

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

PRINTED: 02/28/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155207		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/07/2023	
NAME OF PROVIDER OR SUPPLIER MAJESTIC CARE OF NEW HAVEN				STREET ADDRESS, CITY, STATE, ZIP COD 1201 DALY DRIVE NEW HAVEN, IN 46774			
(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	<p>This visit was for the Investigation of Complaint IN00399608.</p> <p>Complaint IN00399608 - Substantiated. Federal/state deficiencies related to the allegations are cited at F921.</p> <p>Survey date: Feburary 7, 2023</p> <p>Facility number: 000114 Provider number: 155207 AIM number: 100266640</p> <p>Census Bed Type: SNF/NF: 91 NF: 91 Total: 91</p> <p>Census Payor Type: Medicare: 9 Medicaid: 63 Other: 19 Total: 91</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed February 9, 2023</p>			F 0000			
F 0921 SS=E Bldg. 00	<p>483.90(i) Safe/Functional/Sanitary/Comfortable Environ §483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. Based on observation, interview and record review the facility failed maintain a clean</p>			F 0921	The creation and submission of this plan of correction does not		02/13/2023

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

TITLE

(X6) DATE

Carmela Tuttle

HFA

02/20/2023

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>environment for 4 of 9 residents reviewed. (Resident B, Resident C, Resident D, Resident G).</p> <p>Findings include:</p> <p>A list of interviewable residents was provided by the Executive Director (ED) on 2/7/23 at 11:50 AM. The list indicated Resident B, Resident C, Resident D, and Resident G were interviewable.</p> <p>1. In an interview on 2/7/23 at 11 AM, Resident B indicated his bathroom had not been cleaned regularly.</p> <p>During an observation on 2/7/23 at 11 AM, Resident B and Resident C's shared bathroom had a strong urine smell, the floor was sticky, and the toilet had dried brown matter on it. The bathroom also had dried brown matter on the floor and wall.</p> <p>2. In interview on 2/7/23 at 11:07 AM, Resident C indicated his room and bathroom were not cleaned weekly.</p> <p>During an observation on 2/7/23 at 11 AM, Resident C's floor was sticky and stained with light gray matter.</p> <p>In an interview on 2/7/23 at 11:10 AM, Housekeeper 2 indicated the housekeeping department was currently short staffed. Housekeeping 2 indicated no staff were assigned to 400 hall but she helped out with what she could after she had cleaned her assigned hall. Housekeeper 2 indicated resident rooms were cleaned daily. The daily tasks included sweeping and mopping the room and bathroom, taking out the trash, wiping down surfaces, cleaning the toilet and wall if there was any dried substance on the wall. Housekeeper 2 indicated the bathroom</p>				<p>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 respectfully requests a Post Survey Desk Review.</p> <p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice: Affected resident rooms and shower rooms were deep cleaned on 2/9/2023 and 2/10/2023.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken:</p> <p>Whole house audit completed on 2/8/2023 with other resident rooms affected. Those rooms were deep cleaned and completed on 2/13/2023.</p> <p>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur:</p> <p>Education to all environmental staff completed on 2/08/2023 with understanding of cleaning procedures and schedules.</p>		

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	<p>should not smell of urine. Housekeeper 2 also indicated each shower room was cleaned daily.</p> <p>3. During an observation and interview with the Director of Nursing (DON) on 2/7/23 at 11:18 AM, in the 400 hall shower room, the toilet was covered in dried brown matter. There was also dried brown matter on the floor around the toilet. The DON indicated there should not be dried matter on the toilet or floor and the toilet needed cleaned.</p> <p>4. In an interview on 2/7/23 at 12:42 PM, Resident D indicated her room had not been cleaned since the weekend and her room was usually cleaned 1-2x a week.</p> <p>During an observation on 2/7/23 at 12:42 PM, Resident D's floor had dried brown/yellow matter and brown dirt on it.</p> <p>5. During an observation on 2/7/23 at 11:35 AM, Resident G's trash can was overflowing with cartons. Resident G's floor also had multi-colored food particles scattered throughout.</p> <p>In an interview on 2/7/23 at 11:35 AM, Resident G indicated his trash can needed emptied and the food particles hadn't been there too long but needed to be cleaned up.</p> <p>A daily cleaning schedule was provided by the ED on 2/7/23 at 11:50 AM. The cleaning schedule indicated daily tasks included: emptying the trash and replace the liner, dust, damp wipe surfaces, stock supplies, dust mop, inspect and wet mop all rooms and common areas on the assigned hall. The ED indicated the facility did not have a specific policy regarding housekeeping but indicated resident rooms, bathrooms, and shower rooms should be cleaned daily.</p>				<p>How the corrective action will be monitored to ensure the deficient practice will not recur ie, what quality assurance program will be put into place:</p> <p>Ed/Designee will audit 5 resident rooms 5 times weekly for 4 weeks, the 5 rooms 3 times weekly for 2 months, then 5 rooms weekly for 3 months. Audits will be submitted to QAPI monthly for 6 months to ensure increased compliance with deficient practice. QAPI committee may modify frequency of audits based on outcome percentages of compliance.</p>		

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	This Federal Finding relates to Complaint IN00399608. 3.1-19(e)						