

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/10/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165271	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/15/2023
NAME OF PROVIDER OR SUPPLIER WESTWOOD SPECIALTY CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 4201 FIELDCREST DRIVE SIOUX CITY, IA 51104		
(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	
F 000	<p>INITIAL COMMENTS</p> <p>The Westwood Specialty Care Nursing Home is in compliance with 42 CFR Part 483 Requirements for Long Term Care Facilities following an onsite revisit of the facility's annual recertification survey ending on 3/30/23, with a new investigation of intakes #112014-C, #112304-C, #112325-C, #112651-C, #113167-C, and #113458-I conducted on June 6, 2023 to June 15, 2023.</p> <p>Complaints #112014-C, #112304 -C, #112325-C, #112651-C, #113167-C was unsubstantiated. Incident #113458-I was unsubstantiated.</p> <p>Facility census: 77</p>	F 000			

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

TITLE

(X6) DATE

06/29/2023

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.