

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145400	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/31/2026
NAME OF PROVIDER OR SUPPLIER Westminster Village		STREET ADDRESS, CITY, STATE, ZIP CODE 2025 East Lincoln Street Bloomington, IL 61701	
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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and record review the facility failed to ensure staff wore the required personal protective equipment for a resident on enhanced barrier precautions for 1 of 3 residents (R4) reviewed for infection control in the sample of 3. The findings include: R4's Order Summary Report dated 3/31/26 showed an order for enhanced barrier precautions for a peripherally inserted central catheter (PICC). The order had a start date of 3/26/26. On 3/31/26 at 11:12 AM, there was an enhanced barrier precaution sign on R4's bathroom door. The sign indicated that staff must wear gloves and a gown with device care and use. On 3/31/26 at 11:12 AM, V16 (Registered Nurse) was in R4's room. V16 was handling R4's PICC. V16 had on gloves but no gown. V16 said she was disconnecting R4 from his antibiotic. On 3/31/26 at 12:47 PM, V7 (Infection Control Nurse) said enhanced barrier precautions are precautions to help limit infections. V7 said staff were to wear gloves and a gown when handling a PICC. The facility's Enhanced Barrier Precautions Protocol policy with a revised date of 7/26/21 showed gloves and gowns were to be used during high contact care activities. Examples of high contact care activities included device care or use.</p>		

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
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