STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155570	A. BUILDING 00 B. WING	02/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MAJESTIC CARE OF MCCORDSVILLE	7476 W LANE RD MCCORDSVILLE, IN 46055

(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 IN00401721. Complaint IN00401721 - Substantiated. Federal/state deficiency related to the allegations is cited at F921. Survey dates: February 20 and 21, 2023 Facility number: 000477 Provider number: 155570 AIM number: 100290860 Census Bed Type: SNF/NF: 37 Total: 37 Census Payor Type: Medicare: 6 Medicaid: 19 Other: 12 Total: 37 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. quality review completed on February 24, 2023	F 0000	We respectfully request that this plan of correction be considered for a desk review in lieu of a post survey revisit. Thank you.	
F 0921 SS=D Bldg. 00	483.90(i) Safe/Functional/Sanitary/Comfortable Environ §483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. Based on observation, interview and record review, the facility failed to ensure a resident's room provided a safe environment as evidenced	F 0921	**1. What corrective action will be accomplished for those residents found to have been**	03/08/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Katlyn Collins 03/08/2023

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	by one wall, adjacent to a resident's bed, had 4 screws extending from the wall that could be a potential hazard for a resident. (Resident) Findings include: During a tour of random resident rooms with the Maintenance Director on 2-20-23 at 10:30 a.m., Room 18 was observed to have a piece of painted wall covering attached to the wall, adjacent to the door bed. The length of the bed was positioned adjacent to the wall covering with the exposed screws. The top portion of the wall covering was located approximately four feet from the floor and had 4 screws in a linear pattern, spaced about 6 to 12 inches apart, near the top portion of the wall covering. In an interview with Resident F at this time, he indicated it appeared to him the screws were about one-eighth of an inch from being flush with the wall and could be a potential hazard for scraping one's body or clothing. He indicated he has not had problems with such as he is able to keep his arms and body parts away from the screws. In an interview with the Maintenance Director on 2-20-23 at 10:55 a.m., he indicated he had noticed the screws in this room at that area were not flush with the wall the previous week, but had not gotten it fixed yet, but would get it fixed as soon as possible. He explained in the last week, there had been multiple room moves and prior to the the room moves, the bed had been located in a fashion that the head of the bed had been directly located in front of this wall covering, not as it currently was located with the length of the bed being adjacent to the wall covering. A review of Resident F's clinical record on 2-20-23 at 12:30 p.m., indicated he was cognitively intact.		**affected by the deficient practice;** **a. All residents affected by the deficient practice had no negative outcomes.** **b. Room with identified issue was immediately repaired and all other rooms in the facility have been checked for safety hazards.** **2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions have been taken;** **a. All residents have the potential to be affected by the deficient practice. Room audits were completed by maintenance supervisor to ensure the environment is appropriate and that there are no immediate maintenance needs to be addressed.** **3. What measures will be put into place or what systemic changes will be made to ensure the deficient practice does not recur;** **a. Maintenance department will conduct 5 room audits and facility walkthroughs weekly x4 and then monthly x4, and quarterly thereafter.** **b. Magic ambassadors assigned to each room will check rooms daily for repairs**	

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	This Federal tag relates to Complaint IN00401721. 3.1-19(f)		**needed and report to maintenance.** **c. All staff were inserviced on how to put in a maintenance request and to report to maintenance/management team when seeing immediate maintenance needs in resident rooms/areas.** **4. How the corrective action will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place;** **a. Maintenance department will conduct 5 room audits and facility walkthroughs to ensure there are no outstanding maintenance needs weekly x4 and then monthly x4, and quarterly thereafter. If 100% compliance is not obtained an action plan will be developed and reviewed by the monthly QAPI committee.**	