

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/04/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155167</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>11/29/2023</b>	
NAME OF PROVIDER OR SUPPLIER  <b>WESTMINSTER VILLAGE NORTH</b>				STREET ADDRESS, CITY, STATE, ZIP CODE  <b>11050 PRESBYTERIAN DR</b> <b>INDIANAPOLIS, IN 46236</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Nursing Home Complaints IN00409155, IN00409211, IN00409740, and IN00418899. This visit included the Investigation of Residential Complaint IN00405630.</p> <p>Complaint IN00409155 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00409211 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00409740 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00418899 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00405630 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: November 28 and 29, 2023</p> <p>Facility number: 000084 Provider number: 155167 AIM number: 100284600</p> <p>Census Bed Type: SNF/NF: 120 Residential: 73 Total: 193</p> <p>Census Payor Type: Medicare: 6 Medicaid: 73 Other: 41 Total: 120</p>			F 000			

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

TITLE

(X6) DATE

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.

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F 000	Continued From page 1  Westminster Village North was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regards to the Investigation of Nursing Home Complaints IN00409155, IN00409211, IN00409740, and IN00418899.  Quality review completed on November 29, 2023	F 000			