STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155191	A. Building B. Wing	06/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Westminster Village Kentuckiana	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)
F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. Based on observation, interview and record review, the facility failed to ensure the kitchen was maintained in a sanitary manner related to the drywall hanging down and gaps in construction for 1 of 1 kitchen observations. This deficient practice had the potential to affect 64 of 65 residents residing in the facility. Findings include:On 6/23/26, between 8:30 a.m. and 9:15 a.m., the following was observed in the kitchen: -The ceiling to the left of the food prep table had a taped area that was dislodged with a 4-inch gap. The drywall was hanging down from the area,-A piece of board that had been nailed to the ceiling, measuring 3 feet by 3 feet, was observed bowing on two different sides with a 2-inch gap which was located over a food prep table. A 4-slice toaster was observed directly under it.During an interview on 6/23/26 at 9:03 a.m., the Dietary Manager indicated maintenance staff pulled it down and did not tape it back up. She mentioned it in the morning meeting last Friday, 6/19/26, and it was still hanging down today. On 6/22/26 at 12:56 p.m., the healthcare Director of Nursing provided a current, undated copy of the document titled Maintenance Service. It included, but was not limited to, Policy Statement .Maintenance service shall be provided to all areas of the building .The maintenance department is responsible for maintaining the buildings .in a safe .manner at all times .maintaining the building in good repair and free from hazards This citation relates to Intake 3037066 410 IAC (Indiana Authorization Code) 16.2-3.1-19 (a)(4)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure pest control services were timely and effective. This deficient practice had the potential to affect 65 of 65 residents residing in the facility. Findings include: On 6/23/26 at 11:00 a.m., the pest activity logs were reviewed and indicated the following pest concerns:- rooms [ROOM NUMBERS], staff reported weird looking bugs on 3/7/26- Admissions office, staff reported ants on 3/9/26A- room [ROOM NUMBER], family reported ants on 3/23/26- room [ROOM NUMBER], staff reported ants on 4/28/26- room [ROOM NUMBER], staff reported ants on 5/15/26- room [ROOM NUMBER], staff reported ants on 5/18/26- room [ROOM NUMBER], roaches were reported on 5/19/26- room [ROOM NUMBER], staff reported bugs on 6/8/28- room [ROOM NUMBER], staff reported ants on 6/23/26Review of the pest control treatment services indicated the facility pest service treated the facility on 1/20/26 and 5/11/26.The pest control treatment services lacked documentation of which resident rooms were treated.On 6/23/26 at 10:53 a.m., the Assisted Living Executive Director indicated the facility did not currently have a pest control contract with a service complain. On 6/23/26 at 12:56 p.m., the healthcare Director of Nursing provided a current copy of the document titled Pest Control dated 4/1/24. It included, but was not limited to, Purpose .To control pests in the environment through inspections/observations and treatment for pests .In the event pests are identified the facility staff shall report their findings to their supervisor/Maintenance Director/Administrator. The pest control company will be notified for additional inspection/treatment This citation relates to Intake 3037066 410 IAC (Indiana Authorization Code) 16.2-3.19 (f)(4)