STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155358	A. BUILDING 00 B. WING	08/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MAJESTIC CARE OF DEMING PARK	3300 POPLAR ST TERRE HAUTE, IN 47803

(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 Complaints IN00439953, IN00439730, and IN00439966. Complaint IN00439953 - No deficiencies related to the allegations are cited. Complaint IN00439966 - No deficiencies related to the allegations are cited. Complaint IN00439730- Federal/State deficiencies related to the allegations are cited at F689. Survey dates: August 20, 2024 Facility number: 000249 Provider number: 155358 AIM number: 100267640 Census Bed Type: SNF/NF: 63 Total: 63 Census Payor Type: Medicare: 8 Medicaid: 43 Other: 12 Total: 63 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on September 4, 2024.	F 0000	=”” span=””> Submission of this plan of correction does not constitute an admission by Majestic Care of Deming Park or its management company that the allegations contained in the survey report is a true and accurate portrayal of the provision of nursing care and other services in this facility, nor does this submission constitute an agreement or admission of the survey allegations. =”” p=””>	
F 0689 SS=D Bldg. 00	483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices	F 0689	=”” p=””> Residents C and E	09/16/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Pamela Clevenger	HFA/ED	09/16/2024

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 record review and interview, the facility failed to ensure a resident was transferred in a safe manner for 1 of 1 residents reviewed for transfers (Resident C). Findings include: Resident C's record was reviewed on 8/20/24 at 10:47 a.m. The profile indicated the resident's diagnoses included, but were not limited to, traumatic subdural hemorrhage (a type of traumatic brain injury [TBI] that occurs when blood leaks into the subdural space between the brain and the skull after a head injury), history of motor vehicle accident with multiple injuries, and generalized muscle weakness. A quarterly Minimum Data Set (MDS) assessment, dated 7/22/24, indicated the resident had no cognitive deficit and required the extensive assistance of 2 or more persons with transfers. A care plan, dated 12/31/23, indicated the resident required assistance with activities of daily living (fundamental skills required to independently care for oneself, such as eating, bathing, and mobility) due to limited mobility related to multiple fractures related to a motor vehicle collision. Interventions included, but were not limited to, staff assistance with transfers and use Pivot Disk (a device that helps individuals with limited mobility transfer from one chair to another with minimal physical effort) to maximize independence with transferring. A functional abilities and goals assessment, dated 4/25/24, indicated the resident was substantial/maximal assistance with chair to bed or bed to chair transfers.		assessed, and no negative outcomes identified. Care plans and CNA sheet have been updated and verified for accurate transfer status. How the facility will identify other residents that may potentially be affected by the practice. All residents needing assistance with transfers could be affected. CNA assignment sheets were checked for transfer accuracy. All beds in the facility were inspected by the Maintenance Director to ensure that all parts of the beds functioning and working properly. All staff who participate in resident transfers have been educated on the Policy and Procedures for use of a Gait belt, with return demonstration and Safe Lifting and Movement of Residents to ensure safety of transfers for all residents needing assistance. Nursing management staff were educated on the need for accuracy of care plans, MDS, and CNA assignment sheets which need to include the resident's transfer status and should be updated with any change of status. All staff have been educated on how to input work orders into the TELS system. The facility will monitor the corrective action by implementing the following measures. The maintenance director will complete a monthly bed audit and immediately repair	

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	Review of the Point of Care (POC) Response History (documents the amount of transfer support provided to the resident), dated 7/22/24 through 8/19/24, indicated out of 69 documented transfer attempts, 41 transfers were documented as 2-person transfers, 3 transfers were documented a 1-person transfer, and 25 attempts were documented as activity did not occur. A CNA Assignment sheet, with an updated date of 8/9/24, indicated the resident required extensive assistance and Pivot Disk with transfers. A risk management fall document was provided by the Director of Nursing (DON) on 8/20/24 at 2:26 p.m. The document, dated 7/25/24 at 6:28 p.m., indicated a CNA was transferring the resident from bed to wheelchair when the resident became unsteady, and the CNA attempted to her regain her balance. The CNA lost his balance and attempted to pivot back to the bed, but the bed moved causing both the resident and CNA to fall. A skin tear on the resident had been measured and covered. The resident's family, physician, and the DON had been notified. The document lacked any documentation of 2 staff providing the transfer assistance or of a Pivot Disk being used during the transfer. During an interview, on 8/20/24 at 12:01 p.m., CNA 3 was in Resident E's room at the time of the interview. She indicated they had problems with the older beds locking for transfers. At the same time, she gave a demonstration of Resident E's bed lock mechanism, and the bed locking mechanism failed to lock into place. She had reported that many of the bed locks were not working properly, but she was not sure anything had ever been done. She indicated that Resident C was to be a 2-person transfer. She denied ever		any wheel lock (s) that do not function properly. Once complete the Task will be marked as complete in TELS. The DNS or designee will observe 5 transfers to ensure compliance with policy and skills validation weekly x4, bi-weekly x4 and Monthly x4 or until a 100% threshold is obtained. DNS or designee will audit care plan and CNA sheet for 5 residents who require assistance with transfers to ensure transfer status is correct and updated with change of status weekly x4, bi-weekly x4, and monthly x4 or until 100% threshold is obtained.	

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	using the Pivot Disk when transferring Resident C. During an interview, on 8/20/24 at 12:05 p.m., CNA 4 indicated she too had problems with some of the beds not locking into place. She had worked with Resident C in the past and explained that the resident was an assist of 2 with transfers and the use of a gait belt. She had never used a pivoting device when transferring the resident. During an interview, on 8/20/24 at 12:08 p.m., Resident C indicated the CNAs don't use the pivot device when transferring her. At the same time, the wheels on the resident's bed were observed to be in the locked position, and the locking mechanism was functional. During an interview, on 8/20/24 at 1:05 p.m., the Maintenance Director indicated he had only been working at the facility for a few weeks. In that time, he had been notified of and repaired one bed lock. He indicated often the lock pins sheer off due to the beds being so old. He would repair any that would be brought to his attention by a work order. During an interview, on 8/20/24 at 2:27 p.m., the DON indicated the resident was a 2-person transfer. On some days she would be strong enough for 1 person to assist her. The staff no longer used the pivot device because the resident was not steady enough to use the device safely. She was not aware about concerns that the beds were not locking appropriately. During a telephone interview, on 8/20/24 at 2:59 p.m., Certified Occupational Therapy Assistant (COTA) 9 indicated the therapy staff had trained the nursing staff on use of the Pivot Disk.			

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	However, the resident would only allow the therapy staff to use the device on her. She was fearful about allowing anyone else to use the device with her. During an interview, on 8/20/24 at 3:28 p.m., the Administrator (ADM) indicated staff should always use the proper number of staff designated for a resident, when transferring the resident. If the MDS assessment indicated the resident was a two-person transfer, two persons should be used. On 8/20/24 at 3:05 p.m., the ADM provided a document, dated 12/12/23, titled, "Transfer & Mechanical Lifts," and indicated it was the policy currently being used by the facility. The policy indicated, "...Policy: It is the policy of this facility to ensure that residents are handled and transferred safely to prevent or minimize the risk of injury and to provide and promote a safe, secure, and comfortable experience for the resident...Procedure: ...5. Handling aids may include gait belt, transfer boards, and other devices...14. Resident lifting and transferring will be performed according to the resident's individual plan...." On 8/20/24 at 3:05 p.m., the ADM provided a document, dated July 2017, titled, "Safe Lifting and Movement of Residents," and indicated it was the policy currently used by the facility. The policy indicated, "...Policy Interpretation and Implementation...3. Nursing staff in conjunction with the rehabilitation staff, shall assess individual residents need for transfer assistance on an ongoing basis...4. Staff responsible for direct resident care will be trained in the use of...lifting devices...." This citation relates to complaint IN00439730.			

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	3.1-45(a)(2)			