

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

PRINTED: 11/01/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155618		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 10/20/2022	
NAME OF PROVIDER OR SUPPLIER  MAJESTIC CARE OF CARMEL				STREET ADDRESS, CITY, STATE, ZIP COD 12999 N PENNSYLVANIA ST CARMEL, IN 46032			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 Nursing Home Complaints IN00387754, IN00383851, IN00389712 and IN00392263. This visit included the Investigation of Residential Complaint IN00387578.</p> <p>Complaint IN00387754 - Substantiated. Federal/state deficiencies related to the allegations are cited at F758.</p> <p>Complaint IN00383851 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00389712 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00392263 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00387578 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: October 18, 19 and 20, 2022</p> <p>Facility number: 001149 Provider number: 155618 AIM number: 200145500</p> <p>Census Bed Type: SNF/NF: 29 SNF: 25 Residential: 70 Total: 124</p> <p>Census Payor Type: Medicare: 12 Medicaid: 29</p>			F 0000	<p>The Creation and submission of the 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 the 2567 Plan of Correction be the letter of credible allegation and REQUESTS DESK REVIEW IN LIEU OF A POST SURVEY REVISIT on or after October 28, 2022.</p>		

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

TITLE

(X6) DATE

John Seib

Executive Director

10/28/2022

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 disclosable 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 0758 SS=D Bldg. 00	<p>Other: 13 Total: 54</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review was completed on October 24, 2022.</p> <p>483.45(c)(3)(e)(1)-(5) Free from Unnec Psychotropic Meds/PRN Use</p> <p>§483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that---</p> <p>§483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;</p> <p>§483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;</p> <p>§483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order</p>						

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	<p>unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and</p> <p>§483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.</p> <p>§483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. Based on interview and record review, the facility failed to ensure signed consents for the use of psychotropic medications (a drug which affects behavior, mood, thoughts, or perception) were obtained from the resident or resident's representative related to the risks and benefits of using psychotropic medications for 3 of 3 residents reviewed for psychotropic medication use.</p> <p>Findings include:</p> <p>1. The record for Resident B was reviewed on October 19, 2022 at 10:06 a.m. Diagnoses included, but were not limited to, vascular dementia, depression and insomnia.</p> <p>Resident B discharge from the facility on August 15, 2022.</p> <p>A physician's order, dated July 28, 2022 to August</p>			F 0758	<p><b>F 758 Free from Unnecessary Meds /PRN Use</b></p> <p><b>1. What corrective actions will be accomplished for those residents found to have been affected by the alleged deficient practice?</b></p> <ul style="list-style-type: none"> <li>- Resident B was discharged from the facility at the time of citation and submission of this plan of correction.</li> <li>- Resident C was discharged from the facility at the time of submission of this plan of correction.</li> <li>- Facility reviewed the prescribed psychotropic medications with Resident D including but not limited to the risks and benefits thereof and documented consent to the same</li> </ul>		10/28/2022

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	<p>11, 2022, indicated to give mirtazapine (Remeron-an antidepressant medication) 7.5 milligrams (mg) at bedtime for appetite stimulate related to depression. The medication was discontinued on August 11, 2022.</p> <p>A physician's order, dated August 11, 2022, indicated to give mirtazapine 7.5 mg, on odd days, for 7 days related to appetite stimulate related to depression.</p> <p>A physician's order, dated July 29, 2022, indicated to give olanzapine (an antipsychotic medication) 2.5 mg twice a day for delusional disorder.</p> <p>A physician's order, dated July 29, 2022 to August 04, 2022, indicated to give trazodone (an antidepressant medication) 100 mg at bedtime for insomnia.</p> <p>A physician's order, dated August 04, 2022 to August 10, 2022, indicated to give trazodone 100 mg times three (3) tablets at bedtime for insomnia.</p> <p>A physician's note, dated August 11, 2022 at 10:28 p.m., indicated the family requested Resident B be removed from trazodone and Remeron related to a concern of too much medication.</p> <p>During an interview, on October 18, 2022 at 2:00 p.m., the Corporate Support Nurse indicated the facility did not have a consent on file for the use of psychotropic medications for Resident B.</p> <p>2. During an interview, on October 20, 2022 at 10:34 a.m., Resident C indicated he was not sure if he had signed a consent for psychotropic medication use.</p> <p>The record for Resident C was reviewed on</p>				<p>on or before October 28, 2022.</p> <p>- Facility audited all residents in the facility for use of psychotropic medications on October 28, 2022, to ensure that the resident or resident's representative have been educated regarding the risks and benefits of the medication and consent for use was documented.</p> <p><b>2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken?</b></p> <p>- All residents using psychotropic medications have the potential to be affected by the alleged deficient practice.</p> <p>- Facility updated its "Psychotropic Management" policy in regard to documentation of informed consent.</p> <p>- Facility audited all resident files for use of psychotropic medications on or before October 28, 2022, to ensure that the resident or residents' representative have been educated regarding the risks and benefits of psychotropic medications and consent for use was documented. Any deficiencies were corrected immediately.</p> <p>- Facility Nursing staff will be in-serviced by ED/Designee on or before October 28, 2022, to ensure that informed consent for psychotropic medications is</p>		

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	<p>October 19, 2022 at 8:50 a.m. Diagnoses included, but were not limited to, bipolar disease, depression and insomnia.</p> <p>A physician's order, dated September 30, 2022, indicated to give fluphenazine (an antipsychotic medication) 5 mg twice a day for bipolar disorder.</p> <p>A physician's order, dated October 05, 2022, indicated to give quetiapine (an antipsychotic medication) 200 mg three (3) times a day for schizophrenia.</p> <p>A facility document, titled "Informed Consent for Psychoactive Medications," was provided by the Executive Director on 10/19/22 at 10:55 a.m. The document, dated October 06, 2022, indicated a consent for the use of fluphenazine was obtained in person. The form was missing the signature of the staff member obtaining the consent and the date and signature of the resident or resident representative.</p> <p>3. The record for Resident D was reviewed on October 19, 2022 at 10:53 a.m. Diagnoses included, but were not limited to, schizophrenia, anxiety disorder and bipolar disorder.</p> <p>A physician's order, dated August 04, 2022, indicated to give buspirone (an anti-anxiety medication) 5 mg daily for schizophrenia.</p> <p>A physician's order, dated March 23, 2022, indicated to give Prozac (an antidepressant medication) 10 mg daily for bipolar disorder.</p> <p>A physician's order, dated September 23, 2022, indicated to give risperidone (an antipsychotic medication) at bedtime for schizophrenia.</p>				<p>properly obtained and documented per the Psychotropic Management policy.</p> <p><b>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice will not recur?</b></p> <ul style="list-style-type: none"> <li>- Facility updated its "Psychotropic Management" policy in regard to documentation of informed consent.</li> <li>- Facility Nursing staff will be in-serviced by ED/Designee on or before October 28, 2022, to ensure informed consent for psychotropic medications is properly obtained and documented per the Psychotropic Management policy.</li> <li>- Residents will be reviewed upon admission for use of Psychotropic Medications, including but not limited to informed consent.</li> <li>- Facility staff will obtain informed consent for use of psychotropic medications from resident or resident representative upon admission for existing orders and with any new orders for psychotropic medications.</li> </ul> <p><b>4. How corrective actions will be monitored to ensure the deficient practice will not recur i.e., what quality assurance program will be put into place?</b></p> <ul style="list-style-type: none"> <li>- Audit Tool Psychotropic</li> </ul>		

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	<p>There was no signed informed consent for psychoactive medication use found in the record.</p> <p>A facility document, titled "Informed Consent for Psychoactive Medications," was provided by the Executive Director on 10/19/22 at 10:55 a.m. The document was not filled out (blank).</p> <p>During an interview, on October 20, 2022 at 9:36 a.m., the Executive Director indicated consent for psychiatric medications was to be completed on admission and if a psychiatric medication was started. The facility would attempt to get a signature of the responsible party/resident on admission and if a new medication was started. The consent was more of a notice of side effects.</p> <p>A facility policy, titled "Psychotropic Management," dated as revised in September of 2020 and provided by the Executive Director on October 19, 2022 at 10:55 a.m., did not address obtaining an informed consent from the resident or resident representative.</p> <p>During the exit conference, on October 20, 2022 beginning at 4:18 p.m., the Regional Director of Services indicated the facility did not have a policy related to obtaining a consent for psychotropic medication use. The Executive Director indicated the policy needed to be reviewed by the Corporate office.</p> <p>This Federal tag relates to Complaint IN00387754.</p> <p>3.1-48(a)(1) 3.1-48(a)(3) 3.1-48(a)(4) 3.1-48(a)(6)</p>				<p>Management will be utilized by the Executive Director, Director of Nursing and/or designee to monitor compliance. Audits will be completed daily X5days, weekly X4 weeks, monthly X2 months, and quarterly thereafter until compliance is maintained for at least two consecutive quarters.</p> <ul style="list-style-type: none"> <li>- Results of audit tools will be presented to the QAPI Committee Monthly to review for compliance and follow-up. Identified noncompliance may result in staff reeducation and/or disciplinary action.</li> <li>- If 100% threshold is not achieved an action plan will be developed to achieve desired threshold. Data will be submitted to the QAPI committee overseen by the ED for review and follow-up.</li> </ul>		

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R 0000  Bldg. 00	<p>This visit was for the Investigation of Residential Complaint IN00387578. This visit included the Investigation of Nursing Home Complaints IN00387754, IN00383851, IN00389712 and IN00392263.</p> <p>Complaint IN00387578 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00387754 - Substantiated. Federal/state deficiencies related to the allegations are cited at F758.</p> <p>Complaint IN00383851 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00389712 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00392263 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey date: October 18, 19 and 20, 2022</p> <p>Facility number: 001149</p> <p>Residential Census: 70</p> <p>Majestic Care of Carmel was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00387578.</p> <p>Quality review was completed on October 24, 2022.</p>			R 0000	<p>The Creation and submission of the 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 the 2567 Plan of Correction be the letter of credible allegation and REQUESTS DESK REVIEW IN LIEU OF A POST SURVEY REVISIT on or after October 28, 2022.</p>		