

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

PRINTED: 08/16/2023  
FORM APPROVED  
OMB NO. 0938-039

|   |  |   |  |   |   |  |                            |
|---|--|---|--|---|---|--|----------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION         |  | X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER<br><br>155689 |  | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING                        |   | X3) DATE SURVEY<br>COMPLETED<br>07/26/2023 |                            |
| NAME OF PROVIDER OR SUPPLIER<br><br>MAJESTIC CARE OF GOSHEN |  |   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>2400 COLLEGE AVE<br>GOSHEN, IN 46526 |   |  |                            |
| (X4) ID<br>PREFIX<br>TAG                                    | SUMMARY STATEMENT OF DEFICIENCY<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)   |   |  | ID<br>PREFIX<br>TAG   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)  |  | (X5)<br>COMPLETION<br>DATE |
| F 0000<br><br>Bldg. 00                                      | <p>This visit was for the Investigation of Complaints IN00413245, IN00413105, IN00412879, IN00413371, IN00413380, and IN00413507.</p> <p>Complaint IN00413245 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00413105 - Federal/State deficiencies related to the allegations are cited at F580 and F657.</p> <p>Complaint IN00412879 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00413371 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00413380 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00413507 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: July 20, 21, 24, 25, and 26, 2023</p> <p>Facility number: 000091<br/>Provider number: 155689<br/>AIM number: 100290080</p> <p>Census Bed Type:<br/>SNF/NF: 128<br/>SNF: 13<br/>Total: 141</p> <p>Census Payor Type:<br/>Medicare: 12<br/>Medicaid: 96</p> |   |  | F 0000  | <p><b>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. Due to the low scope and severity of these findings we respectfully request a desk review in lieu of a traditional revisit.</b></p> |  |                            |

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

TITLE

(X6) DATE

Caley Nixon

Executive Director

08/15/2023

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 disclosable 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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| F 0580<br>SS=D<br>Bldg. 00                                  | <p>Other: 33<br/>Total: 141</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed 8/2/2023.</p> <p>483.10(g)(14)(i)-(iv)(15)<br/>Notify of Changes (Injury/Damage/Room, etc.)<br/>§483.10(g)(14) Notification of Changes.<br/>(i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-</p> <p>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention;<br/>(B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);<br/>(C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or<br/>(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).</p> <p>(ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> |   |  |   |  |  |                            |

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|   | <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or<br/>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.<br/>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15)<br/>Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9).<br/>Based on observation, interview, and record review the facility failed to notify a resident's responsible party timely of an unwitnessed fall that resulted in major injury, for 1 of 3 residents reviewed for falls. (Resident B)</p> <p>Findings include:</p> <p>On 7/20/23 at 1:40 P.M., during an observation of Resident B, the resident was sleeping in bed and did not arouse to verbal stimulation. Bruising was noted to his face including a large swollen bruise above the left eye approximately 1 inch by 1 inch, and swollen bruising to his left cheek and throughout the lower left eye orbital area.</p> <p>On 7/25/23 at 3:13 P.M., the clinical record for Resident B was reviewed. The resident was most recently admitted to the facility on 7/11/23 from a local hospital following a fall that occurred on</p> |   |  | F 0580  | <p><b>F580 – Notify of Changes</b><br/>It is the practice of this facility to ensure residents responsible parties are notified timely of any changes in condition or injury.</p> <p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</b><br/>Resident B - resident has discharged from facility.</p> <p><b>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:</b><br/>All residents have the potential to</p> |  | 08/11/2023                 |

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|   | <p>7/09/23 while a resident at the facility.</p> <p>Review of Resident B's hospital records indicated the resident was admitted to the hospital from the facility on 7/09/23 due to a fall from his wheelchair with blunt force trauma to the head. The Emergency Room (ER) "History of Present Illness" documentation, indicated Resident B had left scalp bruising and subarachnoid hemorrhage (bleeding in the space between the brain and tissue covering the brain) overlaying the left frontal lobe and also bleeding in the parafalcine region of the brain. The ER report indicated Resident B was admitted from the ER to the Intensive Care Unit for closer monitoring. The examination note indicated the resident had multiple bruises and swelling to the left side of his face with a large hematoma on the left temporal area and left eye swelling.</p> <p>On 7/10/23 at 3:14 P.M., a Social Service consultation at the local hospital was initiated to begin Hospice care upon return to the facility.</p> <p>Resident B was discharged back to the facility on 7/11/23.</p> <p>On 7/21/23 at 10:39 A.M., during an interview with Family Member 1, who is Resident B's responsible party, indicated on 7/9/23, he received a call from a local hospital notifying him that Resident B was in the Emergency Room (ER), following a fall at the facility and the ER physician indicated the resident was outside the facility in his wheelchair and fell in the parking lot. Family Member 1 indicated no one witnessed the fall, but somebody notified the facility that the resident was out on the pavement. Family Member 1 indicated the facility never notified him of the incident until he called the facility later that day and spoke with</p> |  |  |   | <p>be affected by this deficient practice. All staff educated on policy related to reporting and timely notifications to all residents' responsible parties, MD, etc. following any change of condition or injury.</p> <p><b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b><br/>All staff will be in-serviced on or before 8/11/23. This in-service will be conducted by the Executive Director or Designee and will include a review of Abuse Prevention Program as it related to reporting and timely notifications to resident responsible parties. The Director of Nursing/Designee will utilize a daily QAPI tool to audit all residents' responsible parties, MDs, etc. are being notified timely of any changes of condition or injury.</p> <p><b>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:</b><br/>Ongoing compliance with this corrective action will be monitored through the facility Quality Assurance and Performance Improvement Program. The Executive Director/Designee will</p> |  |                            |

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|   | <p>Registered Nurse (RN) 2, but the facility never initiated notification.</p> <p>On 7/21/23 at 11:30 A.M., during an interview with the Administrator, she indicated Resident B's wheelchair fell at the curb in the front parking area and that a visitor found him and reported it to the nursing staff. The Administrator indicated she did not know who the visitor was and did not know if the visitor witnessed the fall and did not obtain a statement from the visitor.</p> <p>On 7/21/23 at 12:25 P.M., during a follow up interview with the Administrator, she indicated RN 2 did not notify Resident B's responsible party, even though it was charted that she did. The Administrator indicated RN 2 reported to her that she attempted to call the responsible party but the responsible party did not answer the phone and RN 2 did not attempt to call again. The Administrator indicated RN 2 did not talk to the responsible party until the responsible party called the facility later in the day of the accident after a local hospital had already notified the responsible party. The Administrator indicated the responsible party should have been notified of the fall immediately.</p> <p>On 7/21/23 at 11:55 A.M., during an interview with Registered Nurse 2, she indicated she was assigned care for Resident B on 7/9/23 when a Certified Nursing Assistant (CNA) reported Resident B was found outside by a visitor and that it looked like he fell with his wheelchair off the side of the curb and landed in the parking lot. RN 2 indicated the resident landed on his face, and upon assessment, found him conscious, but not answering questions clearly. RN 2 indicated there was blood coming from the nostril, so called 911. RN 2 indicated she don't know who the</p> |  |  |   | <p>be responsible for completing the QAPI Audit tool labeled "Daily QAPI" daily for 1 week and weekly for at least 6 months. If 100% is not achieved an action plan will be developed. Findings will be submitted to the Quality Assurance and Performance Improvement Committee for review and follow-up.</p> <p><b>By what date the systemic changes will be completed: 08/11/23</b><br/>Compliance Date = 08/11/23</p> |  |                            |

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| F 0657<br>SS=D<br>Bldg. 00                                  | <p>visitor was that found Resident B, or if the resident witnessed the fall. RN 2 indicated she reported the incident to the Assistant Director of Nursing, the physician, and the responsible party. RN 2 indicated she spoke with the responsible party later in the day because she was busy with the incident and with the care of other residents. RN 2 indicated when she spoke with the responsible party, he had already been notified of the fall by the local hospital.</p> <p>A current policy titled "Abuse Prevention Program," dated 3/22, was provided by the Administrator on 7/21/23 at 1:00 P.M. The policy indicated, "...When an alleged or suspected...case of...injuries of unknown source,...is reported, the facility Administrator, DON, or individuals designated will immediately...NO LATER THAN 2 HOURS...WHERE THERE IS SIGNIFICANT INJURY...notify the following persons or agencies of such incident...2. The Resident's Representative..."</p> <p>This Federal tag relates to complaint IN00413105.</p> <p>3.1-5(a)(1)</p> <p>483.21(b)(2)(i)-(iii)<br/>Care Plan Timing and Revision<br/>§483.21(b) Comprehensive Care Plans<br/>§483.21(b)(2) A comprehensive care plan must be-</p> <p>(i) Developed within 7 days after completion of the comprehensive assessment.<br/>(ii) Prepared by an interdisciplinary team, that includes but is not limited to--<br/>(A) The attending physician.<br/>(B) A registered nurse with responsibility for</p> |   |  |  |  |  |                            |

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|   | <p>the resident.<br/>(C) A nurse aide with responsibility for the resident.<br/>(D) A member of food and nutrition services staff.<br/>(E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.<br/>(F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.<br/>(iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.</p> <p>Based on interview and record review, the facility failed to include or invite a resident's family members or responsible party to participate in Care Plan conferences following assessment reviews, for 1 of 3 residents reviewed for care planning. (Resident B)</p> <p>Findings include:</p> <p>On 7/21/23 at 10:39 A.M., during an interview with Family Member 1, who was Resident B's responsible party, he indicated he had never attended a Care Plan Conference at the facility. Family Member 1 indicated he had never received notification of nor invitation to a Care Plan Conference in the 6 years Resident B was in the facility. Family Member 1 indicated he did not know there was such a thing as a Care Plan meeting and if the facility documented that he</p> |   |  | F 0657  | <p><b>F657 – Care Plan Timing and Revision</b></p> <p>It is the practice of this facility to ensure resident family members or responsible parties are invited to participate in Care Plan conferences following assessment reviews.</p> <p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</b></p> <p>Resident B - resident has discharged from facility.</p> <p><b>How other residents having the potential to be affected by the same deficient practice will be</b></p> |  | 08/11/2023                 |

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|   | <p>ever attended one, it was not true.</p> <p>On 7/21/23 at 11:30 A.M., during an interview with the Administrator, she indicated Resident B's family member had attend 1 Care Plan conferences in the past year and that the facility had no record of Resident B's family being invited or informed of Care Plan conferences. The Administrator indicated family should be invited to Care Plan conferences at least quarterly following quarterly MDS (Minimum Data Set) assessments and any time there is a change of condition.</p> <p>On 7/25/23 at 3:13 P.M., the clinical record for Resident B was reviewed. The resident was most recently admitted to the facility on 7/11/23 from a local hospital following a fall that occurred on 7/09/23 while a resident at the facility.</p> <p>The most recent comprehensive MDS assessment for a quarterly review dated 4/27/23, indicated the resident's diagnosis included stroke, cancer, coronary heart disease, hypertension, hemiplegia to left side, anxiety, depression, dysphagia, adequate hearing, able to understand others and was able to make himself understood, clear speech. Resident B was severely cognitively impaired, and required extensive assistance of 1 for transfers, bed mobility, locomotion on and off unit, toilet use, and personal hygiene. Was totally dependent for bathing. Required supervision for eating. Was frequently incontinent of bowel and bladder. He had impairment to one side and utilized wheelchair for mobility. Had a history of falls in the facility. Did not have a 6 month diagnosis. Received 7 days of anticoagulant, antidepressant, 1 day of opioid.</p> <p>Previous MDS assessments were, 4/27/23 quarterly assessment, 2/1/23 quarterly</p> |  |  |   | <p><b>identified and what corrective action(s) will be taken:</b><br/>All residents have the potential to be affected by this deficient practice. All responsible staff have been educated on importance of timeliness and participation of family in resident care conferences as it relates to facility policy.</p> <p><b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b><br/>All staff will be in-serviced on or before 8/11/23. This in-service will be conducted by the Executive Director or Designee and will include a review of Care Plans as it is related to timeliness and invitation for family and/or responsible party participation. The Executive Director/Designee will utilize a weekly QAPI tool to audit all residents' care plans to ensure that care plans are held timely and families and/or responsible parties are invited to participate.</p> <p><b>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:</b><br/>Ongoing compliance with this corrective action will be monitored</p> |  |                            |



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| NAME OF PROVIDER OR SUPPLIER<br><br>MAJESTIC CARE OF GOSHEN |   |   |  | STREET ADDRESS, CITY, STATE, ZIP COD<br>2400 COLLEGE AVE<br>GOSHEN, IN 46526 |  |  |                            |
| (X4) ID<br>PREFIX<br>TAG                                    | SUMMARY STATEMENT OF DEFICIENCIE<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)   |   |  | ID<br>PREFIX<br>TAG  | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)   |  | (X5)<br>COMPLETION<br>DATE |
|   | <p>assessment, 11/7/22 quarterly assessment, and 8/5/22 annual assessment.</p> <p>On 7/24/23 at 10:00 A.M., the Administrator provided a document titled, "Interdisciplinary Conference Summary", dated 6/16/23, and indicated it was the only record of family attendance at a Care Plan conference. The document indicated Resident B's family member was in attendance.</p> <p>On 7/25/23 at 2:30 P.M., the Administrator provided the current policy, "Care Plans, Comprehensive Person-Centered," dated 12/26. The policy indicated, "...The Interdisciplinary Team (IDT), in conjunction with the resident and his/her family or legal representative, develops and implements a comprehensive, person-centered care plan for each resident...The comprehensive, person-centered care plan is developed within seven (7) days of the completion of the required comprehensive assessment (MDS)...."</p> <p>This Federal tag relates to complaint IN00413105.</p> <p>3.1-35(d)(2)(B)</p> |   |  |  | <p>though the facility Quality Assurance and Performance Improvement Program. The Executive Director/Designee will be responsible for completing the QAPI Audit tool labeled "Resident Care Conferences" weekly for 4 weeks and monthly for at least 6 months. If 100% is not achieved an action plan will be developed. Findings will be submitted to the Quality Assurance and Performance Improvement Committee for review and follow-up.</p> <p><b>By what date the systemic changes will be completed: 08/11/23</b></p> <p>Compliance Date = 08/11/23</p> |  |                            |