STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155221	A. Building B. Wing	03/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Westminster Village Health & Rehab	1120 E Davis Dr Terre Haute, IN 47802

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. 48226 Based on observation, interview, and record review, the facility failed to obtain a supporting diagnosis for an indwelling Foley Catheter (a thin, flexible catheter used especially to drain urine from the bladder) for 1 of 3 residents reviewed for catheters (Resident 52). Findings include: On 3/21/24 at 9:10 a.m., during observation and interview with Resident 52, the resident indicated the indwelling Foley catheter was placed when she was in the hospital, but she could not recall why she had a catheter and indicated she had not had a catheter prior to going to the hospital. On 3/27/24 at 2:00 p.m., the Director of Nursing (DON) indicated the facility did not obtain a supporting diagnosis when the resident returned from the hospital because they were waiting on the follow-up appointment with urology to obtain the diagnosis. She indicated the physician would not give them the diagnosis and referred them to urology. On 3/25/24 at 11:27 a.m., Resident 52's record was reviewed. Diagnosis included but were not limited to, displaced fracture of the lower end of right femur (a break in the long bone of the upper thigh), chronic respiratory failure with hypoxia (low levels of oxygen in your body tissues), atrial fibrillation (an irregular heart rhythm (arrhythmia) that begins in the upper (atria) of your heart, major depressive disorder (an illness characterized by persistent sadness and a loss of interest in activities that you normally enjoy, accompanied by an inability to carry out daily activities, for at least two weeks), urine retention (a condition in which you cannot empty all the urine from your bladder), dysuria (painful urination). The medical record lacked documentation of notification to physician requesting a supporting diagnosis for an indwelling catheter. The medical record also lacked documentation of a supporting diagnosis for indwelling Foley catheter upon return from the hospital up to the date of the current review. Physician orders included but were not limited to, 3/11/24, Foley Catheter - Size18 Fr (French) 10 ml (milliliters) balloon (inflated with water to anchor catheter tube in the bladder) every shift, change Foley catheter every night shift starting on the 28th and ending on the 28th every month for as needed, if resident was unable to void, may re-insert Foley catheter and notify MD (medical doctor), as needed. (continued on next page)

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
	155221	A. Building B. Wing	03/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Westminster Village Health & Rehab	1120 E Davis Dr Terre Haute, IN 47802

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A Minimum Data Set (MDS) a standardized assessment tool that measures health status in nursing home residents, dated 3/12/24, indicated the resident was cognitively intact and had an indwelling catheter during the assessment look back period. The MDS indicated the resident did not have a diagnosis of neurogenic bladder, renal failure, or urinary obstruction. A care plan, dated 1/28/24, indicated the resident had incontinence related to decline in mobility and femur fracture. Needed assist with toileting and incontinent care. Interventions included, but were not limited to, assist with toileting and incontinent care as needed, ensure the resident has an unobstructed path to the bathroom. Monitor and document intake and output as ordered and report abnormalities to MD (Medical Doctor). Monitor/document for signs and symptoms of UTI (urinary tract infection); pain, burning, blood-tinged urine, cloudiness, no output, deepening of urine color, increased pulse, increased temp, urinary frequency, foul smelling urine, fever, chills, altered mental status, change in behavior, change in eating patterns. Documentation lacked a care plan for an indwelling Foley catheter. On 3/27/2024 at 1:47 p.m., the Assistant Director of Nursing (ADON) provided a document, titled, Catheter Care, Urinary, dated August 2022, and indicated it was the policy currently being used by the facility. The policy indicated, .Catheter Evaluation .1. Review and document the clinical indications for catheter use prior to inserting .2. Nursing and the interdisciplinary team should assess and document the ongoing need for a catheter that is in place. Use the standardized tool for documenting clinical indications for catheter use 3.1-41(a)(2)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155221	A. Building B. Wing	03/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Westminster Village Health & Rehab	1120 E Davis Dr Terre Haute, IN 47802

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35317 Based on record review and interview, the facility failed to address a significant weight discrepancy for 1 of 2 residents reviewed for nutrition (Resident 1). Finding includes: Resident 1's record was reviewed on 3/22/24 at 10:29 a.m. The profile indicated the resident's diagnoses included, but were not limited to, unspecified diastolic (congestive) heart failure (occurs if the left ventricle muscle becomes still or thickened), cerebral infarction affecting right dominant side (a left-brain stroke happens when blood supply to left side of brain is stopped. The left side of brain is in charge of the right side of the body), and chronic obstructive pulmonary disease (a group of lung diseases that block airflow and make it difficult to breathe). An annual minimum data set assessment (MDS- part of the federally mandated process for clinical assessment of all residents in Medicare and Medicaid certified nursing homes), dated 3/7/24, indicated the resident had impairment on one side. The assessment lacked documentation of weight loss or gain. A physician order, dated 3/1/24, indicated daily weights every dayshift. Notify doctor of 3 lb (pound) weight gain in 24 hours or 5 lb weight gain in one week. A physician order, dated 3/18/24, indicated the resident was to have a regular diet with regular thin liquid consistency. Review of the resident's weights indicated she weighed 176 pounds on most recent MDS assessment dated [DATE]. Subsequent weights included, but were not limited to the following: a. On 3/18/24 at 3:37 p.m., the resident had been weighed by Licensed Practical Nurse (LPN) 7. Her weight was 175.4 pounds. b. On 3/19/24 at 4:48 p.m., the resident had been weighed by Registered Nurse (RN) 17. Her weight was 153.8 pounds. c. On 3/20/24 at 12:47 p.m., the resident had been weighed by LPN 18. Her weight was 154.8 pounds. d. On 3/21/24 at 12:01 p.m., the resident had been weighed by RN 17. Her weight was 155.4 pounds. e. On 3/22/24 at 11:32 a.m., the resident had been weighed by LPN 7. Her weight was 153.2 pounds. The record lacked documentation that the significant weight discrepancies in the resident's weights between 3/18/24 to 3/22/24, had been addressed by the facility. The most recent dietary/nutrition note was dated 12/16/23 and therefore did not reflect the recent discrepancies in the resident's weight. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155221	A. Building B. Wing	03/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Westminster Village Health & Rehab	1120 E Davis Dr Terre Haute, IN 47802

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview, on 3/22/24 at 1:26 p.m., LPN 7 indicated the residents were usually weighed by nursing staff. If the staff noted a big difference in a resident's weight, they would re-weigh the resident during that same shift and or notify the doctor. She was aware that on 3/20/24 one of the scales needed re-calibrated but she wasn't aware of which one it was because they had 2 scales on the unit. During an interview, on 3/22/24 at 2:18 p.m., Assistant Director of Nursing (ADON) indicated the nurse should have put a progress note into the computer when she noted the weight difference. She thought the weight difference on Resident 1 was an error because only one scale got re-calibrated the other day. The nursing staff should have noted the difference and re-weighed the resident when there was a weight discrepancy. She indicated they would re-weigh the resident today and make sure the scale was correct. On 3/22/24 at 2:50 p.m., the Administrator provided a document with a revised date of March 2011, titled, Weighing and Measuring the Resident, and indicated it was the policy currently being used by the facility. The policy indicated, .The purpose of this procedure are to determine the resident's weight and height, to provide a baseline and an ongoing record of the resident's body weight as an indicator of the nutritional status and medical condition .6. Be sure that the weight scale is calibrated (balanced to zero) .1. Report significant weight loss/weight gain to the nurse supervisor 3.1-46(a)(1)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155221	A. Building B. Wing	03/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Westminster Village Health & Rehab	1120 E Davis Dr Terre Haute, IN 47802

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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. 35317 Based on record review and interview, the facility failed to ensure a post dialysis assessment was completed on 1 of 1 resident reviewed for dialysis (Resident 23). Finding includes: Resident 23's record was reviewed on 3/25/24 at 1:26 p.m. The profile indicated the resident's diagnoses included, but were not limited to, end stage renal disease (a condition in which the kidneys lose the ability to remove waste and balance fluids), type 2 diabetes mellitus (a long term condition in which the body has trouble controlling blood sugar and using it for energy), and hemiplegia and hemiparesis (muscle weakness or partial paralysis on one side of the body that can affect the arms, legs, and facial muscles). A quarterly Minimum Data Set (MDS) assessment (MDS-part of the federally mandated process for clinical assessment of all residents in Medicare and Medicaid certified nursing homes), dated 1/11/24, indicated the resident was cognitively intact and was marked as being on dialysis. A physician order, dated 2/17/23, resident to receive dialysis on Monday, Wednesday, and Friday, leaving at 6 a.m. via facility vehicle. A physician order, dated 2/17/23, check for positive bruit and thrill (a thrill or buzz is like a vibration caused by blood flowing through the fistula and can be felt by placing your fingers just above the incision line) to right upper arm every shift related to end stage renal disease. A care plan, dated 5/19/22, indicated the resident is currently receiving hemodialysis (process of filtering the blood of a person whose kidneys are not working normally). Interventions included, but were not limited to, monitor for signs and symptoms of fluid overload, send communication to dialysis center, and weigh resident per order. Review of dialysis communication forms, dated February 2024 and March 2024, indicated the forms lacked a post dialysis assessment being completed by nursing staff on the following dates: a. 2/2/24 b. 2/5/24 c. 2/12/24 d. 2/19/24 e. 2/21/24 f. 2/23/24 g. 2/28/24 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155221	A. Building B. Wing	03/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Westminster Village Health & Rehab	1120 E Davis Dr Terre Haute, IN 47802

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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	h. 3/1/24 i. 3/4/24 j. 3/6/24 k. 3/8/24 l. 3/15/24 m. 3/20/24 During an interview, on 3/25/24 at 1:45 p.m., Licensed Practical Nurse (LPN) 11 indicated a pre and post dialysis assessments should be completed on the dialysis communication form by the nursing staff. The dialysis communication forms can be found in the resident's dialysis binder. During an interview, on 3/25/24 at 2:03 p.m., Resident 23 indicated the staff did an assessment today when he returned from dialysis, but the nursing staff doesn't always do an assessment when he returns to the facility from dialysis. During an interview, on 3/25/24 at 2:15 p.m., the Director of Nursing (DON) indicated the communication binder goes to the dialysis center with the residents. The dialysis communication form should have a pre assessment completed on the resident prior to going to dialysis and then the dialysis center was to fill out the middle section and upon return to the facility the staff should do a post dialysis assessment. She was not aware that the staff was not completing the post dialysis assessment on the resident. On 3/25/24 at 2:55 p.m., the DON provided a document, with a revised date of February 2023, titled, Hemodialysis Catheters- Access and Care of, and indicated it was the policy currently being used by the facility. The policy indicated, .The nurse should document in the resident's medication record every shift as follows: 1. Location of catheter. 2. Condition of dressing .3. If dialysis was done during shift. 4. Any part of report from dialysis nurse post-dialysis being given. 5. Observations post-dialysis 3.1-37(a)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155221	A. Building B. Wing	03/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Westminster Village Health & Rehab	1120 E Davis Dr Terre Haute, IN 47802

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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident's drug regimen must be free from unnecessary drugs. 48226 Based on record review and interview, the facility failed to ensure verbal physician's orders were counter signed per pharmacy recommendations for 2 of 5 residents reviewed for unnecessary medications (Resident 37 and 11). Findings include: 1. On 3/22/24 at 8:55 a.m., record reviewed for resident 37. Record indicated diagnosis included but were not limited to, type 2 diabetes mellitus (a disease that occurs when your blood glucose, also called blood sugar, is too high), vascular dementia (the loss of cognitive functioning thinking, remembering, and reasoning to such an extent that it interferes with a person's daily life and activities), focal epilepsy (a disorder of the brain characterized by repeated seizures), hypertension (high blood pressure), hypothyroidism (a common condition where the thyroid doesn't create and release enough thyroid hormone into your bloodstream. This makes your metabolism slow down. Also called underactive thyroid). Physician Orders included but were not limited to, Cyanocobalamin Tablet 1000 mcg (micrograms) by mouth one time a day related to vitamin B deficiency, levetiracetam Tablet 250 mg (milligrams) Give 250 mg by mouth at bedtime related to epilepsy, Cholecalciferol Tablet 1000 unit Give 1 tablet by mouth one time a day related to vitamin D deficiency, Lisinopril Tablet 40 mg 1 tablet by mouth one time a day related to hypertension, Buspirone HCl Tablet 7.5 mg Give 7.5 mg by mouth two times a day related to anxiety, Potassium Tablet Give 20 mEq (milliequivalent) by mouth in the morning for potassium, Metformin HCl Oral Tablet 850 mg (Metformin HCl) Give 850 mg by mouth one time a day related to type 2 diabetes, Metformin HCl ER Oral Tablet Extended Release 24 Hour 500 mg, Give 500 mg by mouth one time a day related to type 2 diabetes, Lantus Solostar Subcutaneous Solution Pen-injector 100 UNIT/ML (Insulin Glargine) Inject 14 unit subcutaneously at bedtime related to type 2 diabetes, Meloxicam Oral Tablet 7.5 mg, Give 7.5 mg by mouth one time a day related to arthritis. A quarterly Minimum Data Set, (MDS) a standardized assessment tool that measures health status in nursing home residents, dated 11/9/22, indicated the resident had limited cognition On 5/19/23 the pharmacist recommended a dose reduction for Effexor 37.5 mg to every other day. The form lacked documentation of a counter signature, of the verbal order, by the physician. 2. On 3/22/24 at 10:22 a.m., Resident 11's record was reviewed. Record indicated diagnosis included but were not limited to, Chronic Obstructive Pulmonary disease (a group of diseases that cause airflow blockage and breathing-related problems), type 2 diabetes (a disease that occurs when your blood glucose, also called blood sugar, is too high), anxiety disorder (a feeling of fear, dread, and uneasiness. It might cause you to sweat, feel restless and tense, and have a rapid heartbeat. It can be a normal reaction to stress), hyperlipidemia (high cholesterol is an excess of lipids or fats in your blood), hypothyroidism (a common condition where the thyroid doesn't create and release enough thyroid hormone into your bloodstream. This makes your metabolism slow down. Also called underactive thyroid), major depressive disorder (an illness characterized by persistent sadness and a loss of interest in activities that you normally enjoy, accompanied by an inability to carry out daily activities, for at least two weeks). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155221	A. Building B. Wing	03/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Westminster Village Health & Rehab	1120 E Davis Dr Terre Haute, IN 47802

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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An annual Minimum Data Set (MDS) a standardized assessment tool that measures health status in nursing home residents, dated 2/2/24, indicated the resident had limited cognition. On 4/6/23 a consultant pharmacist review indicated Omeprazole 20 mg (milligrams) change to Pantoprazole 20 mg. The form lacked documentation of a counter signature, of the verbal order, by the physician. On 6/21/23 a consultant pharmacist review indicated a reduction in Prozac 20 mg daily. The verbal order indicated the MD disagreed with the recommendation. The form lacked documentation of a counter signature, of the verbal order, by the physician. On 8/9/23 a consultant pharmacist review indicated the Pulmicort order included rinse mouth and spit. The form lacked documentation of a counter signature, of the verbal order, by the physician. On 11/9/23 a consultant pharmacist review indicated a bipolar diagnosis is to be linked with an order for Seroquel to support its use. The form lacked documentation of a counter signature, of the verbal order, by the physician. On 3/22/2024 at 9:48 a.m., the Administrator provided a document, titled, Verbal Orders, dated February 2020, and indicated it was the policy currently being used by the facility. The policy indicated, .Verbal orders shall only be given in an emergency or when the attending physician is not immediately available to write or sign the order .6. The practitioner will review and countersign verbal orders during his or her next visit 3.1-48(a)(1) 3.1-48(a)(2) 3.1-48(a)(3) 3.1-48(a)(4) 3.1-48(a)(5) 3.1-48(a)(6)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155221	A. Building B. Wing	03/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Westminster Village Health & Rehab	1120 E Davis Dr Terre Haute, IN 47802

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 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. 34525 Based on record review and interview, the facility failed to ensure verbal physician's orders, for psychotropic medications (medications or other substances that affect how the brain works and causes changes in mood, awareness, thoughts, feelings, or behavior) had been signed by the physician for 2 of 5 residents reviewed for unnecessary medications (Resident 47 and 16). Findings include: 1. Resident 47's record was reviewed on 3/21/24 at 2:07 p.m. The profile indicated the resident's diagnoses included, but were not limited to, Parkinson's disease (a progressive disorder that affects the nervous system and the parts of the body controlled by the nerves), major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest), anxiety disorder (a condition in which a person has excessive worry and feelings of fear, dread, and uneasiness), and borderline personality disorder (a mental health condition in which a person has long-term patterns of unstable or explosive emotions). A quarterly minimum data set assessment (MDS-part of the federally mandated process for clinical assessment of all residents in Medicare and Medicaid certified nursing homes), dated 2/16/24, indicated the resident received medications, which included, but were not limited to, antipsychotic medication (used to treat psychotic symptoms such as hallucinations [sights, sounds, smells, tastes, or touches that a person believes to be real but are not real], and delusions [false beliefs]), antianxiety medication (used to treat symptoms of anxiety, such as feelings of fear, dread, uneasiness, and muscle tightness, that may occur as a reaction to stress), and antidepressant medication (used to treat symptoms of depression such as feeling down and hopeless). A current physician's order, dated 6/23/23, indicated olanzapine (Zyprexa-antipsychotic medication) tablet 5 milligrams (mg). Give 5 mg by mouth one time daily for borderline personality disorder. A current physician's order, dated 2/16/24, indicated buspirone (Buspar-antianxiety medication) HCL (hydrochloride) tablet 5 mg. Give 5 mg by mouth three times daily for anxiety disorder. A current physician's order, dated 3/15/24, indicated sertraline HCl (Zoloft-antidepressant medication) tablet 50 mg. Give 50 mg by mouth one time daily along with 25 mg to equal 75 mg daily for major depressive disorder. A current physician's order, dated 3/15/24, indicated sertraline HCl tablet 25 mg. Give 25 mg by mouth one time daily along with 50 mg to equal 75 mg daily for major depressive disorder. A pharmacy recommendation, dated 9/12/23, indicated to consider a dosage reduction of the resident's Zyprexa (olanzapine) from 5 mg QHS (at bedtime) to 2.5 mg QHS. A verbal order, dated 9/14/23, indicated a disagreement for the dose reduction due to a recent dose reduction of the resident's Buspar (buspirone) during the previous psychiatric visit. The form lacked documentation of a counter signature, of the verbal order, by the physician. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155221	A. Building B. Wing	03/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Westminster Village Health & Rehab	1120 E Davis Dr Terre Haute, IN 47802

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 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A pharmacy recommendation, dated 9/12/23, indicated to consider a dosage reduction of the resident's Zoloft (sertraline) from 50 mg daily to 25 mg daily. A verbal order, dated 9/14/23, indicated a disagreement for the dose reduction due to a recent dose reduction of the resident's Buspar (buspirone) during the previous psychiatric visit. The form lacked documentation of a counter signature, of the verbal order, by the physician. 35317 2. Resident 16's record was reviewed on 3/21/24 at 2:29 p.m. The profile indicated the resident's diagnoses included, but were not limited to, anxiety disorder (a mental health disorder characterized by feelings of worry, anxiety, or fear that are strong enough to interfere with one's daily activities), depression (it involves depressed mood or loss of pleasure or interest in activities for long periods of time), and chronic respiratory failure with hypoxia (condition where there's not enough oxygen or too much carbon dioxide in your body). A quarterly Minimum Data Set (MDS) assessment, dated 12/22/23, indicated the resident had received anti-anxiety (used to treat anxiety symptoms) and anti-depressant (used to treat depressive symptoms) medications. A current physician order, dated 4/11/23, indicated Sertraline (anti-depressant medication) tablet. Give 75 mg (milligram) by mouth one time a day for depression. A current physician order, dated 3/12/24, indicated Xanax (anti-anxiety medication) 0.25 mg. Give 0.25 mg by mouth every 4 hours as needed for behaviors related to anxiety disorder. A pharmacy recommendation, dated 3/13/23, A pharmacy recommendation, dated 7/17/23, indicated to consider a dosage reduction of the resident's Zoloft (Sertraline) from 25 mg daily to 12.5 mg daily. A verbal order, dated 3/13/23, indicated a disagreement for the dose reduction due to the resident's recent loss of independence and being unable to live at home. The Resident continues with depression symptoms. This form lacked documentation of a counter signature, of the verbal order, by the physician. A pharmacy recommendation, dated 7/17/23, indicated to consider a dosage reduction of the resident's Zoloft from 75 mg daily to 50 mg daily. A verbal order, dated 7/17/23, indicated a disagreement for the dose reduction due to resident's current dose was effective in maintaining depression. This form lacked documentation of a counter signature, of the verbal order, by the physician. A pharmacy recommendation, dated 9/19/23, indicated to consider a dosage reduction of the resident's Xanax from 0.25 mg at bedtime to 0.125 mg at bedtime. A verbal order, dated 9/19/23, indicated a disagreement for the dose reduction due to the resident having anxiety at night related to shortness of breath symptoms. The form lacked documentation of a counter signature, of the verbal order, by the physician. A pharmacy recommendation, dated 1/17/24, indicated to consider a dosage reduction of the resident's Zoloft from 75 mg daily to 50 mg daily. A verbal order, dated 1/17/24, indicated a disagreement for the dose reduction due to resident's continued signs and symptoms of depression. This form lacked documentation of a counter signature, of the verbal order, by the physician. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155221	A. Building B. Wing	03/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Westminster Village Health & Rehab	1120 E Davis Dr Terre Haute, IN 47802

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 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview, on 3/22/24 at 9:52 a.m., the Administrator (ADM) indicated she was not aware if there was a policy regarding pharmacy recommendations and verbal orders, but she would provide a policy if available. On 3/22/24 at 9:48 a.m., the ADM provided a document with a revised date of February 2014, titled, Verbal Orders, and indicated it was the policy currently being used by the facility. The policy indicated, .1. Verbal orders shall only be given in an emergency or when the attending physician is not immediately available to write or sign the order .6. The practitioner will review and countersign verbal orders during his or her next visit 3.1-48(b)(2)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155221	A. Building B. Wing	03/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Westminster Village Health & Rehab	1120 E Davis Dr Terre Haute, IN 47802

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. 35317 Based on observations, interviews, and record reviews, the facility failed to ensure medications were stored and labeled properly and the facility failed to ensure expired medications were disposed for 2 of 3 medication carts reviewed for medication storage (Residents 47 and 14). Findings include: 1. On 3/25/24 at 9:01 a.m., the 200 hall second medication cart contained an undated and opened Lispro (medication used to lower blood sugar) insulin pen. The insulin pen contained a label that indicated it was for Resident 47. The cart also contained a Lantus (insulin medication) insulin pen that had an open date of 2/22/24. The insulin pen contained a label that indicated it was for Resident 47. During an interview, on 3/25/24 at 9:04 a.m., Licensed Practical Nurse (LPN) 7 indicated insulin pens should have an open date placed on them when they are used, and insulin medication was good for 28 days once it was opened. The insulin pen that was dated for 2/22/24 should have been discarded. Resident 47's record was reviewed on 3/25/24 at 10:48 a.m. The profile indicated the resident's diagnosis included, but were not limited to, type 2 diabetes mellitus (a chronic condition that affects the way the body processes blood sugar). A physician order, dated 2/16/24, indicated Humalog (insulin medication) Kwik Pen subcutaneous solution pen-injector 100 unit/ml (milliliter). Inject 12 units subcutaneously (under the skin) in the morning. A physician order, dated 2/15/24, indicated Lantus SoloStar (insulin medication) subcutaneous solution pen-injector 100 unit/ml. Inject 14 units subcutaneously at bedtime. 2. On 3/25/24 at 9:06 a.m., the 200 hall first cart contained an unopened and non-refrigerated Lispro (insulin medication) pen. The insulin pen contained a label that indicated it was for Resident 14. During an interview, on 3/25/24 at 9:08 a.m., LPN 10 indicated insulin that was not opened, should be refrigerated until used. She was not aware of how long the insulin pen had been in the medication cart unopened for Resident 14. During an interview, on 3/25/24 at 9:45 a.m., Director of Nursing (DON) indicated insulin should be dated once opened and should remain in the refrigerator until it was opened. She indicated insulin was good for 28 days once opened. Resident 14's record was reviewed on 3/25/24 at 11:00 a.m. The profile indicated the resident's diagnosis included, but were not limited to, type 2 diabetes mellitus. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155221	A. Building B. Wing	03/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Westminster Village Health & Rehab	1120 E Davis Dr Terre Haute, IN 47802

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A physician order, dated 3/16/24, indicated insulin Lispro injection solution 100 unit/ml. Inject per sliding scale subcutaneously with meals. On 3/25/24 at 10:14 a.m., the Administrator provided and identified a document as a current facility policy, titled, Medication Storage, revised date 07/12. The policy indicated, .11. Insulin vials should be stored in the refrigerator until opened. Date insulin vials when first opened On 3/25/24 at 10:31 a.m., the DON provided and identified an undated document as a current facility policy, titled, Expiration Dating Guidelines. The policy indicated, .expiration date of insulin .28 days after opening 3.1-25(j) 3.1-25(o)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155221	A. Building B. Wing	03/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Westminster Village Health & Rehab	1120 E Davis Dr Terre Haute, IN 47802

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 48226 Based on observation and interview, the facility failed to prepare and serve food in a sanitary manner on 3 of 3 kitchen observations. Findings include: On 3/20/24 at 9:43 a.m., during initial dietary observation. Observed the following. a. Employee 5 had a beard cover not covering all of his mustache b. Food on the steam table was uncovered c. Debris on the floor throughout food prep area d. Dark debris on the outside and inside of the food warmer. Dried dark debris on the inside and bottom of the convection oven e. Review of dishwasher temperature log indicated the documentation from 1/1/24 to 3/20/24 lacked entries of wash temperatures. The Dietary Director was unable to provide a dishwasher temperature log for 2/15/24 to 2/29/24. On 3/20/24 at 11:58 a.m., During routine dining observation in the 1st floor dining room, observed, Employee 6, wash his hands and turned the water off with his bare hand. On 3/20/24 at 12:10 p.m., observed Employee 3 wash her hands and turn off water with bare hands. On 3/20/24 at 12:14 p.m., observed Employee 6 serving food without gloves on while touching inside of plates with bare hands. On 3/26/24 at 11:50 a.m., during a routine kitchen observation. a. Observed Employee 17 with his beard covering not covering his mustache. Employee 17 indicated he was not aware the mustache must also be covered. b. A heavy coating of brown and black debris on wheel casters of stove and utility cart holding cooking items. c. Dark debris on the outside and inside of the food warmer. d. Dried dark debris on the inside and bottom of the convection oven. e. The charbroil grill was covered in caked on dark debris. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155221	A. Building B. Wing	03/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Westminster Village Health & Rehab	1120 E Davis Dr Terre Haute, IN 47802

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	f. The vent hood above the stove was covered in dark debris and grease debris. The Dietary Director acknowledged the equipment had not been cleaned properly and indicated a deep clean of the kitchen was completed weekly. The Director was unable to provide a cleaning schedule indicating these areas had been cleaned. On 3/27/24 during routine observation of pureed food preparation, observed Employee 16 wash her hands, turned off the water with a paper towel then dried her hands with the same paper towel. On 3/26/24 at 2:31 p.m., the Administrator provided a document, titled, Sanitation, dated November 2022, and indicated it was the policy currently being used by the facility. The policy indicated, .The food service area is maintained in a clean and sanitary manner .3. All equipment, food contact surfaces and utensils are cleaned and sanitized using heat or chemical sanitizing solutions On 3/26/24 at 2:31 p.m., the Administrator provided a document, titled, Preventing Food Borne Illness-Employee Hygiene and Sanitary Practices, dated November 2022, and indicated it was the policy currently being used by the facility. The policy indicated, .Food and nutrition services employees follow appropriate hygiene and sanitary procedures to prevent the spread of foodborne illness . Handwashing/Hand Hygiene .6. Employees must wash their hands .d. before coming in contact with any food surfaces .Gloves and Direct Food Contact .8. Contact between food and bare (ungloved) hands is prohibited .15. Hair Nets . beard restraints are worn when cooking, preparing, or assembling food to keep hair from contacting exposed food, clean equipment, utensils and linens 35317 2a. During a dining observation on the second floor, on 3/20/24 at 11:31 a.m., the Dietary Director washed her hands for a total of 7 seconds and turned off the water faucet with her bare hands. She then prepared a drink for a female resident and placed it on the table in front of the resident. On 3/20/24 at 11:42 a.m., the Dietary Director washed her for a total of 8 seconds and turned off the water faucet with her bare hands. She then left the dining room and proceeded down the elevator. On 3/20/24 at 11:44 a.m., Certified Nursing Assistant (CNA) 4 washed her hands for a total of 15 seconds and turned off the water faucet with her bare hands. The CNA then served a plate of food to a male resident in the dining room. On 3/20/24 at 11:51 a.m., CNA 4 washed her hands for a total of 15 seconds and turned off the water faucet with her bare hands. The CNA remained in the dining room during meal service. 2b. During a dining observation on the first floor, on 3/20/24 at 12:09 p.m., the Dietary Director touched her hair moving it back and then washed her hands for 7 seconding turning off the water faucet with her bare hands. On 3/20/24 at 12:26 p.m., the Dietary Director washed her hands for a total of 7 seconds and then turned off the water faucet with her bare hands. The director then left the dining room exiting down the hallway. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155221	A. Building B. Wing	03/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Westminster Village Health & Rehab	1120 E Davis Dr Terre Haute, IN 47802

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview, on 3//22/24 at 1:27 p.m., Licensed Practical Nurse (LPN) 7 indicated staff should scrub their hands with soap and water and never touch the water faucet with their bare hands. The staff should use a dry paper towel to turn off the faucet. 2c. During a second dining observation on the second floor, on 3/26/24 at 11:37 a.m., CNA 4 washed her hands for the appropriate amount of time but then turned off the water faucet with her bare hands. On 3/26/24 at 11:39 a.m., CNA 4 washed her hands for the appropriate amount of time but then turned off the water faucet with her bare hands. The CNA then served a plate of food to a male resident in the dining room. During an interview, on 3/26/24 at 11:44 a.m., LPN 14 indicated staff should wash their hands for at least 20 seconds and make sure to completely dry their hands with a paper towel, then get a second paper towel to turn off the water faucet. Staff should not touch the water faucet with their bare hands. On 3/27/24 at 1:19 p.m., the Administrator provided a document with a revised date of 6/15/16, titled, Handwashing Skills Check Off List, and indicated it was the policy currently being used by the facility. The policy indicated, .e. Lather all areas of hands and wrists rubbing vigorously for 20 seconds routine .g. Dry hands with paper towel .g. Turn off faucet with the paper towel. Discard towel immediately 3.1-21(i)(3)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155221	A. Building B. Wing	03/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Westminster Village Health & Rehab	1120 E Davis Dr Terre Haute, IN 47802

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 48226 Based on observation and interview, the facility failed to maintain a separation between clean linen, from the soiled linen area for 1 of 1 observation of the laundry area. Finding include: On 3/26/24 at 9:36 a.m., during observation of the soiled laundry area, several barrels containing linens were uncovered, which had been placed against the wall in front of the washing machines. The washing machines were in use with soiled laundry at the time of the observation. On 3/26/24 at 9:45 a.m., during interview with Employee 12, the employee indicated the linens and clothing within the laundry barrels had been washed and were clean. She indicated she was waiting to put them into the dryer. The employee indicated she was aware the lids had not been placed on the barrel to protect the clean linen and acknowledged the barrels containing the washed clean linen, were within the soiled laundry area. On 3/26/2024 at 10:08 a.m., the Administrator provided a document, titled, Laundry and Bedding, Soiled, dated September 2022, and indicated it was the policy currently being used by the facility. The policy indicated, .Transport .6. Clean linen is protected from dust and soiling during transport and storage to ensure cleanliness .Storage .1. Clean linen is stored separately, away from soiled linens, at all times .3. Clean linen is kept separate from contaminated linen 3.1-18(b)(1)