

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 04/25/2024
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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: 04/25/24</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 48.</p> <p>Quality Review completed on 04/26/24</p>	E 0000	Westminster Village Terre Haute wishes to have this submitted plan of correction (POC) stand as its allegation of compliance. Preparation and/or execution of this POC does not constitute admission to, nor agreement with either the existence of or the scope and severity of any of the cited deficiencies, or conclusions set forth in the statement of deficiencies. This plan is prepared and/or executed to ensure continuing compliance with regulatory requirements.	
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: 04/25/24</p> <p>Facility Number: 000126 Provider Number: 155221 AIM Number: 100266400</p> <p>At this Life Safety Code survey, Westminster</p>	K 0000	Westminster Village Terre Haute wishes to have this submitted plan of correction (POC) stand as its allegation of compliance. Preparation and/or execution of this POC does not constitute admission to, nor agreement with either the existence of or the scope and severity of any of the cited deficiencies, or conclusions set forth in the statement of deficiencies. This plan is prepared	

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

TITLE

(X6) DATE

Shannon Williams

Administrator

05/17/2024

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 Health & Rehab 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>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 48 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 04/26/24</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</p> <p>Based on observation and staff interview, the facility failed to maintain the means of egress free from obstructions in 2 of 4 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>and/or executed to ensure continuing compliance with regulatory requirements.</p> <p>All 3-drawer plastic storage bins with PPE have wheels added to the base to ensure easy egress in the hallways. This is monitored weekly.</p>	05/09/2024

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K 0291 SS=D	<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 the 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 approximately 15 residents, 4 staff and 2 visitors.</p> <p>Findings include:</p> <p>Based on observations made with the Director of Plant Operations and Lead Maintenance Supervisor on 04/25/24 from 2:10 p.m. to 3:20 p.m. during a tour the facility, there were 11 small three drawer plastic storage bins with personal protective equipment (P.P.E.) stored in two corridors immediately outside resident rooms. These bins were not on wheels. Based on interview with the Lead Maintenance Supervisor at the time of the observations, he confirmed the plastic storage bins in the corridors were not on wheels.</p> <p>This item was discussed again with the Administrator, Director of Plant Operations and Lead Maintenance Supervisor at the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Emergency Lighting</p>			

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Bldg. 01	<p>Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1</p> <p>Based on record review and interview; the facility failed to document annual testing for all battery backup lights in accordance with LSC 7.9. Section 7.9.3.1.1 states testing of emergency lighting systems shall be permitted to be conducted as follows:</p> <p>(1) Functional testing shall be conducted monthly, with a minimum of 3 weeks and a maximum of 5 weeks between tests, for not less than 30 seconds, except as otherwise permitted by 7.9.3.1.1(2).</p> <p>(2) The test interval shall be permitted to be extended beyond 30 days with the approval of the authority having jurisdiction.</p> <p>(3) Functional testing shall be conducted annually for a minimum of 1 1/2 hours if the emergency lighting system is battery powered.</p> <p>(4) The emergency lighting equipment shall be fully operational for the tests required by 7.9.3.1.1(1) and (3).</p> <p>(5) Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction.</p> <p>This deficient practice could affect staff at the generator.</p> <p>Findings include:</p> <p>Based on records review with the Lead Maintenance Supervisor on 04/25/24 from 10:15 a.m. to 2:10 p.m., annual 90-minute testing documentation for the battery backup light at the generator was not available for review the past twelve months. The Lead Maintenance Supervisor confirmed that annual 90-minute testing was not</p>	K 0291	<p>Training was completed with the Health Center maintenance director on the proper way for the 90 minute check on the battery operated emergency lights are conducted in order to maintain compliance. The site has put in the Tels system that this check will be conducted every January. Since this test was not conducted this January, we will conduct this test in May to be in compliance for this year.</p>	05/17/2024
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K 0324 SS=E Bldg. 01	<p>available for review at the time of the survey.</p> <p>This finding was reviewed with the Administrator, Director of Plant Operations and Lead Maintenance Supervisor at the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Cooking Facilities Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2 Based on record review and interview, the facility failed to ensure 1 of 1 kitchen exhaust systems was inspected semiannually. NFPA 96, 2011 Edition, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, Section 11.4 states the entire exhaust system shall be inspected for grease buildup by a properly</p>	K 0324	The Director of Plant Operations has made a solid communication line with the hood cleaning company. They have already communicated the dates for the two required hood cleaning. One of those hood cleanings has been	05/17/2024

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	<p>trained, qualified, and certified person(s) acceptable to the authority having jurisdiction and in accordance with Table 11.4. Table 11.4, Schedule for Inspection for Grease Buildup, requires systems serving moderate volume cooking operations shall be inspected semiannually. NFPA 96, 11.6.1 states, upon inspection, if the exhaust system is found to be contaminated with deposits from grease laden vapors, the contaminated portions of the exhaust system shall be cleaned by a properly trained, qualified, and certified person(s) acceptable to the authority having jurisdiction. Hoods, grease removal devices, fans, ducts, and other appurtenances shall be cleaned to remove combustible contaminants prior to surfaces becoming heavily contaminated with grease or oily sludge. After the exhaust system is cleaned, it shall not be coated with powder or other substance. When an exhaust cleaning service is used, a certificate showing the name of the servicing company, the name of the person performing the work, and the date of inspection or cleaning shall be maintained on the premises. This deficient practice could affect all kitchen staff.</p> <p>Findings include:</p> <p>Based on review of the kitchen range hood inspection contractor's "Exhaust Cleaning" documentation dated 05/25/23 and 03/05/24 with the Director of Plant Operations and the Lead Maintenance Supervisor during record review from 10:15 a.m. to 2:10 p.m. on 04/25/24, documentation of a kitchen exhaust system inspection six months after 05/25/24 was not available for review. Based on interview at the time of record review, the Director of Plant Operations stated there was a transition period in</p>		<p>conducted. In addition, calendar reminders have been set up to remind the Director of Plant Operations of 60 days from when the next hood cleaning is due. In TELS's building maintenance tracking system, the hood cleaning task has been verified and assigned to the proper personnel.</p>	

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K 0511 SS=D Bldg. 01	<p>the kitchen and scheduling difficulty with the exhaust/hood cleaning contractor and agreed documentation of a kitchen exhaust system inspection six months after 05/25/23 was not available for review.</p> <p>This finding was reviewed with the Administrator, Director of Plant Operations and Lead Maintenance Supervisor during the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Utilities - Gas and Electric Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 Based on observation and interview, the facility failed to ensure 1 of 1 receptacles within 6 feet from a sink were provided with ground fault circuit interrupter (GFCI) protection against electric shock. LSC 19.5.1.1 requires utilities comply with Section 9.1. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code. NFPA 70, NEC 2011 Edition at 210.8 Ground-Fault Circuit-Interrupter Protection for Personnel, states, ground-fault circuit-interruption for personnel shall be provided as required in 210.8(A) through (C). The ground-fault circuit-interrupter shall be installed in a readily accessible location. (B) Other Than Dwelling Units. All 125-volt, single-phase, 15- and 20-ampere receptacles installed in the locations specified in 210.8(B)(1)</p>	K 0511	The electrical socket has been changed and is in working condition. The way forward for this deficiency. For TEL's building maintenance tracking system, a task has been created for a weekly test to be conducted to test 10% of the first-floor and 10% of the second-floor outlets every week. This will be conducted along with the yearly test. A second task has also been created in TEL's building maintenance tracking system for every time a resident moves in or moves out of a room in the health center, The maintenance will go in	05/09/2024

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	<p>through (8) shall have ground-fault circuit-interrupter protection for personnel. (1) Bathrooms, (2) Kitchens, (3) Rooftops, (4) Outdoors, (5) Sinks - where receptacles are installed within 1.8 m (6 ft.) of the outside edge of the sink. (6) Indoor wet locations, (7) Locker rooms with associated showering facilities, (8) Garages, service bays, and similar areas where electrical diagnostic equipment, electrical hand tools. NFPA 70, 517-20 Wet Locations, requires all receptacles and fixed equipment within the area of the wet location to have GFCI protection. Note: Moisture can reduce the contact resistance of the body, and electrical insulation is more subject to failure. This deficient practice could affect one resident and staff in room 206.</p> <p>Findings include:</p> <p>Based on observations with the Director of Plant Operations and Lead Maintenance Supervisor on 04/25/24 at 3:10 p.m., in resident room 206 there was one electric receptacle within two feet of a sink in the bathroom. The electric receptacle was not GFCI protected, this was confirmed when the receptacle was tested. Based on interview at the time of observation, the Lead Maintenance Supervisor agreed the electric receptacle was not GFCI protected when tested.</p> <p>This finding was reviewed with the Administrator, Director of Plant Operations and Lead Maintenance Supervisor during the exit conference.</p> <p>3.1-19(b)</p>		<p>and test every outlet in the room. This task is tracked in the TELS's building maintenance tracking system.</p>	