

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

PRINTED: 04/16/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155177		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 03/20/2025	
NAME OF PROVIDER OR SUPPLIER WESTMINSTER VILLAGE - WEST LAFAYETTE				STREET ADDRESS, CITY, STATE, ZIP COD 2741 N SALISBURY ST WEST LAFAYETTE, IN 47906			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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 0000 Bldg. --	<p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 03/20/25</p> <p>Facility Number: 000093 Provider Number: 155177 AIM Number: 201271750</p> <p>At this Emergency Preparedness survey, Westminster Village - West Lafayette was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73.</p> <p>The facility has a capacity of 72 and had a census of 66 at the time of this survey.</p> <p>Quality Review conducted on 03/25/25</p>			E 0000	<p>Preparation, submission, and implementation of this Plan of Correction does not constitute an admission or agreement with the facts and conclusions set forth on the survey report by Westminster Village West Lafayette. Our Plan of Correction is prepared and executed as a means to continuously improve the quality of care and to comply with all applicable state and federal regulatory requirements.</p> <p>We respectfully request a desk review of this POC and a subsequent paper compliance revisit.</p>		
K 0000 Bldg. 01	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 03/20/25</p> <p>Facility Number: 000093 Provider Number: 155177 AIM Number: 201271750</p> <p>At this Life Safety Code survey, Westminster</p>			K 0000	<p>Preparation, submission, and implementation of this Plan of Correction does not constitute an admission or agreement with the facts and conclusions set forth on the survey report by Westminster Village West Lafayette. Our Plan of Correction is prepared and executed as a means to continuously improve the quality of care and to comply with all applicable state and federal</p>		

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

TITLE

(X6) DATE

Kristen Patz

Administrator

04/10/2025

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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K 0131 SS=E Bldg. 01	<p>Village - West Lafayette was found not 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, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>The facility consists of the Courtyard, Pavilion and Terrace halls in a one story sprinklered building determined to be of Type III (211) construction. The facility has a fire alarm system with smoke detection in the corridors, resident sleeping rooms and spaces open to the corridors. The facility has a capacity of 72 and had a census of 66 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>Quality Review conducted on 03/25/25</p> <p>NFPA 101 Multiple Occupancies</p> <p>Based on observation and interview, the facility failed to ensure the penetration in 1 of 2 fire barrier walls was maintained to ensure the fire resistance of the barrier. LSC 19.1.1.3 requires all health care facilities to be maintained and operated to minimize the possibility of a fire emergency requiring the evacuation of the occupants. LSC 8.3.5.1 requires penetrations for cables, cable trays, conduits, pipes, tubes, combustion vents and exhaust vents, wires, and similar items to accommodate electrical, mechanical, plumbing, and communications systems that pass through a wall, floor, or floor/ceiling assembly constructed as a fire barrier shall be protected by a firestop</p>			K 0131	<p>regulatory requirements.</p> <p>We respectfully request a desk review of this POC and a subsequent paper compliance revisit.</p> <p>I Westminster Village – West Lafayette residents were not harmed by the alleged deficient practice.</p> <p>II All residents who reside in the facility have the potential to be affected.</p> <p>III Plant Operations have removed the unapproved spray foam from the identified area and applied the approved fire stop material.</p>		04/10/2025

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K 0920 SS=E Bldg. 01	<p>system or device. The firestop system or device shall be tested in accordance with ASTM E 814, Standard Test Method for Fire Tests of Through Penetration Fire Stops, or ANSI/UL 1479, Standard for Fire Tests of Through-Penetration Fire Stops. This deficient practice could affect 20 residents, staff and visitors in one smoke compartment.</p> <p>Findings include:</p> <p>Based on an observations on 03/20/25 at 2:48 p.m. during a tour of the facility with the Plant Operations Director, Assistant Plant Operations Director and Maintenance Director, there was a six foot gap at a drywall seam of the 2-hour fire wall above the drop ceiling near the Pavilion Hall which was not provided with approved fire stop material. The gap was filled with an unapproved expandable orange spray foam. The can of the spray foam was provided, and observation revealed the can stated on the front 'Not for Fireproofing or Firestopping.' Based on interview at 2:50 p.m. with the Plant Operations Director, it was confirmed the expandable spray foam was used on the 2-hour fire wall and the product stated 'Not for Fireproofing or Firestopping.'</p> <p>This finding was reviewed with the Plant Operations Director, Assistant Plant Operations Director and Maintenance Director during the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Electrical Equipment - Power Cords and Extens</p> <p>Based on observation and interview, the facility failed to ensure extension cords including power</p>			K 0920	<p>All Plant Operations educated on approved fire stop material.</p> <p>IV The facility will be in and remain in compliance by: April 10, 2025.</p> <p>I Westminster Village – West Lafayette residents were</p>		04/10/2025

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	<p>strips were not used as a substitute for fixed wiring. LSC 19.5.1 requires utilities to comply with Section 9.1. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code, 2011 Edition. NFPA 70, Article 400.8 requires that, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. LSC Section 4.5.7 states any building service equipment or safeguard provided for life safety shall be designed, installed and approved in accordance with all applicable NFPA standards. NFPA 99, Standard for Health Care Facilities, 2012 edition, defines patient care areas as any portion of a health care facility wherein patients are intended to be examined or treated. Patient care vicinity is defined as a space, within a location intended for the examination and treatment of patients, extending 6 ft (1.8 m) beyond the normal location of the bed, chair, table, treadmill, or other device that supports the patient during examination and treatment. A patient care vicinity extends vertically to 7 ft 6 in. (2.3 m) above the floor. NFPA 99, Section 10.4.2.3 states household or office appliances not commonly equipped with grounding conductors in their power cords shall be permitted provided they are not located within the patient care vicinity. This deficient practice could affect over 10 residents, staff and visitors in one smoke compartment.</p> <p>Findings include:</p> <p>Based on observation with the Plant Operations Director during a tour of the facility at 2:30 p.m. on 03/20/25, a refrigerator was plugged into a power strip six feet from the resident bed in resident sleeping room C9. The UL listing of the power strip could not be determined. Based on interview at 2:32 p.m., the Plant Operations Director agreed a</p>				<p>not harmed by the alleged deficient practice.</p> <p>II All residents who reside in the facility have the potential to be affected.</p> <p>III Plant Operations have removed the unapproved power strip in C-9.</p> <p>All Plant Operations educated on approved power strips and UL60601-1 and UL 1363A regulations.</p> <p>Whole house audit of resident rooms to remove unapproved power strips. No further issues noted.</p> <p>Director of Plant Operations and/or designee will: Audit a random sample of a minimum of 10% of residents' rooms to ensure compliance with approved power strips and UL60601-1 and UL 1363A regulations; Audits will have a goal of 100% compliance; Audits will be completed weekly until 100% compliance is achieved for 3 consecutive evaluations, then every other week until 100% compliance is achieved for 3 consecutive evaluations, and then monthly until 100% compliance is achieved for 3 consecutive evaluations. Additional audits will be completed as needed based</p>		

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	power strip was being used as a substitute for fixed wiring in the aforementioned location in the facility. This finding was reviewed with the Plant Operations Director, Assistant Plant Operations Director and Maintenance Director during the exit conference. 3.1-19(b)				upon the level of compliance. Results of all audits will be brought to QAPI for review and revision as needed. The audits will be reviewed by the Safety Committee until such time consistent substantial compliance has been achieved as determined by the committee. The Administrator and DPO will be responsible for sustained compliance. This will be submitted to the Safety Committee monthly for review. IV The facility will be in and remain in compliance by: April 10, 2025.		