintain an orderly and sanitary environment for 1 of 3 (supply room) storage areas.

The findings included:

- Observations in the supply room on 4/19/11 at 10:10 AM, revealed this room was cluttered with sterile supplies, housekeeping equipment and maintenance equipment. There were tube feeding formulas, trach care kits, sterile gauze, oxygen tubing and concentrators stored in this room.
- There were also two garbage barrels and a biohazard linen barrel, cleaning chemicals and equipment. This area was also used as a maintenance work and storage room with multiple tools and equipment.

During an interview in the supply room on 4/19/11 at 10:10 AM, the Maintenance Director stated, "...This is a catch all room..."

During an interview in the supply room on 4/19/11 at 10:50 AM, the Administrator stated, "We have limited space here. We are working on this. We are going to move maintenance to an out building as soon as it is ready."

**Completion Date:** 5/11/11

---

**Administrators Signature:**

Melinda Wall

**Date:** 5-11-11

---

If continuation sheet Page: 1 of 5
The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.

A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment, prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.

This REQUIREMENT is not met as evidenced by:
Based on review of the facility's thickened liquids guidelines, medical record review, observation and interview, it was determined the facility failed to revise the care plan for thickened liquids, swallowing precautions or oxygen for 2 of 13 (Residents #3 and 6) sampled residents.

The findings included:
1. Medical record review for Resident #3 documented an admission date of 11/8/08 with diagnoses of Brain Cancer, Chronic Atrial Fibrillation, Anemia, Senile Dementia and Gastrointestinal Reflux Disease. Review of a
**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**NAME OF PROVIDER OR SUPPLIER**
WESTWOOD HEALTH CARE

**STREET ADDRESS, CITY, STATE, ZIP CODE**
524 WEST MAIN STREET
DECATURVILLE, TN 38329

<table>
<thead>
<tr>
<th>ID</th>
<th>PREMIX</th>
<th>TAQ</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID</th>
<th>PREMIX</th>
<th>TAQ</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 280</td>
<td>Continued From page 2</td>
<td></td>
<td>physician's order dated 3/7/11 documented, &quot;...O2 [oxygen] BNC [binasal cannula] @ [at] 2-[to] 4 L[itters] / [per] min [minute] prn [as needed]...&quot; The care plan dated 4/1/11 did not include oxygen therapy. Observations in Resident #3's room on 4/17/11 at 8:20 AM, revealed Resident #3 receiving O2 at 2 L/min per BNC. Observations in Resident #3's room on 4/17/11 at 11:00 AM and 3:00 PM and on 4/18/11 at 8:05 AM and 10:30 AM, revealed Resident #3 receiving O2 at 3 L/min per BNC. 2. Review of the facility's &quot;THICKENED LIQUIDS&quot; guidelines documented, &quot;...Appropriate orders must be obtained for consistency of liquids, including the desired thickness (nectar, honey, or pudding). Care plans must include thickened liquid requirements and specific swallowing precautions.&quot; Medical record review for Resident #6 documented an admission date of 2/4/05 and a readmission date of 4/11/11 with diagnoses of Dementia, Chronic Kidney Disease Stage V, Diabetes Mellitus, Urinary Tract Infection and Anemia. Review of a physician's order dated 4/11/11 documented, &quot;...DIET / SUPPLEMENT ORDER: Pureed c [with] thickened liquids.&quot; The care plan dated March 2011 did not include thickened liquids or include swallowing precautions. Observations in Resident #6's room on 4/17/11 at 11:40 AM, revealed Resident #6 was fed her lunch meal with nectar thick liquids to drink.</td>
<td>F 280</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ID TAG</td>
<td>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</td>
<td>ID TAG</td>
<td>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------</td>
<td>----------------------------------------------------------------------------------------------------------</td>
<td>--------</td>
<td>---------------------------------------------------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| F 280  | Continued From page 3  
During an interview in the conference room on 4/19/11 at 9:05 AM, the Director of Nursing reviewed Resident #6's care plan and confirmed it did not include thickened liquids or swallowing precautions.  
F 309  
483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING  
Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.  
This REQUIREMENT is not met as evidenced by:  
Based on review of the facility's thickened liquids guidelines, medical record review, observation and interview, it was determined the facility failed to obtain physician's orders for consistency of thickened liquids for 1 of 16 (Resident #6) sampled residents.  
The findings included:  
Review of the facility's "THICKENED LIQUIDS" guidelines documented, "Appropriate orders must be obtained for consistency of liquids, including the desired thickness (nectar, honey, or pudding)..."  
Medical record review for Resident #6 documented an admission date of 2/4/05 and a readmission date of 4/11/11 with diagnoses of Dementia, Chronic Kidney Disease Stage V, Anemia, Diabetes Mellitus and Urinary Tract Infection.  
F 260  
F 309  
F309 483.25 Provide Care/Serivces for Highest Well Being  
SS= D  
Requirement:  
Each resident will receive and the facility will provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.  
Corrective Action:  
1. On 4/19/11 the physician wrote orders for Resident #6 clarifying consistency of liquid including the desired thickness.  
2. On 4/19/11 the DON reviewed physician's orders for residents receiving thickened liquids to ensure appropriate consistency to include desired thickness.  
3. On 4/19/11, DON, and ADON interviewed licensed nursing staff regarding physician's orders pertaining to consistency of liquid including desired thickness for residents requiring thickened liquids.  
4. The DON or designee will monitor for compliance through random chart audits and report findings to QA committee.  
Completion Date: 4/19/11
F 309 Continued From page 4


Observations in Resident #8's room on 4/17/11 at 11:40 AM, revealed Resident #8 was fed her lunch meal with nectar thickened liquids to drink.

Observations in Resident 6's room on 4/18/11 at 10:30 AM, revealed a cooler with nectar thickened cranberry juice on Resident #6's night stand.

During an interview on 4/18/11 at 10:10 AM, Nurse #1 was asked if there was a physician's order for the consistency of the thickened liquids. Nurse #1 stated, "No, we do nectar thick liquids. Every person on thick liquids gets nectar."

During an interview at the nurses' station on 4/18/11 at 10:20 AM, the Director of Nursing stated, "There's no order for the consistency. We just start with nectar..."