

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

PRINTED: 02/10/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155191		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/22/2025	
NAME OF PROVIDER OR SUPPLIER  WESTMINSTER VILLAGE KENTUCKIANA				STREET ADDRESS, CITY, STATE, ZIP COD 2210 GREENTREE N CLARKSVILLE, IN 47129			
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Nursing Home Complaints IN00449149 and IN00450387.</p> <p>This visit included the Investigation of Residential Complaints IN00448973 and IN00450286.</p> <p>Complaint IN00449149 - Federal/State deficiencies related to the allegation are cited at F812 and F921.</p> <p>Complaint IN00450387 - Federal/State deficiency related to the allegations are cited at F624.</p> <p>Complaint IN00448973 - State deficiencies related to the allegations are cited at R0148 and R0154.</p> <p>Complaint IN00450286 - No deficiencies related to the allegation is cited.</p> <p>Survey dates: January 21 and 22, 2025</p> <p>Facility number: 000100 Provider number: 155191 AIM number: 100266130</p> <p>Census Bed Type: SNF/NF: 59 Residential: 74 Total: 133</p> <p>Census Payor Type: Medicare: 10 Medicaid: 34 Other: 15 Total: 59</p>			F 0000	<p>February 7, 2025</p> <p>To: Indiana State Department of Health (Life Safety) From: Westminster Village Kentuckiana RE: Request for desk review for event ID 2QF011 and SOD 2QF011</p> <p>Please accept this letter as our formal request for a desk review for event ID 5WXH21 for annual life safety survey at Westminster Village Kentuckiana on 1/22/25. We have submitted our plan of correction with a completion date of February 9, 2025. Your assistance with this matter is greatly appreciated.</p> <p>Respectfully,</p> <p>Kathy Dearing, Administrator</p>		

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

TITLE

(X6) DATE

Kathy Dearing

Administrator

02/07/2025

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 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 0624 SS=D Bldg. 00	<p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on January 30, 2025.</p> <p>483.15(c)(7) Preparation for Safe/Orderly Transfer/Dschrng</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</p>			F 0624	<p>1 Residents B was discharged</p> <p>2 Audit completed by DON/Designee on 2/6/25 regarding residents discharged medications and no other resident was found to be affected by this practice.</p> <p>3 Nursing staff have been educated on policy and procedures, on Discharge Medications and New Nurses will be educated on policy and procedures of Discharge Medications, this will be added to orientation.</p> <p>4 DON or Designee will audit Discharge Residents Medications 2x a week for 2 weeks, then 1x a week for 2 weeks, then monthly for 4 months</p> <p>5 Data will be reported to QAPI who will make recommendations to assure compliance with plan and that plan is met 100%, if not, they will make recommendations to modify plan and or continue plan, if necessary, until met at 100% compliance</p>		02/09/2025

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	<p>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>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>				

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F 0812 SS=E Bldg. 00	<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> <p>483.60(i)(1)(2) Food Procurement,Store/Prepare/Serve-Sanitary</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>			F 0812	<p>1 On 1/21/25 rodent droppings were cleaned from kitchen areas by Maintenance Tech.</p> <p>2 Any resident could be at risk this practice.</p> <p>3 Dietary and Maintenance staff have been re-educated on policy for Sanitation Service. Any pests or evidence of pests are to be reported immediately to the</p>		02/09/2025

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F 0921 SS=D Bldg. 00	<p>-Upon entrance to the dry storage area and to the left, rodent droppings and jelly packets were observed behind the shelves along the wall.</p> <p>-Behind the shelving, on the right side of the storage area, rodent droppings and condiment packets were observed.</p> <p>-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.</p> <p>-In the kitchen area, to the right of the ice machine, rodent droppings were observed in the corner.</p> <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> <p>483.90(i)</p> <p>Safe/Functional/Sanitary/Comfortable Environ</p>			F 0921	<p>Dietary Manager and Dietary staff/Maintenance staff clear any evidence of and the affected area is cleaned. Kitchen, dry storage and Assisted Living storage areas are monitored and droppings when found are immediately cleared, disposed of and area cleaned. On 1/30/25 the pest company placed Tin Cat traps in the main kitchen area, the Assisted Living storage area and the Dietary dry storage area. On 1/27/25 to 2/5/25, Maintenance staff caulked perforations in areas showing evidence of rodent activity. An audit of Dietary areas was completed by Dietary Manager/Designee to check for any further findings of rodent activity and found none.</p> <p>4 Dietary Manager to check food areas including main kitchen, dry storage and Assisted Living storage daily until no evidence is found for rodent activity for 5 . Areas checked daily until no evidence noted for 5 consecutive days. Then frequency will be determined by QAPI and pest control recommendations to continue new plan if necessary until met at 100% compliance.</p>		02/09/2025
					1 Resident rooms cleaned and		

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	<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"> <li>- 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.</li> <li>- The middle drawer of the night stand was empty with rodent droppings on the bottom.</li> <li>- The bottom drawer of the night stand contained personal hygiene items. Rodent droppings were observed on the bottom.</li> <li>- The top drawer of the chest was observed with storage containers with snacks. The drawer had rodents droppings in the bottom of it.</li> </ul> <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>sanitized by Housekeeping /Administrative staff on 2/22/25. Snack boxes were provided to residents F and G.</p> <p>2 All rooms were audited for rodent activity by Administrator/Designee on 1/24/25 and any noted activity was cleared and area sanitized</p> <p>3. Staff have been retrained on policies for Cleaning and Disinfecting Resident's Rooms, Maintenance Services and Sanitization. Snack boxes were provided for residents throughout the facility and assured to be used on 2/5/25 by Administrator/Designee. Resident rooms checked for perforations by Administrator/Designee on 2/4/25. Maintenance caulked areas noted with perforations 1/27/25-2/5/25.</p> <p>4. Housekeeping/Designee checks affected rooms 5x for evidence of rodent activity and clears and sanitizes affected areas for 2 weeks, then 3 times per week for 2 weeks, then weekly for 3 months. On 1/30/25 the pest company placed Tin Cat traps in rooms 101-110 and Healthcare areas. Maintenance/Designee checks traps daily for 2 weeks, then 5 times per week for 2 weeks, then 3 times per week for 2 weeks, then weekly thereafter. Pest control rounds affected areas weekly for 10 weeks. After 10</p>		

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R 0000  Bldg. 00	<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"> <li>- 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.</li> <li>- The middle drawer of the night stand was observed with rodent droppings.</li> </ul> <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> <p>This visit was for the Investigation of Complaints IN00448973 and IN00450286.</p> <p>This visit included the Investigation of Nursing Home Complaints IN00449149 and IN00450387.</p> <p>Complaint IN00448973 - State deficiencies related to the allegations are cited at R0148 and R0154.</p>			R 0000	<p>weeks assessment by pest control and management will determine schedule of frequency to continue. Data will be reported to QAPI who will make recommendations to assure compliance with plan and that plan is met 100%.</p> <p>February 7, 2025</p> <p>To: Indiana State Department of Health (Life Safety) From: Westminster Village Kentuckiana RE: Request for desk review for event ID 2QF011 and SOD</p>		

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R 0144  Bldg. 00	<p>Complaint IN00450286 - No deficiencies related to the allegation is cited.</p> <p>Complaint IN00449149 - Federal/State deficiencies related to the allegation are cited at F812 and F921.</p> <p>Complaint IN00450387 - Federal/State deficiency related to the allegations are cited at F624.</p> <p>Survey dates: January 21 and 22, 2025</p> <p>Facility number: 000100</p> <p>Residential Census: 74</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed on January 30, 2025.</p> <p>410 IAC 16.2-5-1.5(a) Sanitation and Safety Standards - Deficiency</p> <p>Based on observation, interview and record review, the facility failed to ensure a sanitary and homelike environment for 1 of 3 residents reviewed for sanitation. (Resident K)</p> <p>Findings include:</p> <p>The clinical record for Resident K was reviewed on 1/22/25 at 10:07 a.m.. The resident's diagnoses included, but were not limited to, joint pain and rhambdomyolysis.</p> <p>During an interview of 1/21/25 at 12:42 p.m., the resident indicated that she had seen mice in her room. They put two different traps down under her kitchen sink.</p>			R 0144	<p>2QF011</p> <p>Please accept this letter as our formal request for a desk review for event ID 5WXH21 for annual life safety survey at Westminster Village Kentuckiana on 1/22/25. We have submitted our plan of correction with a completion date of February 9, 2025. Your assistance with this matter is greatly appreciated. Respectfully,</p> <p>Kathy Dearing, Administrator</p>		02/09/2025
	<p>1 Resident K's apartment has been cleared of mouse droppings and cleaned/sanitized on 2/22/25 and 2/23/25 by Housekeeping/Administrative staff.</p> <p>2 All apartments were audited for rodent activity by Administrator/Designee on 1/24/25 and 1/27/25 and any noted activity was cleared and area sanitized.</p> <p>3 Staff have been retrained on policies for Cleaning and Disinfecting Resident's Rooms, Maintenance Services and</p>						



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R 0148  Bldg. 00	<p>On 1/21/25 at 12:46 p.m., the following concerns were observed:</p> <ul style="list-style-type: none"> <li>-In the top kitchen drawer closest to the entrance to the kitchen, rodent droppings were observed.</li> <li>-The lower cabinet, below the sink, were a large amount of rodent droppings.</li> <li>-On the sticky trap, on the right side of the lower cabinet, a small rodent was observed lying still and another small rodent was moving around with its feet stuck in place.</li> </ul> <p>On 1/22/25 at 10:25 a.m., Resident K indicated a guy came in yesterday afternoon. He looked under the cabinet and just shook his head and told her he would send someone to remove the rodents in the morning. At 10:26 a.m., the bottom cabinet was observed to be free of the rodents, however, the large amount of rodent droppings remained.</p> <p>410 IAC 16.2-5-1.5(e)(1-4) Sanitation and Safety Standards - Deficiency</p> <p>Based on observation, interview and record review, the facility failed to ensure signage was in place to alert residents of a potential fall hazard for 2 or 3 observations for safety hazards. (First Floor Hallway)</p>			R 0148	<p>Sanitization. Staff encouraged to spot check rooms and apartments throughout their shift and notify Maintenance of any evidence of pest activity immediately. Resident apartments checked for perforations by Administrator/Designee on 1/24/25 and 1/27/25. Maintenance caulked areas noted with perforations 1/27/25-2/5/25.</p> <p>4 Housekeeping/Designee checks affected rooms 5x a week for evidence of rodent activity and clears and sanitizes affected areas for 2 weeks, then 3 times per week for 2 weeks, then weekly for 3 months. Pest control rounds affected areas weekly for 10 weeks and provides interventions as appropriate. After 10 weeks assessment by pest control and management will determine schedule of frequency to continue. Data will be reported to QAPI who will make recommendations to assure compliance with plan and that plan is met 100%, if not,</p> <p>1 On 1/22/25 temporary signage was placed throughout the second hallway on the first floor alerting residents/visitors of uneven carpet.</p> <p>2 Audit of flooring throughout the building was completed on</p>		02/09/2025

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	<p>Findings include:</p> <p>On 1/22/25 at 10:30 a.m., upon entrance to the second hallway on the first floor, the carpet had multiple areas that were buckled which expanded 25 feet down the hallway. There was gray tape across the carpeted area in the middle of the second hallway. There was no signage observed related to area being a possible hazard/fall risk due to raised areas.</p> <p>During an interview on 1/22/25 at 11:06 a.m., The Assisted Living Director (ALD) indicated the plan was to replace the carpet on all the hallways with vinyl flooring. She was aware the area was a fall risk.</p> <p>On 1/22/25 at 1:40 p.m., upon entrance to the second hallway on the first floor, there was no signage observed in place related to the uneven carpet.</p> <p>During an interview on 1/22/25 at 2:40 p.m., the Executive Director (ED) indicated the ALD was new and still learning. The ED placed signage on the entrance to the second hallway on the first floor to alert the residents of the potential hazard.</p> <p>On 1/11/25 at 3:15 p.m., the ED provided a current copy of the document titled "Maintenance Service" dated 12/2009. It included, but was not limited to, "Maintenance service shall be provided to all areas of the building...Maintenance personnel shall follow established safety regulations to ensure the safety and well-being of all concerned...."</p> <p>This Citation relates to Complaint IN00448973</p>				<p>2/6/25.</p> <p>3 Any uneven carpet noted and signs placed. On 2/06/25 permanent signage stands were ordered and will replace the temporary signage to alert residents/visitors of uneven carpet which will be placed at each entrance of the second hallway. (we probably do not need to add this but they are set to arrive on 2/10/25).</p> <p>Staff educated on different hazards in the building and educated on how to mitigate or block area as needed. They will notify Maintenance in a timely manner.</p> <p>4 Administrator/Designee monitors hallways for signage present where any hazard noted 5 times a week for 2 weeks, then 3 times a week for 2 weeks, then weekly for 3 months. QAPI to review audits and make recommendations to modify plan and or continue plan if necessary until met at 100% compliance Date of compliance: 2/9/25</p>		

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

PRINTED: 02/10/2025  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155191		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/22/2025	
NAME OF PROVIDER OR SUPPLIER  WESTMINSTER VILLAGE KENTUCKIANA				STREET ADDRESS, CITY, STATE, ZIP COD 2210 GREENTREE N CLARKSVILLE, IN 47129			
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R 0154  Bldg. 00	<p>410 IAC 16.2-5-1.5(k) Sanitation and Safety Standards - Deficiency</p> <p>Based on observation, interview and record review, the facility failed to provide a clean and sanitary kitchen and failed to ensure the second floor dining room, temporarily not in use, was free of rodent's and rodent droppings. This deficient practice had the potential to affect 74 of 74 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"> <li>- Upon entrance to the dry storage area and to the left, rodent droppings and jelly packets were observed behind the shelves along the wall.</li> <li>- Behind the shelving, on the right side of the storage area, rodent droppings and condiment packets were observed.</li> <li>- 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.</li> <li>- In the kitchen area, to the right of the ice machine, rodent droppings were observed in the corner.</li> </ul> <p>On 1/21/25 at 12:35 p.m., the following concerns were observed in the Assisted Living storage area:</p> <ul style="list-style-type: none"> <li>- In the dry storage area, on the floor in the left corner, a small rodent, approximately 2 inches in length was observed on it side. A gel substance surrounded the rodent. Rodent droppings were in the corner.</li> </ul>			R 0154	<p>1 On 1/21/25 rodent droppings were cleaned from kitchen areas by Maintenance Tech.</p> <p>2 Any resident could be at risk this practice.</p> <p>3 Dietary and Maintenance staff have been re-educated on policy for Sanitation Service. Any pests or evidence of pests are to be reported immediately to the Dietary Manager and Dietary staff/Maintenance staff clear any evidence of and the affected area is cleaned. Kitchen, dry storage and Assisted Living storage areas are monitored and droppings when found are immediately cleared, disposed of and area cleaned. On 1/30/25 the pest company placed Tin Cat traps in the main kitchen area, the Assisted Living storage area and the Dietary dry storage area. On 1/27/25 to 2/5/25, Maintenance staff caulked perforations in areas showing evidence of rodent activity. An audit of Dietary areas was completed by Dietary Manager/Designee to check for any further findings of rodent activity and found none.</p> <p>4 Dietary Manager to check food areas including main kitchen, dry storage and Assisted Living</p>		02/09/2025

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	<p>- On both sides of the refrigerator, towards the back wall, were rodent droppings.</p> <p>- To the left of the ice machine, by the wall, were rodent droppings.</p> <p>On 1/21/25 at 12:35 p.m., Staff Member 6 indicated she had finished in the dining room and was cleaning the Assisted Living kitchen area. The dining room had not been used lately due to a COVID outbreak. She indicated the rodent in the corner of the storage area looked like a mouse.</p> <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 form had not been implemented yet. She could not locate the deep cleaning schedule for the month of December 2024.</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>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 IN00448973</p>				<p>storage daily until no evidence is found for rodent activity for 5</p> <p>. Areas checked daily until no evidence noted for 5 consecutive days. Then frequency will be determined by QAPI and pest control recommendations to continue new plan if necessary until met at 100% compliance.</p>		