

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

PRINTED: 03/01/2024  
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 02/20/2024	
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 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 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: 02/20/24</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 58 at the time of this survey.</p> <p>Quality Review completed on 02/21/24</p>			E 0000	E 0000 --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. 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. We respectfully request a desk review of this POC and a subsequent paper compliance revisit.		
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: 02/20/24</p> <p>Facility Number: 000093 Provider Number: 155177 AIM Number: 201271750</p> <p>At this Life Safety Code survey, Westminster</p>			K 0000	E 0000 --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. 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. We		

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

TITLE

(X6) DATE

Hannah Montgomery

Administrator

02/29/2024

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 disclosed 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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K 0211 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 58 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 completed on 02/21/24</p> <p>NFPA 101 Means of Egress - General Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 Based on observation and staff interview, the facility failed to maintain the means of egress free from obstructions in 1 of 8 corridors within the facility. LSC 19.2.3.4(4) states, projections into the required width shall be permitted for wheeled equipment, provided that all of the following</p>			K 0211	<p>respectfully request a desk review of this POC and a subsequent paper compliance revisit.</p> <p>K 0211 - This deficient practice could affect 14 residents, 4 staff, and 2 visitors. This deficient practice was corrected upon finding during the survey and subsequently will be monitored</p>		03/08/2024

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	<p>conditions are met:</p> <p>(a) The wheeled equipment does not reduce the clear unobstructed corridor width to less than 60 in. (1525 mm.)</p> <p>(b) The health care occupancy fire safety plan and training program address the relocation of wheeled equipment during a fire or similar emergency.</p> <p>(c) The wheeled equipment is limited to the following:</p> <p>i. Equipment in use and carts in use</p> <p>ii. Medical emergency equipment not in use</p> <p>iii. Patient lift and transport equipment</p> <p>This deficient practice could affect as many as 14 residents, 4 staff and 2 visitors.</p> <p>Findings include:</p> <p>Based on observations made with the Plant Operations Director (POD) and the facility Administrator on 02/20/24 at 12:59 p.m. during a tour of the facility, there was a plastic 3 drawer chest that was 30 inches wide by 24 high by 24 inches deep containing personal protective equipment immediately outside resident room # B 2 on the Pavilion Hall. Based on interview at the time of the observation, POD advised that they were aware that items being kept in the corridor had to be on wheels, but whomever put this chest out must have forgotten to place the wheels on the bottom when it was initially placed there today.</p> <p>This item was discussed at the exit conference on 02/20/24 at 1:50 p.m. with the facility Administrator, the POD, and the Administrator in training.</p> <p>3.1-19(b)</p>				<p>through the following actions no later than March 8th, 2024. The Plant Operations Director or designee will complete audits of general Egresses in accordance with LSC 19.2.3.4(4). Documentation will be kept on file in the Plant Operations Director's office. These corrections will comply with NFPA 101, Section 19.2.3.4(4).</p> <p>="" b=""&gt;="" b=""&gt;</p> <p>="" b=""&gt;="" b=""&gt;</p> <p>="" b=""&gt;="" b=""&gt;</p> <p>="" b=""&gt;="" b=""&gt;</p> <p>="" b=""&gt;="" b=""&gt;</p> <p>="" b=""&gt;="" b=""&gt;</p> <p>="" b=""&gt;="" b=""&gt;</p>		

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K 0712 SS=F Bldg. 01	<p>NFPA 101 Fire Drills Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 Based on record review and interview, the facility failed to ensure 7 of 12 fire drills conducted within the last twelve months included the verification of transmission of the fire alarm signal to the monitoring station. LSC 19.7.1.4 requires fire drills in health care occupancies shall include the transmission of a fire alarm signal and simulation of emergency fire conditions. This deficient practice affects all residents, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on record review of the facility document titled "Fire Drill Report" with the Plant Operations Director (POD) on 02/20/24 at 11:21 a.m., seven of the fire drills for the past twelve months lacked verification of the transmission of the signal. Based on interview at the time of record review, POD stated that the Security team took over conducting fire drills and they may not have been made aware of the need to document this particular item adding that he would do an in-service with the Security team members and make them aware of the requirement to document</p>			K 0712	K0712 - This deficient practice could affect all residents, staff, and visitors, within the facility and will be corrected through the following actions no later than March 8th, 2024. The Plant Operations Director or designee will conduct education on LSC 19.7.1.4 with the Security staff, including conducting a fire drill in accordance with NFPA 101, Fire Drills. The education documentation will be kept on file in the Plant Operations Director's office.		03/08/2024

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	this item on the drill forms.  This item was discussed at the exit conference on 02/20/24 at 1:50 p.m. with the facility Administrator, the POD, and the Administrator in training.  3.1-19(b) 3.1-51(c)						