STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155167	A. BUILDING **01** B. WING _____	R **10/10/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTMINSTER VILLAGE NORTH	**11050 PRESBYTERIAN DR** **INDIANAPOLIS, IN 46236**

(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
{E 000}	Initial Comments A Post Survey Revisit (PSR) to the Emergency Preparedness Survey conducted on 08/14/24 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73. Survey Date: 10/10/24 Facility Number: 000084 Provider Number: 155167 AIM Number: 100284600 At this PSR survey to the Emergency Preparedness survey, Westminster Village North was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73. The facility has 148 certified beds. At the time of the survey, the census was 123. Quality Review completed on 10/10/24	{E 000}		
{K 000}	INITIAL COMMENTS A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 08/14/24 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a). Survey Date: 10/10/24 Facility Number: 000084 Provider Number: 155167 AIM Number: 100284600 At this PSR survey, Westminster Village North	{K 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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	155167	A. BUILDING **01** B. WING _____	R **10/10/2024**

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WESTMINSTER VILLAGE NORTH	**11050 PRESBYTERIAN DR** **INDIANAPOLIS, IN 46236**

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{K 000}	Continued From page 1 was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2. This one story facility with a partial basement consists of Buildings 0101, 0103, 0105, 0106 and 0107. Building 0101, which consists of Willow Commons, Heatherwood Commons, Aspen Commons and Juniper Commons was built in 1974 and was determined to be of Type V (111) construction and fully sprinklered. The Administration Wing, identified as Building 0103, was built in 2005 and was determined to be of Type V (111) construction and fully sprinklered. Cedar Commons, identified as Building 0105 and Aspen Commons, identified as Building 0106 were each built in 2013 and were determined to be of Type V (111) construction and fully sprinklered. The new Dining Room, kitchen and walkway addition to Memory Care, identified as Building 0107, was built in 2014 and was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor. All resident sleeping rooms were provided with smoke detectors hard wired to the fire alarm system. The facility has a capacity of 148 and had a census of 123 at the time of this survey. All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered. Quality Review completed on 10/10/24	{K 000}		