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	07/13/2023

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
R 0000 Bldg. 00	This visit was for the Investigation of Residential Complaint IN00410478. Complaint IN00410478 - State deficiency related to the allegations is cited at R0305. Survey date: July 13, 2023 Facility number: 000100 Residential Census: 83 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review completed on July 20, 2023.	R 0000		
R 0305 Bldg. 00	410 IAC 16.2-5-6(f)(1-3) Pharmaceutical Services - Noncompliance (f) Residents may use the pharmacy of their choice for medications administered by the facility, as long as the pharmacy: (1) complies with the facility policy receiving, packaging, and labeling of pharmaceutical products unless contrary to state and federal laws; (2) provides prescribed service on a prompt and timely basis; and (3) refills prescription drugs when needed, in order to prevent interruption of drug regimens. Based on interview and record review, the facility failed to ensure a licensed nurse received and signed for medications delivered to the facility for 1 of 19 pharmacy delivery sheets reviewed for pharmacy services. Findings include:	R 0305	The filing of this plan of correction does not constitute that the allege d deficiency did in fact exist. This plan of correction is filed as eviden ce of the facility's desire to comply with the regulatory requirements and continue to	07/28/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Stephanie Wise	Administrator	08/04/2023

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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	Review of the June 2023 pharmacy delivery sheets indicated on 6/2/23, medications were delivered to the facility and signed for by QMA (Qualified Medications Aide) 3. The bottom of the delivery sheet indicated authorized signatures only. During a telephone interview on 7/13/23 at 1:30 p.m., QMA 3 indicated she had signed for the medication delivery on 6/2/23 as they were always delivered to the second floor. She was not sure if QMA's were allowed to sign for medications as she was an agency employee and not sure of what the facility protocol was. On 7/13/23 at 1:10 p.m., the Administrator provided a current copy of the document titled "Delivered Medication" dated 1/2023. It included, but was not limited to, "Only a licensed nurse may received drugs delivered to the facility...." This State tag relates to Complaint IN00410478		provide quality care. 1. The QMA who signed for medications upon delivery has been addressed and educated as to facility policy in regard to receipt of the medication delivery. 2. As all residents could be affected, the following corrective actions have been taken. 3. As a means to ensure compliance with safe delivery, receipt and storage of medications delivered to the facility, the facility policy was reviewed and revised to address qualified/authorized staff who may receive medication delivery from the pharmacy. Staff have received in-service training as to this policy, and any newly hired staff and/or agency staff shall receive training, which will include but not be limited to this policy, during the orientation process. 4. As a means of quality assurance to confirm continued compliance, the administrator/designee shall continue to monitor the medication delivery receipts for appropriate signature of qualified/authorized staff daily on scheduled days of work. Should concern be identified as to medication delivery/receipt/storage, immediate corrective action shall be taken, which may include but not be limited to disciplinary action, re-education, and increased monitoring, if warranted.	

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			This monitoring shall be conducted ongoing to ensure detection of any concern with medication receipt, storage and distribution.	