

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

PRINTED: 09/25/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155207		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/31/2023	
NAME OF PROVIDER OR SUPPLIER MAJESTIC CARE OF NEW HAVEN				STREET ADDRESS, CITY, STATE, ZIP COD 1201 DALY DRIVE NEW HAVEN, IN 46774			
(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 IN00415204 and Complaint IN00416168.</p> <p>Complaint IN00415204 - No deficiencies related to allegation are cited.</p> <p>Complaint IN00416168 - Federal/state deficiencies related to the allegations are cited at F602.</p> <p>Survey date: 8/31/23</p> <p>Facility number: 000114 Provider number: 155207 AIM number: 100266640</p> <p>Census Bed Type: SNF/NF: 87 Total: 87</p> <p>Census Payor Type: Medicare: 2 Medicaid: 63 Other: 22 Total: 87</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed September 1, 2023</p>			F 0000	<p>- 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. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and respectfully requests a Post Survey Desk Review.</p>		
F 0602 SS=D Bldg. 00	<p>483.12 Free from Misappropriation/Exploitation §483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to</p>						

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

TITLE

(X6) DATE

Marie Wallace

AIT

09/22/2023

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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	<p>freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.</p> <p>Based on record review, interview the facility failed to ensure 1 of 3 residents reviewed were free from misappropriation of property (Resident B).</p> <p>Findings include:</p> <p>A Facility incident report, dated 8/28/25, indicated a Certified Nursing Aide (CNA), CNA 2, was found in possession of the Resident B's credit card. The resident was discharged 8/20/23 to the hospital and had not reported the credit card missing or stolen. The Executive Director (ED) and Director of Nursing Services (DNS) notified local law enforcement.</p> <p>A local law enforcement incident report, dated 8/25/23 at 13:41, indicated a phone report was taken concerning CNA 2. The report indicated the facility's DNS indicated CNA 2's ex-boyfriend came to the facility with multiple credit cards and card numbers not belonging to CNA 2. The individual stated CNA 2 stole them from facility residents, left the cards with the facility staff, and departed the building. The report indicated one credit card belonged to Resident B. The incident remained pending investigation with local law enforcement.</p> <p>Resident B's record was reviewed on 8/31/23 at 2:55 PM. Diagnoses included type 2 diabetes mellitus with hyperosmolarity, essential hypertension, tachycardia, acquired absence of left toes, and complete traumatic amputation of right great toe.</p>			F 0602	<p><u>PLAN OF CORRECTION FOR SURVEY ID 6X2111</u></p> <p>1 What corrective action was taken for those residents found to have been affected by deficient practice: The facility is unable to correct the alleged deficient practice for Resident B as the resident no longer resides at the facility. Incident was reported to IDOH per facility protocol. The card issuer, PNC bank, was notified of the breach of resident's bank card. PNC bank verified this card was no longer active and had been inactive for quite some time. Therefore, no adverse action occurred.</p> <p>2 How other residents having the potential to be affected by same deficient practice will be identified and what corrective action will be taken: All residents who have credit cards have the potential to be affected by the alleged deficient practice. All alert and oriented residents with a BIMS greater than 8 interviewed by SSD with no other findings noted. Resident council meeting held on 9-20-23 and reviewed resident rights with all residents in attendance. For all residents with a BIMS score of less than 8, a</p>		09/23/2023

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	<p>Resident B's discharge Minimum Data Set (MDS) assessment indicated a current discharge on 8/20/23 to an acute hospital.</p> <p>Resident B's census report indicated he had multiple hospitalization since his admission with anticipated returns including: -Hospitalization # 1 8/4/23 to 8/7/23 Low hemoglobin -Hospitalization # 2 8/7/23 to 8/12/23 Severe Constipation -Hospitalization # 3 8/20/23 Hypotension</p> <p>Resident B's nursing admission/readmission evaluation dated 8/17/23 indicated the resident had memory problems. The evaluation indicated he did not ambulate, utilized a mobility device/wheelchair, wore a left foot boot, required physical assistance for toileting and bathing due to left sided weakness, amputation of all digits on left foot and the great toe on right foot and fell in last 30 days.</p> <p>Resident B's current care plan dated 7/29/23 titled Activities of Daily Living (ADL) indicated the resident needed assistance with ADLs with a goal the resident would have his care needs met daily with the assistance of staff. Interventions included staff would assist Resident B with eating, bed mobility, transfers, personal hygiene, and toilet use.</p> <p>Resident B's current care plan dated 7/31/23 titled Impaired Visual Function indicated the resident had impaired visual function with glasses in place to aid with a goal he would maintain optimal quality of life within limitation imposed by visual function. Interventions included staff would remind resident to wear glasses when up, ensure</p>				<p>mass letter has been mailed do notify them that the facility has the ability to provide a lock box to secure items such as bank cards and other valuable items.</p> <p>3 What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur: Staff educational in-service presented by facility DNS on the topics of Abuse, Neglect and Misappropriation. Abuse policy reviewed with no changes needed. All staff will be educated upon hire and at a minimum annually on the Abuse Prevention Policy</p> <p>4 How the corrective action will be monitored to ensure the deficient practice will not recur / what quality assurance program will be put into place; by what date the systemic changes will be completed: ED/Designee will audit 5 residents weekly to ensure there are no missing monies each business day X6 weeks, then 3X's a week for 6 weeks, then weekly X12 weeks. Results will be reviewed at each QA meeting for compliance and audits adjusted accordingly.</p>		

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	<p>resident was wearing clean glasses clean free from scratches and in good repair, tell the resident where you are placing his glasses.</p> <p>CNA 2's certification indicated an expiration date of 8/29/24. The certification was active in the State of Indiana with no related licenses and no discipline information.</p> <p>A statement received 8/31/23 at 1:18 PM provided by the DNS indicated CNA 2 was hired by the facility on 12/15/22.</p> <p>On 8/31/23 at 1:33 PM the DNS provided a facility layout. The layout indicated the facility had 4 units (100, 200, 300, and 400) with units 100/200 sharing a nurse station and 300/400 as well.</p> <p>A statement received 8/31/23 at 1:27 PM provided by the DNS indicated CNA 2 worked the following days, shifts, and halls from 7/30/23 to 8/20/23:</p> <table border="1"> <thead> <tr> <th>Day</th> <th>Shift</th> <th>Hall</th> </tr> </thead> <tbody> <tr> <td>7/30/23</td> <td>3rd</td> <td>200</td> </tr> <tr> <td>8/4/23</td> <td>3rd</td> <td>300</td> </tr> <tr> <td>8/7/23</td> <td>1st & 2nd</td> <td>200</td> </tr> <tr> <td>8/9/23</td> <td>3rd</td> <td>300</td> </tr> <tr> <td>8/10/23</td> <td>3rd</td> <td>200</td> </tr> <tr> <td>8/12/23</td> <td>1st</td> <td>300</td> </tr> <tr> <td>8/18/23</td> <td>1st</td> <td>100</td> </tr> <tr> <td>8/19/23</td> <td>1st & 2nd</td> <td>200</td> </tr> <tr> <td>8/20/23</td> <td>3rd</td> <td>200</td> </tr> </tbody> </table> <p>During random observations on 8/31/23 from 9:20 AM to 5:00 PM, no codes were needed to access halls or resident rooms within the facility.</p> <p>In an interview on 8/31/23 at 1:33 PM the DNS indicated a nursing station is shared between the 100 and 200 units. When working the 100 or 200 units the CNAs would help answer call lights on</p>			Day	Shift	Hall	7/30/23	3rd	200	8/4/23	3rd	300	8/7/23	1st & 2nd	200	8/9/23	3rd	300	8/10/23	3rd	200	8/12/23	1st	300	8/18/23	1st	100	8/19/23	1st & 2nd	200	8/20/23	3rd	200			
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	<p>both units if not busy.</p> <p>In an interview on 8/31/23 at 11:51, the DSN indicated the Business Office Manager (BOM) contacted the bank that issued the credit card, the credit card was terminated, and the facility shredded the card per instructions of local law enforcement.</p> <p>This Federal tag relates to Complaint IN00416168.</p> <p>3.1-28(a)</p>						