

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155167	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/13/2026
NAME OF PROVIDER OR SUPPLIER Westminster Village North		STREET ADDRESS, CITY, STATE, ZIP CODE 11050 Presbyterian Dr Indianapolis, IN 46236	
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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. Based on interview and record review, the facility failed to ensure an allegation of physical abuse was reported to the state survey agency for 1 of 3 residents reviewed for abuse. (Resident B) Findings include: During an interview on 7/13/26 at 9:05 a.m., Resident B indicated during evening shift, on 6/22/26, CNA 1 refused to tell Resident B what CNA 1's name was and her badge was turned backward, so Resident B told CNA 1 that she would get CNA 1's name herself and reached up and grabbed her badge. Resident B indicated when she grabbed CNA 1's shirt, CNA 1 punched Resident B with her fist in Resident B's left arm. Resident B indicated she reported the incident to the nurse. During an interview on 7/13/26 at 12:07 p.m., the Administrator indicated, on 6/22/26, Resident B made an allegation that CNA 1 hit her during care. The allegation was investigated and was not substantiated because there were two CNA's in the room. Resident B had been care-in-pairs (two staff for all care) for approximately a year and a half due to making statements that were never substantiated. CNA 1's statement was that Resident B reached out and grabbed CNA 1's shirt and pulled CNA 1 down. CNA 1 removed her shirt from Resident B's hands and excused herself from the room. The allegation should have been reported to the state survey agency. The clinical record for Resident B was reviewed on 7/13/26 at 10:19 a.m. The diagnoses included, but were not limited to, low back pain, gout, and deep vein thrombosis. A quarterly Minimum Data Set (MDS) assessment, dated 4/23/26, indicated Resident B was not cognitively impaired. A Progress Note, dated 6/22/26 at 11:01 p.m., indicated Resident B informed the nurse that she had a bruise on her left forearm. The Director of Nursing had been made aware. On 7/13/26 at 9:36 a.m., the Administrator provided a copy of a facility policy, titled Abuse Policy, dated 11/23/16, and indicated this was the current policy used by the facility. A review of the policy indicated all allegations of abuse or suspected abuse are reported to the state department of health. This citation relates to Intake 3056461.410 IAC (Indiana Administrative Code) 16.2-3.1-28(c)		

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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