

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

PRINTED: 12/28/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155670		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/04/2023	
NAME OF PROVIDER OR SUPPLIER MAJESTIC CARE OF NEWBURGH				STREET ADDRESS, CITY, STATE, ZIP CODE 5233 ROSEBUD LANE NEWBURGH, IN 47630			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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	<p>This visit was for the Investigation of Complaint IN00415678 and 416908.</p> <p>Complaint IN00415678: Federal/state deficiencies related to the allegations are cited at F804.</p> <p>Complaint IN00416908: No deficiencies are cited related to the allegations.</p> <p>Survey dates: December 1 & 4, 2023</p> <p>Facility number: 011049 Provider number: 155670 AIM number: 200528520</p> <p>Census Bed Type: SNF/NF: 92 Total: 92</p> <p>Census Payor Type: Medicare: 14 Medicaid: 62 Other: 16 Total: 92</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on December 5, 2023.</p>			F 0000	<p>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 December 12th, 2023, to the complaint survey completed on December 4th, 2023. We respectfully request a paper review and will provide any additional information requested.</p>		
F 0804 SS=E Bldg. 00	<p>483.60(d)(1)(2) Nutritive Value/Appear, Palatable/Prefer Temp §483.60(d) Food and drink Each resident receives and the facility provides-</p>						

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

TITLE

(X6) DATE

Brandi Thompson

Executive Director

12/15/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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 30 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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	<p>§483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance;</p> <p>§483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Based on observation, interview, and record review, the facility failed to provide appetizing and palatable meals for 1 of 1 lunch trays sampled on 1 of 2 halls. Residents complained of cold food temperatures at meals and distasteful food during meals. (100 Hall, Resident B, Resident J)</p> <p>Finding includes:</p> <p>1. During a review of facility grievances on 12/1/23 at 10:00 A.M., a concern was reported to the facility, dated 8/3/23, by Resident B that all food was "distasteful."</p> <p>During a review of Resident Council minutes on 12/1/23 at 10:15 A.M., Resident Council concerns from meeting notes dated 9/26/23, included but were not limited to, "potatoes of all kinds are never done all the way" and that the bread was "soggy."</p> <p>During an interview on 12/1/23 at 1:00 P.M., Resident J indicated that the food was not good and that it was delivered hot only some of the time. Resident J indicated that he ate both in his room and in the dining room.</p> <p>2. During an observation on 12/4/23 at 12:05 P.M., staff were passing trays to the 100 Hall. A sample tray was removed from the hall cart and tempted at 12:10 P.M. The tray was then taste tested in a conference room. The following was observed: Pork temperature was 85 degrees Fahrenheit (F).</p>			F 0804	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>Residents B and J did not experience any negative outcomes as a result of the alleged deficient practice.</p> <p>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;</p> <p>All residents have the potential to be affected by the alleged deficient practice.</p> <p>All hot food cooking temperature will be monitored to ensure at least 155 degrees and holding temperature is at least 135 degrees.</p> <p>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur;</p> <p>All dietary staff was educated on ensure that palatable, attractive food at a safe temperature is being served by the Executive Director/Designee on 12/6/2023 and ongoing.</p>		12/12/2023

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	<p>Rice was undercooked and tasteless. Mixed Vegetables appearance were mushy and had lost their shape. The consistency of the vegetables was also mushy with the skin of the vegetables having a rubbery texture. The vegetables lacked flavor.</p> <p>On 12/4/23 at 12:35 P.M., the Facility Administrator supplied a facility policy titled, Food: Quality and Palatability, dated 9/2017. The policy included, "Food will be prepared by methods that conserve nutritive value, flavor and appearance. Food will be palatable, attractive and served at a safe and appetizing temperature..."</p> <p>This citation relates to complaint IN00415678.</p> <p>3.1-21(a)(2)</p>				<p>Implemented batch cooking policy to ensure palatability, attractiveness, and a safe and appetizing temperature of all hot foods.</p> <p>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;</p> <p>QAPI tool temperatures will be completed daily X 4 weeks, weekly X 4 weeks and monthly X 4 months by DM/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.</p> <p>Resident satisfaction interviews will be completed daily x 4 weeks, weekly x 4 weeks and monthly x 4 months by the DM/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.</p>		