

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 01/22/2025
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 0624</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Prepare residents for a safe transfer or discharge from the nursing home.</p> <p>34231</p> <p>Based on interview and record review, the facility failed to ensure a resident's (Resident B) medications were available, in a timely manner, for 1 of 3 residents reviewed for discharges.</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 1/21/25 at 10:04 a.m. The resident's diagnoses included, but were not limited to, congestive heart failure, acute respiratory failure with hypoxia, heart disease, diabetes, hypertension and atrial fibrillation.</p> <p>The progress note, dated 12/28/24 at 10:31 a.m., indicated the resident was discharged from the facility to her home. The resident's medication orders were faxed to the pharmacy of choice.</p> <p>During an interview on 1/21/25 at 10:35 a.m., the complainant indicated the resident's medication list did not get sent to the pharmacy. Prior to the resident discharge, he asked about medications to take with her but was told it was not facility policy, but that the resident's medications were faxed to the pharmacy. He called the facility the next day and was told they would fax the medications over to the pharmacy again. That next day, the pharmacy indicated they did not receive the medication list. He went to the facility on the Wednesday after discharge (1/1/25) because the pharmacy never received the medication list. The facility did provide some medications that they had on stock.</p> <p>During an interview on 1/22/25 at 9:59 a.m., the Director of Nursing indicated she could not locate the fax confirmation where the residents medication list was sent to the pharmacy. She indicated the progress note said they were faxed. The next day, the family member called and said the pharmacy did not have the medication list. They refaxed the list again. The family member called again on Monday (12/31/24) due to the pharmacy reported they had not received the medication list. We told him to come to the facility and he was given the medications for the resident that were still at the facility. If a resident was Medicare, the facility pays for the medications. Once discharged, the medications are returned for credit. The facility will send a 3-day supply if requested.</p> <p>On 1/22/25 at 10:40 a.m., a request was made for a copy of family signature for the medications that were provided. The Director of Nursing indicated they only have the family sign for narcotics, but she would look for the paperwork.</p> <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
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<p>F 0624</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/22/25 at 2:05 p.m., the Director of Nursing indicated the family picked up the resident's medications except for the as needed medications which were narcotics. Medications did not have to be signed for unless they are narcotics.</p> <p>On 1/22/25 at 3:20 p.m., the Director of Nursing indicated the family wanted the medications sent to their pharmacy of choice. The policy stated that only with a physician's order could medications be sent home with residents that are Medicare and Resident B did not have a physician's order.</p> <p>On 1/22/25 at 2:36 p.m., RN 8 provided a current copy of the document titled Discharge Medications dated 12/2016. It included, but was not limited to, Policy Statement .Unless otherwise specified by facility policy, or contrary to current law or regulations, medications shall be sent with the resident upon discharge</p> <p>On 1/22/25 at 2:56 p.m., RN 8 provided a current copy of the document titled Discharge Medications dated 1/2023. It included, but was not limited to, Policy .Medications will be sent with a discharged or transferred resident only under conditions which protect the resident and assure compliance with the law .For medications to be sent with a resident, the physician's discharge or transfer order must state which medications may be sent .For Medicare A residents, only a 5 day supply will be sent home</p> <p>This Citation relates to Complaint IN00450387</p> <p>3.1-12(a)(21)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>34231</p> <p>Based on observation, interview and record review, the facility failed to provide a clean and sanitary kitchen. This had the potential to affect 59 of 59 residents that received food from the kitchen.</p> <p>Findings include:</p> <p>On 1/21/25, between 11:35 a.m. and 12:03 p.m., the following concerns were observed in the kitchen:</p> <ul style="list-style-type: none"> -Upon entrance to the dry storage area and to the left, rodent droppings and jelly packets were observed behind the shelves along the wall. -Behind the shelving, on the right side of the storage area, rodent droppings and condiment packets were observed. -Under the shelf where the large canned foods were kept was, a rodent trap that contained a rodent was observed. Directly behind the trap was a potato on the floor. -In the kitchen area, to the right of the ice machine, rodent droppings were observed in the corner. <p>During an interview on 1/21/25 at 2:05 p.m., the Dietary Manager indicated there was not a cleaning schedule for the Month of January 2025. They had switched to a new system with more detailed forms, however the new forms had not been implemented yet. She could not locate the deep cleaning schedule for the month of December 2024.</p> <p>On 1/22/25 at 3:15 p.m., the Executive Director provided a current copy of the document titled Sanitization dated 10/2008. It included, but was not limited to, Policy Statement .The food service area shall be maintained in a clean and sanitary manner .All kitchens, kitchen areas and dining areas shall be kept clean, free from litter and rubbish and protected from rodents</p> <p>This Citation relates to Complaint IN00449149</p> <p>3.1-21(i)(3)</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>34231</p> <p>Based on observation, interview and record review, the facility failed to ensure residents' drawers were free of rodent droppings for 2 of 3 residents reviewed for sanitary environment. (Resident F and Resident G)</p> <p>Findings include:</p> <p>1. The clinical record for Resident F was reviewed on 1/21/25 at 1:35 p.m. The resident's diagnoses included, but were not limited to, diabetes, hypertension and anemia.</p> <p>During an interview on 1/21/25 at 11:02 a.m., the resident indicated he believed the mouse problem had been taken care of as he had not seen any lately.</p> <p>During an observation on 1/12/25 at 11:03 a.m., the following concerns were observed:</p> <ul style="list-style-type: none"> - The top drawer of the resident's night stand had multiple storage containers with snacks and crackers. The bottom of the drawer was observed with rodent droppings. - The middle drawer of the night stand was empty with rodent droppings on the bottom. - The bottom drawer of the night stand contained personal hygiene items. Rodent droppings were observed on the bottom. - The top drawer of the chest was observed with storage containers with snacks. The drawer had rodents droppings in the bottom of it. <p>During an interview on 1/21/25 at 11:10 a.m., Staff Member 7 indicated there had been a rodent problem for a couple of months. She had went through all the resident drawers, cleaned and placed items in totes not too long ago.</p> <p>2. The clinical record for Resident G was reviewed on 1/22/25 at 9:55 a.m. The resident's diagnoses included, but were not limited to, left dominant side hemiparesis, diabetes and multiple sclerosis.</p> <p>During an interview on 1/21/25 at 10:53 a.m., the resident indicated the last time she had seen a mouse was in the bathroom. She could not recall exactly when that was. There was definitely an issue with mice.</p> <p>On 1/21/25 at 10:55 a.m., the following concerns were observed:</p> <ul style="list-style-type: none"> - In the top drawer of the night stand was a storage container with a lid. Rodent droppings were observed on the lid of the container and on the bottom of the drawer. - The middle drawer of the night stand was observed with rodent droppings. <p>(continued on next page)</p>

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility pest control logs indicated pest services were provided to the facility on 11 different occasions between 11/1/24 and 1/16/25.</p> <p>This Citation relates to Complaint IN00449149</p> <p>3.1-19(a)</p>