

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>R-C</b> <b>09/16/2024</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	INITIAL COMMENTS  Paper compliance to the Annual Recertification and State Licensure survey completed on July 18, 2024. Which included paper compliance to the Investigation of Complaints IN00437923, IN00431844, and IN00430036 completed on July 18, 2024.  Review date: September 16, 2024  Facility number: 000084 Provider number: 155167 AIM number: 100284600  Westminster Village North was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the paper compliance review to the Annual Recertification and State Licensure Survey and Complaint Investigation.  Quality review completed on September 16, 2024.			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.