

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155221	X2) MULTIPLE CONSTRUCTION A. BUILDING -- _____ B. WING _____	X3) DATE SURVEY COMPLETED 05/21/2025
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NAME OF PROVIDER OR SUPPLIER WESTMINSTER VILLAGE HEALTH & REHAB	STREET ADDRESS, CITY, STATE, ZIP COD 1120 E DAVIS DR TERRE HAUTE, IN 47802
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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: 05/21/25</p> <p>Facility Number: 000126 Provider Number: 155221 AIM Number: 100266400</p> <p>At this Emergency Preparedness survey, Westminster Village Health & Rehab 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 78 certified beds. At the time of the survey, the census was 60.</p> <p>Quality Review completed on 05/28/25</p>	E 0000	<p>Survey Disclaimer Preparation and/or execution of this plan does not constitute admission or agreement by the provider that a deficiency exists. This response is also not to be construed as an admission of fault by the community, its employees, its agents, or other individuals who draft or who may be discussed in this response and correction plan summary. This correction summary is submitted as the community's credible allegation of compliance. Westminster Village wishes to have this plan of correction (POC) stand as its allegation of compliance and respectfully request a desk review.</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: 05/21/25</p> <p>Facility Number: 000126 Provider Number: 155221 AIM Number: 100266400</p> <p>At this Life Safety Code survey, Westminster</p>	K 0000	<p>Survey Disclaimer Preparation and/or execution of this plan does not constitute admission or agreement by the provider that a deficiency exists. This response is also not to be construed as an admission of fault by the community, its employees, its agents, or other individuals who draft or who may be discussed in this response and correction plan summary. This correction</p>	

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

TITLE

(X6) DATE

Terra Holler

Health Facility Administrator

06/05/2025

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 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 0712 SS=C Bldg. 01	<p>Village Health & Rehab was found in substantial 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>This two story facility was determined to be Type II (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor. The facility has battery operated smoke detectors installed in all resident sleeping rooms. The facility has a capacity of 78 and had a census of 60 at the time of this visit.</p> <p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered.</p> <p>Quality Review completed on 05/28/25</p> <p>NFPA 101 Fire Drills</p> <p>Based on record review and interview, the facility failed to conduct quarterly fire drills at unexpected times under varying conditions on two shifts for 4 of 4 quarters. This deficient practice could affect all residents, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of Fire Drills documentation with the Director of Plant Operations at 11:35 a.m. on 05/21/25, first shift fire drills conducted on 03/25/25, 06/18/24, 09/20/24 and 12/19/24 were conducted at, respectively, 10:30 a.m., 10:00 a.m., 10:30 a.m. and 10:30 a.m. Additionally, second</p>	K 0712	<p>summary is submitted as the community's credible allegation of compliance. Westminster Village wishes to have this plan of correction (POC) stand as its allegation of compliance and respectfully request a desk review.</p> <p>1. Corrective Action for the Cited Deficiency: Upon notification of the deficiency, a fire drill was conducted on day shift (on May 23, 2025). All staff on duty were re-educated on proper evacuation procedures, the use of fire extinguishers, and alarm protocols. Documentation of this drill was completed and submitted to the facility's Quality Assurance and Performance Improvement (QAPI)</p>	06/09/2025

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	<p>shift fire drills conducted on 01/28/25, 04/18/25, 07/26/25 and 10/10/24 were conducted at, respectively, 3:00 p.m., 3:15 p.m., 3:15 p.m. and 3:15 p.m. Based on interview at 11:40 a.m., the Director of Plant Operations agreed the aforementioned first and second shift fire drills were not conducted at unexpected times under varying conditions.</p> <p>This finding was reviewed with the Administrator and Director of Plant Operations at the exit conference.</p> <p>3.1-19(b) 3.1-51(c)</p>		<p>committee for review.</p> <p>2. Identification of Other Residents at Risk: All residents were considered to be at potential risk due to the fire drill schedule. No additional instances of non-compliance were found in fire drill completion.</p> <p>3. Systemic Changes to Ensure Compliance: • A revised Fire Drill Schedule was implemented on May 22, 2025, clearly outlining required drills for each shift and each quarter, placed in the documentation binder for tracking in the maintenance office. • The Maintenance Director, in collaboration with the Administrator, will be responsible for conducting and documenting all fire drills. • Administrative oversight has been instituted: the Administrator will sign off on all completed drills each month to ensure compliance. • Staff have been re-educated on fire drill procedures and the regulatory requirement of conducting drills quarterly on all shifts.</p> <p>4. Monitoring and Quality Assurance: • The QAPI committee will review fire drill compliance at each monthly meeting for the next 3 months or until 100% compliance is achieved. • A random audit of fire drill logs will be conducted monthly for the</p>	

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			<p>next 3 months to ensure all shifts are being covered by the Administrator or until 100% compliance is achieved.</p> <ul style="list-style-type: none"> Identified trends in drills will trigger immediate corrective action, including re-education and possible disciplinary measures for responsible personnel. <p>Responsible Party: Facility Administrator – Terra Holler, HFA Maintenance Director – Jon McClosky</p> <p>Please see attached exhibits of compliance A, B, C, D</p> <p>Westminster Village respectfully wishes to request desk review and have this POC stand as compliance and indicates POC deficiency correction date 6/9/25</p>	