STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155670	A. BUILDING 00 B. WING	08/18/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MAJESTIC CARE OF NEWBURGH	5233 ROSEBUD LANE NEWBURGH, IN 47630

(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 Complaint IN00414861 and IN00415266. Complaint IN00414861 - Federal/state deficiencies related to the allegations are cited at F638. Complaint IN00415266- No deficiencies related to the allegations are cited. Survey dates: August 16, 17, 18, 2023. Facility number: 011049 Provider number: 155670 AIM number: 200258520 Census Bed Type: SNF/NF: 92 Total: 92 Census Payor Type: Medicare: 4 Medicaid: 69 Other: 19 Total: 92 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on August 22, 2023.	F 0000	By submitting the enclosed materials, we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility requests that the plan of correction be considered our allegation of compliance effective 8/25/2023 to the complaint survey completed on 8/16/2023. We respectfully request a paper review and will provide any additional information requested.	
F 0638 SS=D Bldg. 00	483.20(c) Qrtly Assessment at Least Every 3 Months §483.20(c) Quarterly Review Assessment A facility must assess a resident using the quarterly review instrument specified by the State and approved by CMS not less frequently than once every 3 months.			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Brandi Thompson	Executive Director	08/25/2023

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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	Based on interview and record review, the facility failed to ensure quarterly care conferences for the Minimum Data Set Assessment were completed for 2 of 4 residents reviewed for care conferences. (Resident B, Resident E) Finding includes: On 8/16/23 at 10:22 a.m., Resident B indicated it had been months since they or their representative had been invited or attended a care conference. On 8/18/23 at 12:53 p.m., Resident E indicated they thought they had been invited to a care conference before, but not sure when. On 8/17/23 at 10:11 a.m., the Social Services Director indicated it looked like the last care conference for Resident B was on 3/30/23, the next one due had been missed. On 8/18/23 at 12:49 p.m., the Social Service Director indicated Resident E had a care conference on 10/11/23, 5/18/23, and 7/28/23, Resident E had a hospital stay in November and December 2022. The Social Service Director indicated the next care conference due after the October 2022 conference would have been in March of 2023, it had been missed, care conferences were done by the MDS (Minimum Data Set) schedule and sometimes sooner. On 8/18/23 at 12:43 p.m., the Administrator provided the current policy titled " Resident/Family Participation 72 Care Review-Assessment/Care Plans." The policy had a revision date of 6/1/18. The policy included, but was not limited to: Each resident and his/her family members are encouraged to participate in	F 0638	**F638 Care Conferences** **What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;** Resident B's care conference was scheduled and held on 8/23/2023. Resident B was assessed with no negative outcome. Resident E had a care conference on 7/28/2023. Resident E was assessed with no negative outcome **How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken;** All residents that reside in the facility have the potential to be affected by the alleged deficient practice. All resident care profiles audited for compliance with quarterly care conferences by SSD/Designee on 8/21/2023. All residents requiring care conferences scheduled by SSD/Designee on 8/21/2023, with conferences completed by 8/25/2023. **What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur;** All social services staff was educated on following physician orders and plans of care by the	08/25/2023

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	the development of the resident's comprehensive assessment and care plan. The resident and his/her family, and/or the legal representative (sponsor), are invited to attend and participate in the resident's assessment and care planning conference...The Comprehensive Care Conference is scheduled after the completion of the Comprehensive Care Plan and quarterly... This Federal tag relates to Complaint IN00414861. 3.1-31(d)(3)		ED/Designee on 8/21/2023. **How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place;** QAPI tool CPC/POC Audits will be completed weekly X 4 weeks, bi-monthly X 2 and monthly X 6 months by SSD/Designee. If 100% threshold is not achieved an action plan will be developed. This information will be presented to the QAPI committee during the monthly meeting.	