

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

PRINTED: 01/31/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155019		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/23/2025	
NAME OF PROVIDER OR SUPPLIER MAJESTIC CARE OF BLOOMINGTON				STREET ADDRESS, CITY, STATE, ZIP CODE 1100 S CURRY PK BLOOMINGTON, IN 47403			
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00451705.</p> <p>Complaint IN00451705 - Federal/State deficiencies related to the allegations are cited at F842.</p> <p>Survey date: January 23, 2025</p> <p>Facility number: 000007 Provider number: 155019 AIM number: 100275040</p> <p>Census Bed Type: SNF/NF: 105 SNF: 9 Total: 114</p> <p>Census Payor Type: Medicare: 9 Medicaid: 69 Other: 36 Total: 114</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed January 24, 2025.</p>			F 0000	<p>The filing of this plan of correction does not constitute and admission the alleged deficiencies did in fact exist. This plan of correction is filed as evidence of the facility's desire to comply with the regulatory requirement and to continue providing quality care and services to all residents. Acceptance of this plan of correction (POC) provides the facility's credible evidence of compliance effective: 1/27/2025 We respectfully request desk review and consideration for paper compliance of substantial compliance based on the plan of correction (POC) and supporting documents submitted.</p>		
F 0842 SS=D Bldg. 00	<p>483.20(f)(5), 483.70(i)(1)-(5) Resident Records - Identifiable Information</p> <p>Based on interview and record review, the facility failed to ensure resident records were complete and accurate for 3 of 3 residents reviewed for complete and accurate documentation. (Resident B, Resident C, Resident D)</p>			F 0842	<p>Corrective actions taken: All residents with wound orders were followed up with and documentation, including the MAR and TAR, were checked for completion. All wounds and</p>		01/27/2025

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

TITLE

(X6) DATE

Warren McCreery

Administrator

01/31/2025

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>Findings include:</p> <p>1. The clinical record for Resident B was reviewed on 1/23/25 at 8:20 a.m. The diagnoses included, but were not limited to, osteomyelitis of vertebrae, peripheral vascular disease, neurogenic bladder, and diabetes.</p> <p>An Annual Minimum Data Set (MDS) assessment, dated 10/17/24, indicated Resident B was cognitively intact.</p> <p>The physician's order included, but were not limited to:</p> <ul style="list-style-type: none"> - Cleanse coccyx (tailbone) wound with wound cleanser, apply wound vac (wound dressing that uses suction to remove drainage and encourage new tissue growth) to coccyx at 125 mmHg (millimeters of Mercury) on day shift every Monday, Wednesday, and Friday. Initiated on 12/16/24 and discontinued on 1/8/25. - Cleanse coccyx wound with wound cleanser, apply calcium alginate, apply kerlex, cover with absorbent dressing on day shift. Initiated on 1/9/25 and discontinued on 1/15/25. - Cleanse left hip wound with wound cleanser, apply medical grade honey, cover with bordered gauze on day shift, every day. Initiated on 1/9/25 and discontinued on 1/15/25. - Cleanse right scapula/flank wound with wound cleanser, apply calcium alginate to wound bed, cover with absorbent dressing on day shift, very day. Initiated on 1/9/25 and discontinued on 1/15/25. <p>The December 2024 TAR (Treatment</p>				<p>dressings were checked.</p> <p><u>How other residents were identified:</u> All residents who have an order for wounds have the potential to be affected. 100% audit of all residents was completed by the Nursing Management Team including Assistant Director of Nursing, Unit Managers and/or designee, to ensure that each resident that have orders for wounds were being followed and documented. No further concerns were identified.</p> <p><u>Measures in place/system changes.</u> QAPI meeting was held with the Executive Director, Medical Director, Director of Nursing, Assistant Director of Nursing, Unit Managers, Social Services, and Memory Care Facilitator to review the plan and findings. This action was completed by the Executive Director on 1/27/2025. On 1/24/2025, education on documentation was initiated and will continue until all RN/LPN care team members have been educated on ensuring documentation is completed for all wound orders in the resident's medical record. Education was completed on 1/27/2025.</p> <p><u>Monitoring of corrective actions taken.</u></p>		

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	<p>Administration Record) lacked documentation that the coccyx wound vac treatment was completed, on 12/18/24 and 12/27/24.</p> <p>The January 2025 TAR lacked documentation as follows:</p> <ul style="list-style-type: none"> - lacked documentation that the coccyx wound vac treatment was completed on 1/3/25, 1/6/25, and 1/8/25. - lacked documentation that the coccyx calcium alginate treatment was completed on 1/10/25, 1/12/25, and 1/15/25. - lacked documentation that the left hip medical grade honey treatment was completed on 1/10/25, 1/12/25, and 1/15/25. - lacked documentation that the right scapula/flank calcium alginate treatment was completed on 1/10/25, 1/11/25, 1/12/25, and 1/15/25. <p>During an interview on 1/23/25 at 10:20 a.m., the Director of Nursing (DON) indicated the documentation for Resident B's treatments should have been completed.</p> <p>2. During an interview on 1/23/25 at 10:04 a.m., Resident C's indicated the nurses completed her wound dressing changes as the doctor had ordered. At that time, observed a dressing on Resident C's right heel. The dressing was clean, dry, and intact. The right heel dressing was initialed and dated 1/22/25.</p> <p>The clinical record for Resident C was reviewed on 1/23/25 at 10:30 a.m. The diagnoses included, but were not limited to, diabetes, dementia, and</p>				<p>The Director of Nursing, Assistant Director of Nursing, and Unit Managers will audit wound orders and documentation within the resident's medical records daily while in clinical meeting. This will be consistently done five days a week and become a permanent part of the meeting. Audits will be compiled for the first four weeks and reviewed by the QAPI Committee until such time consistent substantial compliance has been achieved as determined by the committee. Audit results will be shared with the QAPI Committee. The meeting was held with the Executive Director, MDS, Social Services, Director of Nursing, Assistant Director of Nursing, and Unit Managers to review audits, education, results, and findings. This action was completed on 1/27/2025 by the Executive Director. The next QAPI will be held on 2/27/2025. Audited records will be reviewed by the Risk Management/Quality Assurance Committee until such time consistent substantial compliance has been achieved as determined by the committee. Audit results will be shared with the Risk Management/Quality Assurance Committee.</p> <p><u>Date of Compliance:</u> 1/27/2025</p>		

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	<p>cancer.</p> <p>An Admission MDS assessment, dated 12/19/24, indicated Resident C was cognitively intact.</p> <p>The physician's orders included, but were not limited to:</p> <ul style="list-style-type: none"> - Apply triad hydrophilic wound paste to sacrum every shift, initiated on 12/16/24. - Cleanse right heel with wound cleanser, apply hydrogel to wound and cover with bordered gauze, every shift. Initiated on 1/9/25 and discontinued on 1/13/25. - Cleanse right heel wound with wound cleanser, apply collagen to new tissue, cover entire wound with silver alginate, cover with bandage and secure with gauze on day shift every day, initiated on 1/14/25. <p>The January 2025 TAR lacked documentation as follows:</p> <ul style="list-style-type: none"> - lacked documentation that the sacrum hydrophilic wound paste treatment was completed on 1/17/25. - lacked documentation that the right heel hydrogel dressing was completed on day shift on 1/9/25 and 1/13/25. - lacked documentation that the right heel collagen dressing was completed on 1/14/25, 1/17/25, and 1/19/25. <p>During an interview on 1/23/25 at 10:20 a.m., the Director of Nursing (DON) indicated the documentation for Resident C's treatments should</p>						

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	<p>have been completed.</p> <p>3. The clinical record for Resident D was reviewed on 1/23/25 at 10:45 a.m. The diagnoses included, but were not limited to, necrotizing fasciitis, diabetes, venous insufficiency.</p> <p>An Admission MDS assessment, dated 12/12/24, indicated Resident D was cognitively intact.</p> <p>The physician's orders included, but were not limited to:</p> <ul style="list-style-type: none"> - Cleanse sacral/buttocks surgical wound with normal saline, pat dry with gauze, apply moistened hydrofera blue to wound bed, cover with bordered gauze every shift, initiated on 12/16/24. - Swab left great toe and left third toe venous ulcers with betadine and leave open to air on day shift every day. Initiated on 1/9/25 and discontinued on 1/13/25. - Cleanse left lateral plantar foot venous ulcer with wound cleanser, apply medical grade honey, cover with bordered gauze on day shift every day. Initiated on 1/9/25 and discontinued on 1/13/25. - Swab right lateral foot with betadine and leave open to air on day shift every day, initiated on 1/9/25. <p>The January 2025 TAR lacked documentation as follows:</p> <ul style="list-style-type: none"> - lacked documentation that the sacral/buttock hydrofera blue treatment was completed on day shift on 1/17/25. - lacked documentation that the left great toe and 						

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	<p>left third toe betadine treatment was completed on 1/10/25 and 1/13/25.</p> <p>- lacked documentation that the left lateral plantar foot honey treatment was completed on 1/10/25.</p> <p>- lacked documentation that the right lateral plantar foot betadine treatment was completed on 1/10/25 and 1/17/25.</p> <p>During an interview on 1/23/25 at 10:20 a.m., the Director of Nursing (DON) indicated the documentation for Resident C's treatments should have been completed.</p> <p>During an interview on 1/23/25 at 9:59 a.m., LPN 1 indicated documentation for wound care should have been completed in the medical record.</p> <p>On 1/23/25 at 12:00 p.m., the Administrator provided a copy of a facility policy, titled Documentation in the Medical Record, dated 1/2/24, and indicated this was the current policy used by the facility. A review of the policy indicated each resident's medical record shall contain complete, accurate, and timely documentation.</p> <p>This citation relates to Complaint IN00451705.</p> <p>3.1-50(a)(1)</p> <p>3.1-50(a)(2)</p>						