

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

PRINTED: 04/22/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155376		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/25/2024	
NAME OF PROVIDER OR SUPPLIER MAJESTIC CARE OF SHERIDAN				STREET ADDRESS, CITY, STATE, ZIP COD 803 S HAMILTON ST SHERIDAN, IN 46069			
(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 a Recertification and State Licensure Survey. Survey dates: March 19, 20, 21, 22 and 25, 2024 Facility number: 000336 Provider number: 155376 AIM number: 100290170 Census Bed Type: SNF/NF: 77 Total: 77 Census Payor Type: Medicaid: 63 Other: 14 Total: 77 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on April 4, 2024.			F 0000	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 requests a Post Survey Desk Review on 4/15/2024.		
F 0658 SS=D Bldg. 00	483.21(b)(3)(i) Services Provided Meet Professional Standards §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. Based on observation, interview, and record review the facility failed to ensure only one medication administration was set up at a time for 2 of 2 residents reviewed. (Residents 34 and 282) Finding includes:			F 0658	F 761 Label/Store Drugs and Biological 1 Items removed from med room freezer immediately. Items (drug buster jugs) removed from		04/15/2024

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

TITLE

(X6) DATE

Lauren Kirkwood

HFA, RN

04/16/2024

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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F 0761 SS=D Bldg. 00	<p>During a random observation on 03/20/24 at 2:59 p.m., RN 4 was observed to have two cups of medication set up for administration for Residents 34 and 282. The nurse picked up both medication cups and indicated he was going to administer them. He indicated the resident's were "right there". The medication administration was interrupted.</p> <p>During an interview on 03/20/24 at 2:59 p.m., RN 4 indicated he should probably not set up more than one medication administration at a time and the medications were for Residents 34 and 282.</p> <p>During an interview on 03/21/24 at 09:36 a.m., the Executive Director indicated presetting more than one medication was not good practice.</p> <p>A facility policy titled, "General Guidelines for Medication Administration," dated as last revised in 08/2020 and received from the Executive Director on 03/22/24 at 9:43 a.m., indicated, "...medications are administered at the time they are prepared...Medications are not pre-poured...for more than one resident at a time...."</p> <p>3.1-25(b)(5)</p> <p>483.45(g)(h)(1)(2) Label/Store Drugs and Biologicals</p> <p>§483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>§483.45(h) Storage of Drugs and Biologicals</p>				<p>med room floor and disposed of immediately.</p> <p>2 The other med room did not have items in freezer. The other med room did not have items stored on the floor.</p> <p>3 All nurses/QMAs will be educated on proper storage of items in the med room freezer/fridge and no storage of items on med room floor by DNS/Designee by April 15th, 2024.</p> <p>4 DNS and Designee will complete Drug Storage and Biologicals QAPI tool 5x week x 4 weeks, weekly x 4 weeks, and monthly x 4 months. Tool will be submitted to QAPI for review, or any further interventions needed.</p> <p>5 April 15th 2024</p>		

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	<p>§483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>Based on observation, interview, and record review, the facility failed to store chemicals in a safe manner and failed to ensure only medications were stored in the refrigerator/freezer unit for 1 of 2 medication storage rooms.</p> <p>Finding includes:</p> <p>During an observation of medication storage on 03/20/24 at 2:36 p.m., seven (7) bottles of [chemical used to destroy medications] were found stored on the floor. One bottle was noted to have a black/brown substance down the side of the bottle, the cap was taped on the bottle and the tape was coming off. There was also a bottle labeled hazardous waste with a broken cap stored on the floor. There was frozen dinner, unlabeled, and a tall medication bottle with keys found in the freezer of the medication refrigerator unit.</p> <p>During an interview on 03/20/24 at 2:36 p.m., RN 3 indicated there was destroyed medications in the</p>			F 0761	<p>F 658 Meet Professional Standards of Quality</p> <p>1. Medication administration was immediately stopped. Education was provided to RN that presetting more than one medication was not best practice.</p> <p>2. No other issues were identified.</p> <p>3. All nurses and QMAs will be educated on expectations of a professional and safe medication administration including but not limited to medications being administered at the time they are prepared, medications are not pre-poured, and medications should not be given to more than 1 resident at a time.</p> <p>4 5x week x 5 weeks, weekly x 4 weeks, and monthly x 4 months.</p>		04/15/2024

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	<p>bottle labeled hazardous waste.</p> <p>During an interview on 03/20/24 at 03:14 p.m., the Director of Nursing indicated nothing was to be stored on the floor of the medication storage rooms.</p> <p>During an interview on 03/21/24 at 9:28 a.m., the Executive Director indicated the keys belonged to the old medication carts and food should not be stored in that freezer.</p> <p>A facility policy titled, "Storage of Medications" dated as last revised 08/2020 and received from the Executive Director on 03/22/24 at 9:43 a.m., indicated, "...Potentially harmful substances...are clearly identified and stored in a locked area separately from medications or in accordance with facility policy...."</p> <p>3.1-25(m)</p>				<p>Tool will be submitted to QAPI for review, or any further interventions needed.</p> <p>5. April 15th 2024</p>		