

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

PRINTED: 06/28/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155689		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/01/2023	
NAME OF PROVIDER OR SUPPLIER MAJESTIC CARE OF GOSHEN				STREET ADDRESS, CITY, STATE, ZIP COD 2400 COLLEGE AVE GOSHEN, IN 46526			
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00408452 and IN00408624.</p> <p>Complaint IN00408452 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00408624 - Federal/state deficiencies related to the allegations are cited at F656.</p> <p>Survey dates: May 30, 31 & June 1, 2023</p> <p>Facility number: 000091 Provider number: 155689 AIM number: 100290080</p> <p>Census Bed Type: SNF/NF: 129 SNF: 11 Total: 140</p> <p>Census Payor Type: Medicare: 15 Medicaid: 83 Other: 42 Total: 140</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed 6/1/2023.</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. Due to the low scope and severity of these findings we respectfully request a desk review in lieu of a traditional revisit.</p>		
F 0656 SS=D Bldg. 00	<p>483.21(b)(1)(3) Develop/Implement Comprehensive Care Plan §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with</p>						

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

TITLE

(X6) DATE

Caley Nixon

Executive Director

06/23/2023

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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	<p>the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -</p> <p>(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and</p> <p>(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>§483.21(b)(3) The services provided or</p>						

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	<p>arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed.</p> <p>Based on interview and record review, the facility failed to ensure care plans were followed for hydration and nutrition monitoring for 1 of 3 residents reviewed for hydration, (Resident C).</p> <p>Finding includes:</p> <p>On 6/01/23 at 2:04 P.M., in an interview conducted with the Registered Dietician, she indicated she was aware that the resident had fluctuating weights and a history of weight loss. She indicated Resident C had been on the Interdisciplinary Team Risk Review for weight loss from April 2022 through August of 2022 when she assessed her as stable without significant weight loss. The Registered Dietician indicated there had been a lack of documentation of meal and fluid intake by the nursing staff and that they were supposed to monitor the resident's meal and fluid intake with meals.</p> <p>On 5/31/23 at 2:00 P.M., the clinical record for Resident C was reviewed. Resident C was admitted with diagnoses that included, but not limited to: Parkinson's Disease, muscle wasting and atrophy, history of stroke, hemiplegia, hemiparesis, heart disease, atrial fibrillation, peripheral vascular disease, and hypothyroidism.</p> <p>Resident C's most recent comprehensive Minimum Data Set (MDS) was a change of condition assessment dated 11/15/22. The assessment indicated the resident had moderate cognitive impairment, required setup help for eating and drinking, and was totally dependent on staff for</p>			F 0656	<p>p="" paraid="736269027" paraaid="{635ad19c-45f5-4e1b-8dd7-fe106566bcf3}{65}">F656 – Develop/Implement Comprehensive Care Plan It is the practice of this facility to ensure care plans are followed for all residents.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:¿ Resident C – resident has from . 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:¿ All residents have the potential to be affected by this deficient practice. All staff resident care planning as well as meal and fluid documentation. All food and fluid intake documentation reviewed; care plans reviewed and updated as appropriate. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:¿ All nursing staff will be in-service on or before 6/16/23.¿ This in-service will be conducted by the Executive Director or Designee and will include a review of resident care planning as well as meal and fluid documentation.</p>		06/16/2023

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	<p>locomotion.</p> <p>Review of Resident C's physician orders dated 3/04/22, indicated a regular diet. An order dated 11/17/22 indicated an additional 120 ml of fluid was to be given with every medication pass for hydration.</p> <p>Review of Resident C's care plans included; At risk for fluid and electrolyte imbalance related to hypertension, dated 8/29/21 and called for the monitoring of fluid intake at meals. At risk for alterations in nutritional status related to potential need for assist or adaptive equipment secondary to Parkinson's, history of stroke, and other medical conditions. The care plan included the intervention to document of meal intakes.</p> <p>Review of Resident C's documented fluid intake from 11/1/22 to 11/20/22 indicated there was no fluid intake documentation on the following days: 11/01/22 breakfast, lunch, and dinner 11/02/22 breakfast and lunch 11/03/22 breakfast, lunch, and dinner 11/04/22 breakfast, lunch, and dinner 11/05/22 breakfast and lunch 11/06/22 breakfast and lunch 11/07/22 breakfast, lunch, and dinner 11/08/22 breakfast, lunch, and dinner 11/09/22 breakfast, lunch, and dinner 11/10/22 breakfast and lunch 11/11/22 breakfast and lunch 11/13/22 breakfast and dinner 11/14/22 breakfast, lunch, and dinner 11/15/22 breakfast, lunch, and dinner 11/16/22 breakfast and lunch 11/17/22 breakfast, lunch, and dinner 11/18/22 breakfast, lunch, and dinner 11/19/22 dinner 11/20/22 breakfast and dinner</p>				<p>The Executive Director/Designee audit meal and fluid intake daily to ensure proper compliance from each shift, each day. 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: Ongoing compliance with this corrective action will be monitored through the facility Quality Assurance and Performance Improvement Program. The Executive Director/Designee will be responsible for completing the QAPI Audit tools labeled "Meal and Fluid QAPI" daily for 1 week and 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. By what date the systemic changes will be completed: 06/16/2023 Compliance Date = 06/16/2023</p>		

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	<p>Review of Resident C's documented meal intake from 11/1/22 to 11/20/22 indicated there was no meal intake documentation on the following days:</p> <p>11/01/22 breakfast, lunch, and dinner 11/02/22 breakfast and lunch 11/03/22 breakfast, lunch, and dinner 11/04/22 breakfast, lunch, and dinner 11/05/22 breakfast and lunch 11/06/22 breakfast and lunch 11/07/22 breakfast, lunch, and dinner 11/08/22 breakfast, lunch, and dinner 11/09/22 breakfast, lunch, and dinner 11/10/22 breakfast and lunch 11/11/22 breakfast and lunch 11/12/22 breakfast 11/13/22 breakfast and dinner 11/14/22 breakfast, lunch, and dinner 11/15/22 breakfast, lunch, and dinner 11/16/22 breakfast and lunch 11/17/22 breakfast, lunch, and dinner 11/18/22 breakfast, lunch, and dinner 11/19/22 lunch and dinner 11/20/22 breakfast and lunch</p> <p>A policy titled "Comprehensive Care Plans," dated 2022 was provided by the Administrator on 6/01/23 at 2:15 P.M., as the current care plan policy. The policy indicated, "It is the policy of this facility to develop and implement a...care plan for each resident,...that includes measurable objective and timeframes to meet a resident's...needs...services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being..."</p> <p>This Federal tag relates to complaint IN00408624.</p>						

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	3.1-35(a) 3.1-35(b)(1)						