STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155191	A. BUILDING 00 B. WING	02/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
WESTMINSTER VILLAGE KENTUCKIANA	2210 GREENTREE N CLARKSVILLE, IN 47129

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 0000 Bldg. 00	This visit was for the Investigation of Nursing Home Complaints IN00428146, IN00425548 and IN00428377. This visit included the Investigation of Residential Complaints IN00428146, IN00426475, IN00426486, and IN00427927. Complaint IN00425548 - Federal/State deficiency related to the allegations is cited at F684. Complaint IN00428146 - Federal/State deficiencies related to the allegations are cited at F550 and R0027. Complaint IN00428377 - No deficiencies related to the allegations are cited. Complaint IN00426475 - No deficiencies related to the allegation is cited. Complaint IN00426486 - No deficiencies related to the allegation is cited. Complaint IN00427927 - No deficiencies related to the allegation is cited. Survey dates: February 12, 13 and 14, 2024 Facility number: 000100 Provider number: 155191 AIM number: 100266130 Census Bed Type: SNF/NF: 60 Residential: 80 Total: 140 Census Payor Type:	F 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	Medicare: 14 Medicaid: 33 Other: 13 Total: 60 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on February 21, 2024.			
F 0550 SS=D Bldg. 00	483.10(a)(1)(2)(b)(1)(2) Resident Rights/Exercise of Rights §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as			

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	a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. Based on observation, interview and record review, the facility failed to ensure residents (Resident B and Resident C) were served meals on appropriate dinner ware for 2 of 3 residents reviewed for resident rights. Findings include: 1. The clinical record for Resident B was reviewed on 2/12/24 at 1:22 p.m. The diagnosis included, but was not limited to, left sided hemiplegia and hemiparesis. On 2/12/24 at 1:15 p.m., the resident was observed resting in bed with her eyes open, call light in reach and lunch at bedside in a styrofoam container with plastic eating utensils. Meals had been served in styrofoam for well over a year. She just thought that was how all the meals were served. She thought it would be wonderful if they would serve the meals on regular plates with good silver ware. She could not cut anything up without the plastic utensils breaking. She only had one good hand and the Styrofoam makes it harder to eat. During an interview on 2/13/24 at 10:45 a.m., the	F 0550	**The filing of this plan of correction does not constitute that the alleged deficiency did in fact exist. This Plan of correction is filed as evidence of the facility's desire to comply with the regulatory requirements and continue to provide quality care**. Please accept this plan of correction as our credible allegation of compliance**F550**Resident Rights**I. Action taken for those residents identified:**Regarding residents B and C, the care plans were updated to reflect additional set up assistance with the meal, It is important to note that resident B and C have not experienced any significant weight loss. **II. How other residents are identified:**An audit was performed to identify residents who need additional assistance with meal set up any	03/07/2024

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	Assistant Dietary Manager indicated they were using Styrofoam because the company, whom they contracted with, left. When they left, they took all of the dish ware. They ordered dishes in October and then there was a supply issue. They do have plates but were currently waiting on the plate warmers that were ordered. If the residents ate in their rooms, they usually send all disposable utensils and styrofoam. During an interview on 2/13/24 at 11:40 a.m., the Executive Director (ED) indicated they did have plates, but were waiting on the bases (plate warmers). If the residents eat in their rooms, the meals are sent in styrofoam. They were currently waiting on tray carts. The previous contracted company they had left before the contract was up in late December of 2022 and took a lot of the supplies. On 2/14/24 at 1:45 p.m., the ED indicated they had been ordering supplies all along but just did not have enough. They thought they could get more residents to go to the dining room, but that did not happen. They had several other expenditures and the meal cart was put on the back burner. She did, however, order the cart today as well as the dish ware. 2. The clinical record for Resident C was reviewed on 2/12/24 at 1:47 p.m. The diagnosis included, but was not limited to, left sided hemiplegia and hemiparesis. During an observation on 2/12/24 at 1:05 p.m., there were styrofoam meal containers on the resident's bedside table. During an interview on 2/12/24 at 2:20 p.m., the resident indicated his meals had been served in styrofoam for quite sometime. He sometimes had problems eating due to the high edges of the		issues identified; the resident care plans were updated.The facility interviewed residents regarding their dining experience and any concerns identified as a result of the interviews were addressed and care plans updated if needed. **III. System in place:** An inventory of plates and silverware was completed and the equipment was ordered to provide plates and silverware for meals. Facility staff were re-inservicesd on Resident Rights and providing additional meal assistance as needed for residents meals. Dietary Staff were re-inserviced on the use of disposable utensils and Styrofoam serving containers for emergency use only. In the event of an emergency situation in which disposable containers are utilized, the Administrator will approve the usage. **IV. How the facility will monitor and quality assurance program**:The Administrator/Designee will be responsible for the coordination and monitoring of meal service rounds that will be completed five times a week for four weeks, then weekly for four weeks, then monthly for three months. The results of these audits and any	

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	container the meals are served in. Review of the meal service and supplements policy, dated October 2022, indicated disposable dining dishes and flatware would be used to serve meals as needed during emergency meal service. The emergency meal service was defined as a serious weather condition, a power outage, or a significant staff shortage, etc. On 2/14/24 at 2:55 p.m., the ED provided a current copy of the document titled "Resident Rights" dated December 2016. It included, but was not limited to, "Federal and state laws guarantee certain basic rights to all residents of this facility. The rights include the resident's right to...dignified existence...dignity...." This Citation relates to Complaint IN00428146 3.1-3(a)		necessary corrective actions will be discussed during the monthly QAPI meetings with additional education or revision of the plan made on the basis of the findings. The Committee will provide guidance for further action as needed. The QAPI team will meet once a month until the facility attains 100% compliance for 4 consecutive months.	
F 0684 SS=D Bldg. 00	483.25 Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. Based on interview and record review, the facility failed to ensure quarterly smoking assessments were completed for 2 of 3 residents reviewed for quality of care. (Residents B and C) Findings include:	F 0684	**The filing of this plan of correction does not constitute that the alleged deficiency did in fact exist. This Plan of correction is filed as evidence of the facility's desire to**	03/07/2024

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	1. The clinical record for Resident B was reviewed on 2/12/24 at 1:22 p.m. The diagnoses included, but were not limited to, left sided hermiplegia and hemiparesis, bipolar and major depressive disorder. The care plan, dated 12/21/21, indicated the resident required supervision with smoking and to update the smoking assessment quarterly and as needed. Review of Resident B's smoking risk assessments indicated a quarterly assessment was last completed on 8/17/23. The clinical record lacked documentation of a quarterly assessment for November 2023. During an interview on 2/12/24 at 2:48 p.m., the Director of Nursing indicated when the quarterly assessments were set up in the new system, the smoking assessments were not included. RN (Registered Nurse) 3 indicated per facility policy, smoking assessments were to be completed quarterly. 2. The clinical record for Resident C was reviewed on 2/12/24 at 1:47 p.m. The diagnoses included, but were not limited to, left sided hemiplegia and hemiparesis and dementia. The care plan, dated 2/17/22, indicated the resident was at risk for injury related to smoking and to update the smoking assessment quarterly and as needed. Review of Resident C's smoking risk assessments indicated a quarterly assessment was completed on 8/17/23.		**comply with the regulatory requirements and continue to provide quality care**. Please accept this plan of correction as our credible allegation of compliance **F684** Quality of Care **I. Action taken for those residents identified:** Regarding resident B and C, Smoking safety assessments were completed. **II. How other residents are identified:** An audit of the 5 residents who reside in the facility that smoke was completed, any smoking assessments needed were completed. **III. System in place:** The Nurse Managers were re-educated on timely completion of Smoking Safety Assessments. Smoking Safety Assessments were scheduled to be completed quarterly in the EMR system on all residents who smoke that reside in the facility and for any newly admitted residents who smoke.	

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	The clinical record lacked documentation of a quarterly assessment for November 2023. On 2/12/24 at 2:48 p.m., the Director of Nursing provided a current, undated copy of the document titled "Smoking Policy - Residents". It included, but was not limited to, "Policy Statement...It is the policy of this facility to be administered, in accordance with City, County, State and Federal Regulations related to smoking...A resident's ability to smoke safely will be re-evaluated quarterly...." This Citation relates to Complaint IN00425548 3.1-37		**IV. How the facility will monitor and quality assurance program**: The Don/Designee will be responsible for auditing the completion of smoking assessments weekly on residents newly admitted to the facility who smoke and timely completion of quarterly Smoking Safety Assessments for those current residents who smoke weekly for four weeks, then monthly. The results of these audits will be presented to the QAPI team monthly. The Committee will provide guidance for further action as needed. The QAPI team will meet once a month until the facility attains 100% compliance for 4 consecutive months.	
R 0000 Bldg. 00	This visit was for the Investigation of Residential Complaints IN00428146, IN00426475, IN00426486, and IN00427927. This visit included the Investigation of Nursing Home Complaints IN00428146, IN00425548 and IN00428377. This visit included the Investigation of Nursing Home Complaints IN00425548, IN00428146 and IN00428377.	R 0000		

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	Complaint IN00425548 - Federal/State deficiency related to the allegations is cited at F684. Complaint IN00428146 - Federal/State deficiency related to the allegations is cited at F550 and R0027. Complaint IN00428377 - No deficiencies related to the allegations are cited. Complaint IN00426475 - No deficiencies related to the allegation is cited. Complaint IN00426486 - No deficiencies related to the allegation is cited. Complaint IN00427927 - No deficiencies related to the allegation is cited. Survey dates: February 12, 13 and 14, 2024 Facility number: 000100 Residential Census: 80 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review completed on February 21, 2024.			
R 0027 Bldg. 00	410 IAC 16.2-5-1.2(b) Residents' Rights - Deficiency (b) Residents have the right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility. Residents have the right to exercise their rights as a resident of the facility and as a citizen or resident of the United States. Based on observation, interview and record	R 0027	**The filing of this plan of**	03/07/2024

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	review, the facility failed to ensure residents (Resident H) were served meals on appropriate dinner ware for 1 of 3 residents reviewed for resident rights. Findings include: The clinical record for Resident H was reviewed on 2/14/24 at 12:01 p.m. The diagnosis included, but was not limited to, diabetes and arthritis. . On 2/14/24 at 1:25 p.m., the resident was observed sitting up in her recliner in her apartment. A styrofoam food container was observed in the residents trash can. She indicated they had been serving meal on styrofoam since COVID started and sending plastic forks, spoons and knives. You can't cut anything with a plastic knife. If you push down too hard when trying to cut something, the utensil either breaks or you cut the bottom of the styrofoam container which creates a mess on your table. It would be nice to get meals on regular plates with regular utensils. They do serve that way in the dining room, but she preferred to eat in her room where it was quiet and less chaotic. On 2/13/24 at 10:45 a.m., the Assistant Dietary Manager indicated they were using styrofoam because the company, whom they contracted with, left. When they left, they took all of the dish ware. They ordered dishes in October and then there was a supply issue. They do have plates but were currently waiting on the plate warmers that were ordered. If residents eat in their rooms, they usually send all disposable utensils and styrofoam. On 2/13/24 at 11:40 a.m., the Executive Director (ED) indicated they did have plates, but were		**correction does not constitute that the alleged deficiency did in fact exist. This Plan of correction is filed as evidence of the facility's desire to comply with the regulatory requirements and continue to provide quality care**. Please accept this plan of correction as our credible allegation of compliance**R027** Resident Rights**I. Action taken for those residents identified:**Regarding resident H, no resident was identified by the surveyor, however, the facility interviewed residents regarding their dining experience and any concerns identified as a result of the interviews were addressed. **II. How other residents are identified:**The facility interviewed residents regarding their dining experience and any concerns identified as a result of the interviews were addressed. **III. System in place:** An inventory of plates and silverware was completed and the equipment was ordered to provide plates and silverware for meals. Facility staff were re-inserviced on Resident Rights and providing additional meal assistance as needed for resident's meals. Dietary Staff were re-inserviced on	

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	waiting on the bases (plate warmers). If the residents eat in their rooms, the meals are sent in Styrofoam. They were currently waiting on tray carts. The previous contracted company they had left before the contract was up in late December of 2022 and took a lot of the supplies. On 2/14/24 at 1:45 p.m., the ED indicated they had been ordering supplies all along but just did not have enough. They thought they could get more residents to go to the dining room, but that did not happen. They had several other expenditures and the meal cart was put on the back burner. She did, however, order the cart today as well as the dish ware. Review of the meal service and supplements policy, dated October 2022, indicated disposable dining dishes and flatware would be used to serve meals as needed during emergency meal service. The emergency meal service was defined as a serious weather condition, a power outage, or a significant staff shortage, etc. On 2/14/24 at 2:55 p.m., the ED provided a current, undated copy of the document titled "Residents Bill of Rights". It included, but was not limited to, "You will be treated with...full recognition of you dignity...." This Citation relates to Complaint IN00428146		the use of disposable utensils and Styrofoam serving containers for emergency use only. In the event of an emergency situation in which disposable containers are utilized the Administrator will approve the usage. **IV. How the facility will monitor and quality assurance program**:The Administrator/Designee will be responsible for the coordination and monitoring of meal service rounds that will be completed five times a week for four weeks, then weekly for four weeks, then monthly for three months. The results of these audits and any necessary corrective actions will be discussed during the monthly QAPI meetings with additional education or revision of the plan made on the basis of the findings. The Committee will provide guidance for further action as needed. The QAPI team will meet once a month until the facility attains 100% compliance for 4 consecutive months.	