



Medicare and Medicaid Notice to the Public

Notice is hereby given that on December 2, 2021 the Centers for Medicare & Medicaid Services (CMS) will terminate the agreement between the Secretary of Health and Human Services and Westwood Nursing Center, Detroit, MI as a skilled nursing facility in the Medicare program. In addition, as authorized by the Michigan Department of Health & Human Services, notice is given that the provider's agreement as a nursing facility in the Medicaid program will also be terminated effective December 2, 2021.

CMS has determined that Westwood Nursing Center has failed to attain substantial compliance with the following Medicare and Medicaid participation requirements:

- 42 CFR 483.10 – Resident Rights
- 42 CFR 483.20 – Accurate Assessments
- 42 CFR 483.21 – Develop/Implement Comprehensive Care Plans
- 42 CFR 483.24 – ADL Care Provided for Dependent Residents
- 42 CFR 483.25 – Quality of Care
- 42 CFR 483.35 – Nursing Services
- 42 CFR 483.45 – Pharmacy Services
- 42 CFR 483.60 – Food Procurement/Store/Prepare/Serve
- 42 CFR 483.70 – Administration
- 42 CFR 483.75 – Quality Assurance and Performance Improvement
- 42 CFR 483.80 – Infection Control

The Medicare program will not make payment for skilled nursing facility services furnished to residents admitted to the facility on or after July 21, 2021. For residents admitted prior to July 21, 2021, payment may continue to be made for up to 30 days of services after December 2, 2021, the date of termination.

In addition, Federal Financial Participation will not be available to the State for any Medicaid residents admitted to the facility on or after July 21, 2021. For Medicaid residents admitted prior to that date, Federal Financial Participation may continue to be made to the State for up to 30 days of covered services to qualified residents furnished on or after December 2, 2021, the date of termination.

This action is mandated by Section 1819(h)(2)(C) of the Social Security Act and Federal regulations at 42 CFR §§ 488.412 and 488.456. If the provider demonstrates substantial compliance with all CMS requirements, and a revisit survey confirms substantial compliance, prior to July 19, 2021, the provider will remain active in the Medicare Program and CMS will not terminate their provider agreement.