

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

PRINTED: 09/16/2022
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 08/11/2022	
NAME OF PROVIDER OR SUPPLIER MAJESTIC CARE OF GOSHEN				STREET ADDRESS, CITY, STATE, ZIP COD 2400 COLLEGE AVE GOSHEN, IN 46526			
(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 Complaints IN00387485, IN00386582, IN00386376, IN00385466 and IN00382410.</p> <p>Complaint IN00387485 - Substantiated. Federal/State deficiencies related to the allegations are cited at F550.</p> <p>Complaint IN00386582 - Substantiated. No deficiencies related to the allegations were cited.</p> <p>Complaint IN00386376 - Substantiated. No deficiencies related to the allegations were cited.</p> <p>Complaint IN00385466 - Substantiated. No deficiencies related to the allegations were cited.</p> <p>Complaint IN00382410 - Substantiated. Federal/State deficiencies related to the allegations are cited at F550 and F690.</p> <p>Survey dates: August 8, 9, 10 and 11, 2022</p> <p>Facility number: 000091 Provider number: 155689 AIM number:100290080</p> <p>Census Bed Type: SNF/NF: 134 SNF: 10 Total: 144</p> <p>Census Payor Type: Medicare: 14 Medicaid: 75 Other: 55 Total: 144</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>		

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

TITLE

(X6) DATE

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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F 0550 SS=D Bldg. 00	<p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 8/18/22.</p> <p>483.10(a)(1)(2)(b)(1)(2) Resident Rights/Exercise of Rights §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.</p> <p>§483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.</p> <p>§483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights</p>						

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	<p>without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.</p> <p>A. Based on observation and record review, the facility failed to ensure the urinary Foley catheter bag (a device which urine drains into) was covered and/or placed in a dignity bag for 1 of 3 residents reviewed who had a Foley catheter. (Resident B)</p> <p>B. Based on interview and record review, the facility failed to ensure a resident, who was actively dying, was cared for in a manner that maintained the residents dignity, in 1 of 3 residents reviewed. (Resident G)</p> <p>Findings include:</p> <p>A. On 8/9/22 at 11:42 A.M., a review of the clinical record for Resident B was conducted. The resident's diagnoses included, but were not limited to: obstructive uropathy and benign prostatic hyperplasia (BPH)</p> <p>A Significant Change Minimum Data Set (MDS) Assessment, dated 7/13/22 indicated the resident had a Foley catheter and he had normal cognition.</p> <p>During an observation, on 8/8/22 at 3:05 P.M., Resident B was observed in his room, sitting in a wheelchair. The resident's Foley catheter drainage bag was observed on the floor and there was no dignity bag, covering the drainage bag.</p>			F 0550	<p>F550 – Resident Rights/Exercise of Rights</p> <p>A. It is the practice of this facility to ensure that all residents with a urinary Foley catheter bag is covered or placed in a dignity bag.</p> <p>B. It is the practice of this facility to ensure that all residents who are actively dying are cared for in a manner that maintains resident dignity.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>Resident B – Resident Foley drainage bag was placed in a dignity bag.</p> <p>Resident G – Resident no longer in facility.</p> <p>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:</p> <p>Resident B - All residents utilizing a Foley drainage bag have the potential to be affected by this</p>		08/31/2022

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	<p>On 8/9/22 at 12:49 P.M., the resident was observed in the dining area and his Foley catheter drainage bag had yellow urine in it and was visible to all the other residents, guests and staff who were in the dining area.</p> <p>On 8/10/22 at 11:05 A.M., the Administrator provided a policy titled, "Quality of Life - Dignity", dated February 2020 and indicated the policy was the one currently used by the facility. The Administrator indicated the resident's drainage bag should have been covered with a dignity bag. The policy indicated "...Each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life, feeling self-worth and self-esteem...11 a. Helping the resident to keep urinary bags covered...."</p> <p>B. On 8/9/22 at 11:58 A.M. - 12:20 P.M., an observation of the meal carts was conducted. The first cart arrived 11:58 P.M. The staff were observed removing trays from this cart and serving residents in their rooms. At 12:20 P.M., a meal cart arrived and the trays were delivered to the residents in the dining room, which needed assistance and/or observations.</p> <p>On 8/10/22 at 9:40 A.M., a review of the clinical record for Resident G was conducted. The resident's code status was DNR (Do-Not-Resuscitate) The resident's diagnoses included, but were not limited to: dementia, anxiety, depression and dysphagia (difficulty swallowing).</p> <p>The Quarterly MDS Assessment, dated 6/30/22, indicated the resident had severe dementia and required extensive assist of 1 person with eating.</p>				<p>deficient practice. All residents utilizing a Foley drainage bag were reviewed and audited to ensure that dignity bags or covers were being utilized.</p> <p>Resident G – all residents actively dying have the potential to be affected by this deficient practice. All residents currently on hospice or end of life care were assessed and care plans reviewed and updated to ensure all appropriate measures in place per resident and/or family preference.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <p>All nursing staff will be in-serviced on or before 8/31/22. This in-service will be conducted by the Director of Nursing or Designee and will include a review of Resident Rights, Dignity, and Catheter Care policies. The Director or Nursing/Designee will audit all residents utilizing a Foley drainage bag daily to ensure drainage bags are covered appropriately. The Director of Nursing/Designee will audit all residents actively dying daily to ensure residents dignity is maintained as desired by resident or family.</p> <p>How the corrective action(s) will be monitored to ensure the</p>		

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	<p>A Weekly Nursing Summary, dated 7/12/22, indicated the resident had no complaints of pain and was being administered routine pain medications.</p> <p>A Progress Note, dated 7/22/22 at 1:07 P.M., indicated the resident was unable to take her routine pain medication-Acetaminophen.</p> <p>An Alert Progress Note, dated 7/22/22 at 9:54 P.M., indicated "...resident shows some signs of decline...family and MD aware...."</p> <p>A Situation, Background, Assessment Recommendation (SBAR) Communication Form, dated 7/22/22, at 2:00 P.M., indicated the resident had altered mental status and functional decline and symptoms had not occurred before. The form indicated the resident was on oxygen, per a nasal cannula, and her oxygen saturation percent was 86. The form indicated the physician was notified at 2:00 P.M. and a family member was notified of the change of condition at 1:00 P.M.</p> <p>A Change in Condition Evaluation form, dated 7/22/22 at 2:02 P.M., indicated resident had an altered mental status and a functional decline which started, on 7/22/22, in the morning. The form indicated "...Things that make the condition or symptoms unchanged (or unable to determine): res [resident] in bed stable" The form indicated the resident had declined physically, had weakness, could not eat or drink and the family was at the resident's bedside. The Functional status section indicated the resident was "....leaning in chair a lot and unable to talk, or eat or drink d/t [due to] weakness" The Respiratory status section indicated the resident had respiratory changes such as "...labored or rapid breathing and inability to eat or sleep due to</p>				<p>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 Director of Nursing/Designee will be responsible for completing the QAPI Audit tools labeled "Dignity Program Care" 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.</p> <p>By what date the systemic changes will be completed: 08/31/2022 Compliance Date = 08/31/2022</p>		

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	<p>shortness of breath"</p> <p>A Progress Note, dated 7/23/22 at 2:37 P.M., indicated "...NOD (Nurse on Duty) came back from lunch and Resident was found unresponsive, breathless and pulseless at the dining area. Upon checking, pupil was dilated. Granddaughter present and aware of the situation...."</p> <p>A form titled, Indiana Physician Orders For Scope Of Treatment, dated 1/3/19, indicated the resident was a DNR. The Treatment Goal indicated "...Maximize comfort through symptom management...."</p> <p>During an interview on 8/10/22 at 10:47 A.M., RN 2 indicated she was the nurse on duty the day the resident expired. She indicated during shift report, she was told the resident would not keep her oxygen (nasal cannula) in her nares, she was declining and the family had been informed and had been with her during the night. The RN indicated she had not seen any family members until the granddaughter arrived in the afternoon. The RN indicated she checked the residents oxygen level, in the morning, and it was 87% so the RN attempted to apply the oxygen tubing but the resident would not keep it on. RN indicated the resident had been brought to the dining room, for breakfast and RN had attempted to administer a liquid supplement (Medpass), however the resident ingested very little of it. The resident was brought to the dining room, for lunch where the resident ate very little and drank sips of her liquids. The RN indicated the resident was sitting at the last table, in the middle, facing the wall. The granddaughter came into the dining room and discovered the resident wasn't breathing. The resident was taken to her room and placed in her bed by the RN and a CNA. The RN indicated no</p>						

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	<p>CPR (Cardiopulmonary Resuscitation) was started, as resident was DNR. The RN indicated the oxygen was not on the resident while she was in the dining room. The RN indicated she did not know who had transferred the resident from her bed to her wheelchair. The RN was not aware if the resident had been in her wheelchair, since breakfast.</p> <p>During an interview, on 8/11/22 at 10:35 A.M., LPN 3 indicated she had worked 2nd shift the day before the resident passed away. She indicated when she arrived there were 2 family members at the resident's bedside. She indicated the resident had declined and more family members continued to pour in during her shift. She indicated the resident was not out of bed, resting comfortably, with family members surrounding her. She indicated the resident was actively dying and that was why she was not brought to the dining area for the evening meal, RN reported the resident was only taking sips of water and accepting swabs dipped in water. She indicated she reported the resident's condition to the night nurse and learned of the resident's passing the next day.</p> <p>On 8/10/22 at 11:05 A.M., the Administrator provided a policy titled, "Quality of Life - Dignity", dated February 2020, and indicated the policy was the one currently used by the facility. The Administrator indicated the resident's drainage bag should have been covered with a dignity bag. The policy indicated "...Each resident shall be cared for in a manner that promotes and enhances his or her sense of well-being, level of satisfaction with life, feeling self-worth and self-esteem...11. Demeaning practices and standards of care the compromise dignity are prohibited. Staff are expected to promote dignity and assist residents...."</p>						

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F 0690 SS=D Bldg. 00	<p>On 8/10/22 at 12:18 P.M., the Administrator provided a policy titled, "Palliative/End-of-Life Care", dated March 2018, and indicated the policy was the one currently used by the facility. The policy indicated "...The physician and staff will assess the resident's course, identify complications or additional decline, and adjust approaches accordingly...."</p> <p>This Federal tag relates to complaints IN00382410 and IN00387485.</p> <p>3.1-3(a) 3.1-3(t)</p> <p>483.25(e)(1)-(3) Bowel/Bladder Incontinence, Catheter, UTI §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain.</p> <p>§483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that-</p> <p>(i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary;</p> <p>(ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that</p>						

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	<p>catheterization is necessary; and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.</p> <p>§483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.</p> <p>Based on observation, interview and record review, the facility failed to maintain Foley catheter collection bag and tubing off the floor for 1 of 3 residents reviewed for Foley catheters. (Resident B)</p> <p>Finding includes:</p> <p>On 8/9/22 at 11:42 A.M., a review of the clinical record for Resident G was conducted. The resident's diagnoses included, but were not limited to: obstructive uropathy and benign prostatic hyperplasia (BPH)</p> <p>A Significant Change Minimum Data Set (MDS) Assessment, dated 7/13/22, indicated the resident had a Foley catheter and he had normal cognition.</p> <p>During an observation, on 8/8/22 at 3:05 P.M., Resident B was observed in his room, sitting in a wheelchair. The resident's Foley catheter drainage bag and tubing was observed on the floor. The resident made no comment when asked about the catheter device being on the floor.</p> <p>On 8/9/22 at 12:49 P.M., the resident was observed in the dining area and his Foley catheter drainage</p>			F 0690	<p>F690 – Bowel, Bladder Incontinence, Catheter, UTI It is the practice of this facility to maintain all Foley drainage bags and tubing off the floor.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: Resident B –Resident Foley drainage bag was assessed and positioned to be maintained off the floor and covered with a dignity bag.</p> <p>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: Resident B - All residents utilizing a Foley drainage bag have the potential to be affected by this deficient practice. All residents utilizing a Foley drainage bag were</p>		08/31/2022

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	<p>bag had yellow urine in it and was visible to all the other residents, guests and staff who were in the dining area. The resident's drainage bag and tubing was observed on the floor.</p> <p>A Foley catheter policy was requested. On 8/10/22 at 10:52 A.M., a policy was provided by the Administrator titled, "Bowel and Bladder Program". The policy did not contain information regarding the Foley catheter's drainage bag and/or tubing, with instructions to maintain these items off the floor.</p> <p>This Federal tag relates to complaint IN00382410.</p> <p>3.1-41(a)(2)</p>				<p>reviewed and audited to ensure that dignity bags or covers were being utilized and that drainage bag and tubing remained off the floor.</p> <p>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-serviced on or before 8/31/22. This in-service will be conducted by the Director of Nursing or Designee and will include a review of Resident Rights, Dignity, and Catheter Care policies. The Director or Nursing/Designee will audit all residents utilizing a Foley drainage bag daily to ensure drainage bags are covered appropriately and kept off the floor. The Director of Nursing/Designee will audit all residents actively dying daily to ensure residents dignity is maintained as desired by resident or family.</p> <p>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</p>		

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			Improvement Program. The Director of Nursing/Designee will be responsible for completing the QAPI Audit tools labeled "Catheter" 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: 08/31/2022 Compliance Date = 08/31/2022		