

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155191	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/15/2024
NAME OF PROVIDER OR SUPPLIER  Westminster Village Kentuckiana		STREET ADDRESS, CITY, STATE, ZIP CODE  2210 Greentree N Clarksville, IN 47129	

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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>34231</p> <p>Based on interview and record review, the facility failed to ensure residents meal consumptions were documented, per the plan of care, for 2 or 3 residents reviewed for medical records. (Resident B and Resident C)</p> <p>Findings include:</p> <p>1. The clinical record for Resident B was reviewed on 10/11/24 at 12:27 p.m. The resident's diagnoses included, but were not limited to, dementia, chronic obstructive pulmonary disease and depression.</p> <p>The care plan, dated 7/1/20, indicated the resident required setup assistance with meals and to monitor/document percentage eaten.</p> <p>Review of the August 2024 meal consumption record indicated the resident's following meal consumptions were not documented on the following dates:</p> <ul style="list-style-type: none"> <li>- On 8/01/24, the resident's consumption for dinner was not documented.</li> <li>- On 8/02/24, the resident's consumption for dinner was not documented.</li> <li>- On 8/05/24, the resident's consumption for dinner was not documented.</li> <li>- On 8/06/24, the resident's consumption for dinner was not documented.</li> <li>- On 8/07/24, the resident's consumption for lunch was not documented.</li> <li>- On 8/09/24, the resident's consumption for dinner was not documented.</li> <li>- On 8/14/24, the resident's consumption for breakfast and lunch were not documented.</li> <li>- On 8/15/24, the resident's consumption for breakfast and lunch were not documented.</li> <li>- On 8/18/24, the resident's consumption for lunch was not documented.</li> </ul> <p>(continued on next page)</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155191	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/15/2024
NAME OF PROVIDER OR SUPPLIER  Westminster Village Kentuckiana		STREET ADDRESS, CITY, STATE, ZIP CODE  2210 Greentree N Clarksville, IN 47129	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- On 8/25/24, the resident's consumption for breakfast and lunch were not documented.</p> <p>- On 8/30/24, the resident's consumption for breakfast and lunch were not documented.</p> <p>Review of the September 2024 meal consumption record indicated the resident's following meal consumptions were not documented on the following dates:</p> <p>- On 9/02/24, the resident's consumption for breakfast and lunch were not documented.</p> <p>- On 9/03/24, the resident's consumption for breakfast and lunch were not documented.</p> <p>During an interview on 10/15/24 at 2:35 p.m., CNA (Certified Nursing Aide) 5 indicated all resident meals should be documented in the system.</p> <p>2. The clinical record for Resident C was reviewed on 10/11/24 at 1:20 p.m. The resident's diagnoses included, but were not limited to, dementia, depression and left sided hemiplegia and hemiparesis.</p> <p>The care plan, dated 10/21/22, indicated the resident required set up assistance will meals and to monitor/document percentage eaten.</p> <p>Review of the August 2024 meal consumption record indicated the resident's following meal consumptions were not documented on the following dates:</p> <p>- On 8/01/24, the resident's consumption for dinner was not documented.</p> <p>- On 8/02/24, the resident's consumption for dinner was not documented.</p> <p>- On 8/05/24, the resident's consumption for dinner was not documented.</p> <p>- On 8/07/24, the resident's consumption for lunch was not documented.</p> <p>- On 8/09/24, the resident's consumption for dinner was not documented.</p> <p>- On 8/11/24, the resident's consumption for dinner was not documented.</p> <p>- On 8/12/24, the resident's consumption for breakfast and lunch were not documented.</p> <p>- On 8/14/24, the resident's consumption for lunch was not documented.</p> <p>- On 8/15/24, the resident's consumption for breakfast and lunch were not documented.</p> <p>- On 8/25/24, the resident's consumption for breakfast and lunch were not documented.</p> <p>- On 8/30/24, the resident's consumption for breakfast and lunch were not documented.</p> <p>Review of the September 2024 meal consumption record indicated the resident's following meal consumptions were not documented on the following dates:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155191	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/15/2024
NAME OF PROVIDER OR SUPPLIER  Westminster Village Kentuckiana		STREET ADDRESS, CITY, STATE, ZIP CODE  2210 Greentree N Clarksville, IN 47129	

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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> <li>- On 9/02/24, the resident's consumption for breakfast and lunch were not documented.</li> <li>- On 9/03/24, the resident's consumption for breakfast and lunch were not documented.</li> <li>- On 9/06/24, the resident's consumption for breakfast and lunch were not documented.</li> <li>- On 9/08/24, the resident's consumption for dinner was not documented.</li> <li>- On 9/09/24, the resident's consumption for breakfast and lunch were not documented.</li> <li>- On 9/10/24, the resident's consumption for breakfast, lunch, and dinner were not documented.</li> <li>- On 9/13/24, the resident's consumption for dinner was not documented.</li> <li>- On 9/14/24, the resident's consumption for dinner was not documented.</li> <li>- On 9/15/24, the resident's consumption for lunch and dinner were not documented.</li> <li>- On 9/16/24, the resident's consumption for breakfast, lunch, and dinner were not documented.</li> <li>- On 9/19/24, the resident's consumption for breakfast and lunch were not documented.</li> <li>- On 9/22/24, the resident's consumption for breakfast and lunch were not documented.</li> <li>- On 9/24/24, the resident's consumption for dinner was not documented.</li> <li>- On 9/25/24, the resident's consumption for lunch was not documented.</li> <li>- On 9/28/24, the resident's consumption for dinner was not documented.</li> </ul> <p>Review of the October 2024 meal consumption record indicated the resident's following meal consumptions were not documented on the following dates:</p> <ul style="list-style-type: none"> <li>- On 10/01/24, the resident's consumption for breakfast, lunch, and dinner were not documented.</li> <li>- On 10/02/24, the resident's consumption for breakfast and lunch were not documented.</li> <li>- On 10/03/24, the resident's consumption for breakfast, lunch, and dinner were not documented.</li> <li>- On 10/04/24, the resident's consumption for dinner was not documented.</li> <li>- On 10/07/24, the resident's consumption for breakfast and lunch were not documented.</li> <li>- On 10/08/24, the resident's consumption for lunch was not documented.</li> <li>- On 10/09/24, the resident's consumption for breakfast and lunch were not documented.</li> <li>- On 10/10/24, the resident's consumption for breakfast and lunch were not documented.</li> </ul> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155191	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/15/2024
NAME OF PROVIDER OR SUPPLIER  Westminster Village Kentuckiana		STREET ADDRESS, CITY, STATE, ZIP CODE  2210 Greentree N Clarksville, IN 47129	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- On 10/13/24, the resident's consumption for breakfast and lunch were not documented.</p> <p>On 10/15/24 at 11:26 a.m., the Director of Nursing provided a current copy of the document titled Nutrition (Impaired).Unplanned Weight Loss - Clinical Protocol: dated 9/2017. It included, but was not limited to, The nursing staff will .document the .dietary intake of residents in a format which permits comparisons over time</p> <p>On 10/15/24 at 3:15 p.m., the Infection Preventionist provided a current copy of the document titled Preparing the Resident for a Meal dated 9/2010. It included, but was not limited to, The purpose of this procedure is to prepare the resident .in order to help make meal time pleasant for the resident . Documentation .The date and time .How the resident tolerated the procedure</p> <p>This Citation relates to Complaint IN00442568</p> <p>3.1-50(a)(1)</p>		