Printed: 06/04/2025 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045371	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/15/2022
NAME OF PROVIDER OR SUPPLIER Westwood Health and Rehab, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 802 S West End Street Springdale, AR 72764	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0810	Provide special eating equipment and utensils for residents who need them and appropriate assistance.		
Level of Harm - Minimal harm	39316		
or potential for actual harm Residents Affected - Some	Based on observation, record review, and interview, the facility failed to ensure 2 (Resident #3, and R #4) of 6 (R #1, R #2, R #3, R #4, R #5, R #6) sampled residents were provided with adaptive equipment during meals to ensure residents achieved and or maintained their highest practicable level of eating/drinking independence. The findings are:		
	1.Resident #3 (R #3) had diagnoses of Dementia, Alzheimer's disease, and muscle wasting and atrophy. The Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/1/2022 documented the resident scored 2 (0-7 indicated severe impairment) on the Brief Interview for Mental Status (BIMS), required limited assist for most all activities of daily living (ADLs).		
	a. A Care Plan with a revision date of 9/29/2022 documented .The resident has an Activity of Daily Living (ADL) self-care performance deficit r/t (related to) dementia .the resident can feed self independently following tray set up .		
	 b. On 12/13/2022 at 12:20 p.m. Certified Nursing Assistant (CNA) #1 was setting up R #3 meal tray in the dining room on the secure unit. CNA #1 served R #3 8 ounces of tea in a regular cup with no lid. CNA #1 served R #3 8 ounces of milk in a regular cup with no lid. c. On 12/13/2022 at 12:23 p.m., review of R #3 meal tray card documented .Standing orders .8 fl (fluid) oz (ounces) iced tea .put in large cup with lid .8 fl. oz. milk .put in large cup with lid . 2. Resident #4 (R #4) had diagnoses of Dementia, Alzheimer's Disease, and lack of coordination. The Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/1/2022 documented the resident scored 3 (0-7 indicated severe impairment) on the Brief Interview Mental Status (BIMS), required extensive assistance with most all ADL's. 		
	a.A Care Plan with a revision date of 5/23/2022 documented .The resident has an ADL self-care performance deficit r/t dementia .the resident feeds self independently following staff set up .		
		NA #1 was setting up R #4 meal tray in ea in a regular cup with no lid. CNA #1	· ·
	(continued on next page)		

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 045371

If continuation sheet Page 1 of 6

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND PLAN OF CORRECTION		A. Building	
	045371	B. Wing	12/15/2022
NAME OF PROVIDER OR SUPPLII	ER	STREET ADDRESS, CITY, STATE, ZI	P CODE
Westwood Health and Rehab, Inc		802 S West End Street	
Springdale, AR 72764			
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 informati	on)
F 0810	c. On 12/13/2022 at 12:26 p.m., review of R#4 meal tray card documented .Standing orders .8 fl. oz. coffee . cup with lid .8 fl. oz. iced tea .cup with lid .		
Level of Harm - Minimal harm or potential for actual harm	3. The following interview were cor		
Residents Affected - Some	a. On 12/13/2022 at 12:37 p.m., The Surveyor asked CNA #1, Why weren't R#3 and R#4 served drinks in cups with lids? CNA #1 stated, I don't know.		
	b. On 12/13/2022 at 12:59 p.m., The Surveyor asked CNA #1, Who is responsible for ensuring meal cards are followed? CNA #1 stated, everybody.		
	c. On 12/13/2022 at 5:01 p.m., The Surveyor asked the Dietary Manager (DM) #1, Why are R #3 and R #4 drinks not in cups with lids today? The DM #1 stated, They should be, R #3 got shaky and sometimes he spills his drinks, I got all over her, one of my girls, for not putting the cups with lids out.		
	d. On 12/15/2022 at 10:29 a.m., The Surveyor asked CNA #2, Who is responsible for ensuring the tray cards		
	are followed? CNA #2 stated, CNA's, whoever passes the trays. The Surveyor asked CNA #2, If a resident's		
	tray card states, Serve liquids in a cup with a lid, should the resident's liquids be served in a cup with a lid? CNA #2 stated, It should be. The Surveyor asked CNA #2, Why would a resident's tray card state, Serve liquids in a cup with a lid? CNA #2 stated, To keep them from taking big drinks, and keep from spilling.		
	e. On 12/15/2022 at 11:05 a.m., The Surveyor asked CNA #3, Who is responsible for ensuring the tray cards are followed? CNA #3 stated, The kitchen, but whoever delivers the tray is responsible for ensuring the diet and equipment is right. The Surveyor asked CNA #3, If a resident's tray card states, Serve liquids in a cup with a lid, should the resident's liquids be served in a cup with a lid? CNA #3 stated, It should be. The Surveyor asked CNA #3, Why would a resident's tray card state, Serve liquids in a cup with a lid? CNA #3 stated, He might have trouble with spilling it.		
	for ensuring the tray cards are follo access to the tray. The Surveyor as lid, should the resident's liquids be asked LPN #1, Why would a reside	e Surveyor asked Licensed Practical N wed? LPN #1 stated, It starts in the kit sked LPN #1, if a resident's tray card so served in a cup with a lid? LPN #1 stat ent's tray card state, Serve liquids in a co sue with spilling, and to prevent it from so	chen, then the CNA's, whoever has tates, Serve liquids in a cup with a sed, it should be. The Surveyor cup with a lid? LPN #1 stated,
	cards are followed. Dietary #2 state the kitchen. The Surveyor asked D	ne Surveyor asked Dietary #2, who is red, It's our job, the Dietary Manager, it's ietary #2, If a resident's tray card states yed in a cup with a lid? Dietary #2 states	s our responsibility as it goes out s, Serve liquids in a cup with a lid,
	cards are followed? Dietary #3 stat	ne Surveyor asked Dietary #3, Who is red, The cook and the assistants. The Squids in a cup with a lid, should the resionald be me too.	Surveyor asked Dietary #3, If a
	(continued on next page)		

		NO. 0930-0391	
(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045371	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/15/2022	
NAME OF PROVIDER OR SUPPLIER Westwood Health and Rehab, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 802 S West End Street Springdale, AR 72764	
plan to correct this deficiency, please conf	tact the nursing home or the state survey	agency.	
		ion)	
i. On 12/15/2022 at 12:20 p.m., The ensuring the tray cards are followed Surveyor asked Dietary Manager # the resident's liquids be served in a the drinks. j. On 12/15/2022 at 12:37 p.m., The ensuring the tray cards are followed a resident's tray card states, Serve with a lid? The DON stated, only if lk. On 12/15/2022 at 12:38 p.m., The tray cards are followed. The Adminif a resident's tray card states, serve cup with a lid? The Administrator states and the service of the Administrator states are followed. The Administrator states are followed by the Administrator states are followed.	e Surveyor asked the Dietary Manager d? Dietary Manager #1 stated, The one 1, If a resident's tray card states, Serveue with a lid? Dietary Manager #1 states as Surveyor asked the Director of Nurside? The DON stated, dietary and nursin liquids in a cup with a lid, should the refused. The Surveyor asked the Administrator, Wastrator stated, dietary and nursing. The liquids in a cup with a lid, should the ated, it should be served. The serveyor asked the Administrator, Wastrator stated, dietary and nursing. The liquids in a cup with a lid, should the ated, it should be served. The serveyor asked the Administrator, Wastrator on 12/15/2022 at 11:02 a.m. does do as necessary to ensure that resident and pendence .DM (Dietary Manager) of the servey of t	#1, Who is responsible for es who's serving out the line. The e liquids in a cup with a lid, should ated, It should be the person doing ing (DON), Who is responsible for g. The Surveyor asked the DON, If esident's liquids be served in a cup who is responsible for ensuring the e Surveyor asked the Administrator, resident's liquids be served in a cumented .Adaptive Eating Devices is can achieve or maintain their ensures that the resident tray card	
	IDENTIFICATION NUMBER: 045371 R SUMMARY STATEMENT OF DEFICE (Each deficiency must be preceded by incidency must be preceded	DENTIFICATION NUMBER: 045371 A. Building B. Wing STREET ADDRESS, CITY, STATE, ZI 802 S West End Street Springdale, AR 72764 Idan to correct this deficiency, please contact the nursing home or the state survey SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying informat i. On 12/15/2022 at 12:20 p.m., The Surveyor asked the Dietary Manager ensuring the tray cards are followed? Dietary Manager #1 stated, The one Surveyor asked Dietary Manager #1, If a resident's tray card states, Serve the resident's liquids be served in a cup with a lid? Dietary Manager #1 st the drinks. j. On 12/15/2022 at 12:37 p.m., The Surveyor asked the Director of Nursin ensuring the tray cards are followed? The DON stated, dietary and nursin a resident's tray card states, Serve liquids in a cup with a lid, should the re with a lid? The DON stated, only if he refused. k. On 12/15/2022 at 12:38 p.m., The Surveyor asked the Administrator, W tray cards are followed. The Administrator stated, dietary and nursing. Th If a resident's tray card states, serve liquids in a cup with a lid, should the cup with a lid? The Administrator stated, it should be served. 4. A policy provided by the Administrator on 12/15/2022 at 11:02 a.m. do adaptive eating devices will be used as necessary to ensure that resident highest practicable level or eating independence .DM (Dietary Manager) states the specific adaptive device needed .dietary department .places the	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045371 (X2) MULTIPLE CONSTRUCTION A. Building B. Wing STREET ADDRESS, CITY, STATE, ZIP CODE 802 S West End Street Springdale, AR 72764 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 0812 Level of Harm - Minimal harm or potential for actual harm Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve for an accordance with professional standards. "MOTE-TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY" 39316 Based on observation and interview, the facility failed to ensure expired milk items were promptly removed/discarded by the spriscition or use by dates, failed to ensure foods left unes were promptly removed/discarded by the spriscion or use by dates, failed to ensure foods left on the interhelation of each path of the failed in the provided by the Director of Nursing (DON) or (DATE) at 10.41 a.m. The findings are: 1. On (DATE) at 10.33 a.m., the Surveyor asked the Dietary Manager (DM), what is in the bowls? The DM stated, thicken thips, ago plater, and care flaines. The Surveyor asked the DM, Should it be covered? The DM stated, vs., it should be covered while the other is cooking. 2. On (DATE), the following were in the refrigerator: a. A 10.40 a.m., a clear plastic bags that contained lettuce and slices of tomatoes had no label and was not dated. b. At 10.42 a.m., a clear plastic container that contained eletuce and slices of tomatoes had no label and was not dated. On (DATE), at 10.45 a.m., the Surveyor asked the Dietary Manager (DM), what is in the bowls? The DM stated, Chicken thips, ago plaster, and corn flaines. The Surveyor asked the DM, Should it be covered? The DM stated, the surveyor asked the DM, Who is				NO. 0930-0391
Westwood Health and Rehab, Inc 802 S West End Street Springdale, AR 72764 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 0812 Lavel of Harm - Minimal harm or potential for actual harm Residents Affected - Many Residents Affected - Many Based on observation and interview, the facility failed to ensure food items stored in the refrigerator and freezer were covered or sealed and dated, failed to ensure expired milk items were promptly removed discarded by the expiration or use by dates, failed to ensure foods left out on the kitchen table we covered; and failed to ensure of yod other whore received mealshings from the kitchen according to a list provided by the Director of Nursing (DON) or [DATE] at 10:41 a.m. The findings are: 1. On [DATE] at 10:31 a.m. a metal bowl of uncooked chicken thighs was on the kitchen table, uncovered, metal bowl of egg batter mix was on the kitchen table, uncovered. A metal bowl of complete the provided by the provided by the provided by the Director of Nursing (DON) or [DATE] at 10:41 a.m., the findings are: 1. On [DATE] at 10:33 a.m., the Surveyor asked the Dietary Manager (DM), what is in the bowls? The DM stated, Chicken thighs, egg batter, and corn flakes. The Surveyor asked the DM, Should it be covered? The DM stated, Chicken thighs, egg batter, and corn flakes. The Surveyor asked the DM, Should it be covered? The DM stated, Chicken thighs, egg batter, and corn flakes. The Surveyor asked the DM, Should it be covered? The DM stated, Chicken thighs, egg batter, and corn flakes. The Surveyor asked the DM, Should it be covered? The DM stated, Chicken thighs, egg batter, and corn flakes. The Surveyor asked the DM, Should it be covered? The DM stated, Chicken thighs, egg batter, and corn flakes. The Surveyor asked the DM, Should it be covered? The DM stat		IDENTIFICATION NUMBER:	A. Building	COMPLETED
SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve for in accordance with professional standards. "NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39316 Based on observation and interview, the facility failed to ensure so ditems stored in the refrigerator and freezer were covered or sealed and dated, failed to ensure expressed literature in the technique removed/discarded by the expiration or use by dates, failed to ensure in the technique removed/discarded by the expiration or use by dates, failed to ensure in the technique removed/discarded by the expiration or use by dates, failed to ensure in the technique removed/discarded by the expiration or use by dates, failed to ensure to do the distribution of the covered; and failed to ensure dry goods were labeled and dated to prevent potential for food borne illness residents who received meals from 1 of 1 kitchen. This failed practice had the potential to affect Sersider who received meals from 1 of 1 kitchen. This failed practice had the potential to affect Sersider who received meals from 1 of 1 kitchen. This failed practice had the potential to affect Sersider who received meals from 1 of 1 kitchen. This failed practice had the potential to food borne illness residents who received meals from 1 of 1 kitchen. This failed practice had the potential to affect Sersider who received meals from 1 of 1 kitchen. This failed practice had the potential to food borne illness residents who received meals from 1 of 1 kitchen. This failed practice had the potential to food borne illness residents who received meals from 1 of 1 kitchen. This failed practice had the potential to food borne illness. 1. On [DATE] at 10:31 a.m. a metal bowl of uncovered. A metal bowl of com flake batter mixture was on the kitchen table, uncovered. A metal bowl of com flake batter had been such as a fa			802 S West End Street	
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many Based on observation and interview, the facility failed to ensure food items stored in the refrigerator and freezer were covered or sealed and dated, failed to ensure expired milk items were promptly removed/discarded by the expiration or use by dates, failed to ensure looks left out on the kitchen table we covered; and failed to ensure dry goods were labeled and dated to prevent potential for food borne illness residents who received meals from 1 of 1 kitchen. This failed practice had the potential to affect 65 resider who received meals from 1 of 1 kitchen. This failed practice had the potential to affect 65 resider who received meals from 1 of 1 kitchen. This failed practice had beyond the potential to affect 65 resider who received meals/trays from the kitchen according to a list provided by the Director of Nursing (DON) or [DATE] at 10:41 a.m. The findings are: 1. On [DATE] at 10:31 a.m. a metal bowl of uncooked chicken thighs was on the kitchen table, uncovered. a. On [DATE] at 10:33 a.m., the Surveyor asked the Dietary Manager (DM), what is in the bowls? The DM stated, yes, it should be covered while the other is cooking. 2. On [DATE], the following were in the refrigerator: a. At 10:40 a.m., a clear plastic bag that contained lettuce and slices of tomatoes had no label and was not dated. b. At 10:42 a.m., a clear plastic container that contained eggs had no label and was not dated? The DM stated, Absolutely everybody. c. At 10:51 a.m., a half-gallon of buttermilk with a use by date of [DATE]. 3. On [DATE] at 10:46 a.m., the following were on a metal cart next to the stove: a. 3 clear plastic bags of potato chips with no date and no label b. a rice [named snack] wrapped in clear [named] wrap with no label and no date c. 3 clear bags that contained 1 chocolate chip cooki	For information on the nursing home's	plan to correct this deficiency, please con	Lact the nursing home or the state survey	agency.
in accordance with professional standards. ***NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39316 Based on observation and interview, the facility failed to ensure food items stored in the refrigerator and freezer were covered or sealed and dated, failed to ensure expired milk items were promptly removed/discarded by the expiration or use by dates, failed to ensure foods left out on the kitchen table we covered; and failed to ensure dry goods were labeled and dated to prevent potential for food borne illness residents who received meals from 1 of 1 kitchen. This failed practice had the potential to affect 65 resider who received meals/frays from 1 of 1 kitchen. This failed practice had the potential to affect 65 resider who received meals/frays from 1 of 1 kitchen. This failed practice had the potential to affect 65 resider who received meals/frays from the kitchen according to a list provided by the Director of Nursing (DON) or [DATE] at 10:41 a.m. The findings are: 1. On [DATE] at 10:31 a.m., a metal bowl of uncooked chicken thighs was on the kitchen table, uncovered. The bowl of egg batter mix was on the kitchen table, uncovered. A metal bowl of corn flake batter mixture was on the kitchen table, uncovered. a. On [DATE] at 10:33 a.m., the Surveyor asked the Dietary Manager (DM), what is in the bowls? The DM stated, Chicken thighs, egg batter, and corn flakes. The Surveyor asked the DM, Should it be covered? The DM stated, a.m., a clear plastic bag that contained lettuce and slices of tomatoes had no label and was not dated. b. At 10:40 a.m., a clear plastic container that contained 6 hardboiled eggs had no label and was not dated. c. At 10:51 a.m., a half-gallon of buttermilk with a use by date of [DATE]. 3. On [DATE] at 10:46 a.m., the Surveyor asked the DM, Who is responsible for ensuring food is labeled and dated? The DM stated, Absolutely everybody. c. At 10:51 a.m., a half-gallon of buttermilk with a use by date of [DATE]. 3. On [DATE] at 50:46 a.m., the following were o	(X4) ID PREFIX TAG			ion)
	Level of Harm - Minimal harm or potential for actual harm	Procure food from sources approve in accordance with professional states **NOTE- TERMS IN BRACKETS In Based on observation and interview freezer were covered or sealed and removed/discarded by the expiration covered; and failed to ensure dry gresidents who received meals from who received meals/trays from the [DATE] at 10:41 a.m. The findings 1. On [DATE] at 10:31 a.m. a metal metal bowl of egg batter mix was on was on the kitchen table, uncovered a. On [DATE] at 10:33 a.m., the Sustated, Chicken thighs, egg batter, DM stated, yes, it should be covered a. At 10:40 a.m., a clear plastic bag dated. b. At 10:42 a.m., a clear plastic cordated? The DM stated, Absolutely c. At 10:51 a.m., a half-gallon of but 3. On [DATE] at 10:46 a.m., the fol a. 3 clear plastic bags of potato chib. a rice [named snack] wrapped in c. 3 clear bags that contained 1 chem.	ed or considered satisfactory and store indards. IAVE BEEN EDITED TO PROTECT Cov., the facility failed to ensure food item didated, failed to ensure expired milk it in or use by dates, failed to ensure foo goods were labeled and dated to preven 1 of 1 kitchen. This failed practice had kitchen according to a list provided by are: I bowl of uncooked chicken thighs was in the kitchen table, uncovered. A meta did. I riveyor asked the Dietary Manager (DN and corn flakes. The Surveyor asked the did while the other is cooking. I the refrigerator: In that contained lettuce and slices of to entainer that contained 6 hardboiled egg reyor asked the DM, Who is responsible everybody. Ittermilk with a use by date of [DATE]. I lowing were on a metal cart next to the ps with no date and no label clear [named] wrap with no label and	ONFIDENTIALITY** 39316 s stored in the refrigerator and ems were promptly ds left out on the kitchen table were not potential for food borne illness for the potential to affect 65 residents the Director of Nursing (DON) on on the kitchen table, uncovered. A lad bowl of corn flake batter mixture Al), what is in the bowls? The DM he DM, Should it be covered? The omatoes had no label and was not dated. The for ensuring food is labeled and the stove:

			NO. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045371	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/15/2022
NAME OF PROVIDER OR SUPPLIER Westwood Health and Rehab, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 802 S West End Street Springdale, AR 72764	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Foods shall be received and stored stored in the refrigerator or freezer be removed from original packagin system .beverages must be dated guidelines .other opened container 5. On [DATE] the following interview a. At 11:47 a.m., the Surveyor asked Dietary #2 stated, so you're not ser should expired milk be removed from Surveyor asked Dietary #2, why shoecause we do have flies, and they #2, who is responsible for ensuring asked Dietary #2, who is responsible atter when sitting out? Dietary #2. The Surveyor asked Dietary #2, who is responsible batter when sitting out? Dietary #2. The Surveyor asked Dietary #2 stated b. At 12:00 p.m., the Surveyor asked Dietary #3 stated, so we know what be removed from the refrigerator. It food be covered when sitting out in asked Dietary #3, who is responsible uses it or puts it up. The Surveyor asked Dietary #3, who is responsible uses it or puts it up. The Surveyor asked Dietary #3, who is responsible uses it or puts it up. The Surveyor asked Dietary #3, who is responsible uses it or puts it up. The Surveyor asked Dietary #3, who is responsible uses it or puts it up. The Surveyor asked Dietary #3, who is responsible uses it or puts it up. The Surveyor asked Dietary #3, who is responsible uses it or puts it up. The Surveyor asked Dietary #3, who is responsible uses it or puts it up. The Surveyor asked Dietary #3 stored in the kitchen? Dietary #3 stored in the kitchen? Dietary #3 stored in the kitchen? Dietary #3 stored milk be removed from the response and handling of food? Expired milk be removed from the response of the DM, why should food be any bugs or something gets in it. The and dated? The DM stated, everybecovered like chicken thighs, cornflawhoever is dealing with that, it's the ensuring expired food is not stored Have you been trained on storage what are your expectations from your expe	ed Dietary #2, why should food in the reving residents food that is bad. The Sum the refrigerator? Dietary #2 stated, it would food be covered when sitting out by could land on the food, and cause districted food is labeled and dated? Dietary #2 ble for ensuring food is covered like chick stated, the cook is responsible, if your no is responsible for ensuring expired for Surveyor asked Dietary #2, have you be like the cook is responsible for ensuring expired for Surveyor asked Dietary #3, why should food in the rest day we put it in. The Surveyor asked Dietary #3 stated, it goes bad. The Surveyor the kitchen? Dietary #3 stated, from cook for ensuring food is labeled and date asked Dietary #3, who is responsible for egg batter when sitting out? Dietary #3 eyor asked Dietary #3, who is responsible for ensuring food. The Surveyor asked Dietary #3, who is responsible for ensuring food.	around handling practices all foods of foods that are stored in bins will be rotated using a first in - first out attion or per manufacturers of during storage. Arrefrigerator be labeled and dated? Arrevor asked Dietary #2, why of the can make you sick if served. The in the kitchen? Dietary #2 stated, eases. The Surveyor asked Dietary stated, everybody is. The Surveyor cken thighs, cornflake mix, and egg cooking, it's your responsibility. The cooking it's your responsibility. The Surveyor asked Dietary #3, why should expired milk reyor asked Dietary #3, why should ross contamination. The Surveyor are ensuring food is covered like stated, the cook, but the assistants ble for ensuring expired food is not Dietary #3, have you been trained greator be labeled and dated. The riveyor asked the DM, why should the someone sick. The Surveyor asked the responsible for ensuring food is labeled is responsible for ensuring food is labeled is responsible for ensuring food is the DM, who is responsible for ody. The Surveyor asked the DM, yes. The Surveyor asked the DM, policies and procedures and the

			No. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 045371	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/15/2022
NAME OF PROVIDER OR SUPPLIER Westwood Health and Rehab, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 802 S West End Street Springdale, AR 72764	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informat	ion)
Evel of Harm - Minimal harm or potential for actual harm Residents Affected - Many	dated? The Administrator stated, so should expired milk be removed from asked the Administrator, why should stated, sanitary, to keep warm, it should responsible for ensuring food is labeled the Administrator, who is responsible batter when sitting out? The Administrator, who is responsible for ensuring expired for Surveyor asked the Administrator, policies and procedures and the Committee of the same state.	ed the Administrator, Why should food or you know it's not bad. The Surveyor of the refrigerator? The Administrator and food be covered when sitting out in the nouldn't be left uncovered. The Surveyor all for ensuring food is covered like chipistrator stated, dietary. The Surveyor all food is not stored in the kitchen? The Administrator stated what are your expectations from your standard the surveyor and the s	asked the Administrator, why stated, it's expired. The Surveyor the kitchen? The Administrator or asked the Administrator, who is ated, dietary. The Surveyor asked cken thighs, cornflake mix, and egg asked the Administrator, who is liministrator stated, dietary. The staff regarding following the facility rices (CMS) guidelines related to