

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155170	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/28/2024
NAME OF PROVIDER OR SUPPLIER Westminster Village Muncie Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 5801 W Bethel Ave Muncie, IN 47304	

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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>48384</p> <p>Based on observation, interview, and record review, the facility failed to provide safe and secure storage of medications for 17 of 17 residents on the Bristol Unit and to label a multi-use medication vial with an open date for 1 of 4 residents reviewed for medication storage. (Resident 14)</p> <p>During an observation on 5/22/24 at 2:31 p.m., a medication cart was unattended and unlocked in a common area of the unit. At 2:34 p.m., RN 5 approached the cart and confirmed the cart was unlocked. RN 5 indicated it should be locked and contained medications for the residents on the unit only.</p> <p>During a medication administration observation for Resident 14, on 5/23/24 at 9:58 a.m., QMA 6 indicated an open vial of prescription eye drops, Latanoprost 0.005% solution (for glaucoma), did not have an open date on it, but should be dated. She was unsure which types of prescription eyedrops were supposed to be dated upon opening.</p> <p>A current facility policy titled LTC Facility's Pharmacy Services and Procedures Manual, revised on 7/21/22, was provided by the Health Operations Administrator on 5/28/24 at 12:01 p.m. The manual, under General Storage Procedures - 3.3, indicated the following: .Facility should ensure that all medications and biologicals, including treatment items, are securely stored in a locked cabinet/cart or locked medication room that is inaccessible by residents and visitors. The same policy, under the heading Ophthalmic Solutions Storage Parameters, indicated the following: Eye medication bottles/tubes with accelerated expiration dates must be dated/initialed upon opening. Follow manufacturer instructions, or facility policy. (e.g., Latanoprost - 42 days)</p> <p>3.1-25(k)(6)</p> <p>3.1-25(m)</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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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48146</p> <p>Based on record review and interview, the facility failed to implement the facility's pneumococcal vaccines policy utilizing the Centers for Disease Control and Prevention (CDC) guidelines and failed to offer appropriate pneumococcal vaccinations for 1 of 5 residents reviewed for vaccinations. (Resident 49)</p> <p>Findings include:</p> <p>The clinical record for Resident 49 was reviewed on 5/22/24 at 2:39 p.m. Diagnosis included hypertensive heart disease with heart failure, unspecified chronic atrial fibrillation, and type 2 diabetes mellitus. Resident 49 was over [AGE] years of age.</p> <p>Resident 49's current vaccination record indicated she received the Pneumococcal Conjugate vaccine (PCV) 13 on 3/18/15 and the Pneumococcal Polysaccharide vaccine (PPSV) 23 on 5/22/18.</p> <p>The clinical record lacked indication of any other offered pneumococcal vaccinations.</p> <p>During an interview, on 5/28/24 at 10:10 a.m., RN 3 indicated she only utilized the Children and Hoosiers Immunization Registry Program (CHIRP) for all new residents. The CHIRP website contained the recorded vaccinations of residents and at the top of the document was a section to forecast upcoming and/or missed vaccinations. She indicated she was not aware Resident 49 was to have been offered the PCV 20 vaccine according to CDC guidance.</p> <p>Review of the current online CDC Pneumococcal vaccination guidelines, retrieved from www.cdc.gov/vaccines/vpd/pneumo/index.html on 5/29/24 at 11:56 a.m., indicated the following: . Adults [AGE] years or older have the option to get PCV 20 if they have already received PCV 13 (but not PCV 15 or PCV 20) at any age AND PPSV 23 at or after the age of [AGE] years old .</p> <p>A facility policy, provided by the Health Operations Administrator on 5/28/24 at 12:02 p.m., titled Pneumococcal Vaccine (Series) and implemented on 11/6/23, indicated the following: Policy: It is our policy to offer residents and staff immunizations against pneumococcal disease in accordance with the current CDC guidelines and recommendations 6. The type of pneumococcal vaccine (PCV 15, PCV 20, or PPSV 23) offered will depend upon the recipient's age and susceptibility to pneumonia, in accordance with current CDC guidelines and recommendations</p> <p>3.1-13(a)</p>