

Indiana State Department of Health

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                        |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>000100</b>                 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R-C<br/>12/06/2022</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>WESTMINSTER VILLAGE KENTUCKIANA</b> |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2210 GREENTREE N<br/>CLARKSVILLE, IN 47129</b> |  |  |
| (X4) ID<br>PREFIX<br>TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG  | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                                       |
| {R 000}  | <p><b>INITIAL COMMENTS</b></p> <p>This visit was for a Post Survey Revisit (PSR) to Investigation of Residential Complaint IN00387203 completed on September 2, 2022.</p> <p>This visit was in conjunction with the PSR to Investigation of Nursing Home Complaint IN00390005 completed on September 30, 2022.</p> <p>This visit was in conjunction with the PSR to the Recertification and State Licensure Survey and State Residential Licensure Survey completed on October 25, 2022.</p> <p>Residential Complaint IN00387203 - Corrected</p> <p>Nursing Home Complaint IN00390005 - Corrected</p> <p>Survey dates: December 5 and 6, 2022.</p> <p>Facility number: 000100</p> <p>Residential Census: 84</p> <p>Westminster Village Kentuckiana was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to Investigation of Residential Complaint IN00387203.</p> <p>Quality review completed on December 12, 2022.</p> | {R 000}  |  |  |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE