## Summary of Deficiencies

<table>
<thead>
<tr>
<th>Identification</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>F9999</td>
<td>Final Observations</td>
</tr>
</tbody>
</table>

During the annual re-certification survey conducted on 2/16/10 through 2/17/10 Westwood Health Care was found to be in substantial compliance with 42 CFR Part 483, Subpart B - Requirements for Long Term Care.

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**Laboratory Director's or Provider/Supplier Representative's Signature:**

Melinda Wade

**Title:**

Administrator

**Date:**

2-20-10

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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 disclosed 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 discloseable 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.