

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

PRINTED: 11/15/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155100		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 10/26/2023	
NAME OF PROVIDER OR SUPPLIER MAJESTIC CARE OF BEDFORD				STREET ADDRESS, CITY, STATE, ZIP COD 2111 NORTON LN BEDFORD, IN 47421			
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00419692 and IN00419672.</p> <p>Complaint IN00419692 - Federal/State deficiencies related to the allegations are cited at F689 and F921.</p> <p>Complaint IN00419672 - No deficiencies related to the allegations are cited.</p> <p>Survey date: October 26, 2023</p> <p>Facility number: 000040 Provider number: 155100 AIM number: 100274460</p> <p>Census Bed Type: SNF/NF: 89 SNF: 7 Total: 96</p> <p>Census Payor Type: Medicare: 7 Medicaid: 74 Other: 15 Total: 96</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1</p> <p>Quality review completed on October 27, 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 any violation of regulation.</p> <p>This provider respectfully requests that State Report Plan of Correction be considered the Letter of Credible Allegation.</p> <p>This provider alleges compliance as of 11/10/2023.</p> <p>The facility respectfully requests a desk review for this Plan of Correction relative to the low scope and severity of this survey in lieu of a post-survey revisit.</p>		
F 0689 SS=D Bldg. 00	<p>483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices §483.25(d) Accidents.</p>						

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

TITLE

(X6) DATE

Christy Marlow

Executive Director

11/03/2023

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 facility must ensure that -</p> <p>§483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and</p> <p>§483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on observation, interview, and record review, the facility failed to provide supervision to prevent accidents for 3 of 3 residents reviewed for accident hazards. Residents were in possession of electronic cigarettes and were not assessed for the safe use of electronic cigarettes. (Resident F, Resident C, Resident D)</p> <p>Findings include:</p> <p>On 10/26/23 at 11:05 a.m., RN 1 indicated a couple of residents had electronic cigarettes but had never seen any residents using them.</p> <p>1. On 10/26/23 at 11:15 a.m., Resident F was observed in his room. In his room, several electronic cigarette devices were observed.</p> <p>On 10/26/23 at 11:28 a.m., Resident F's clinical record was reviewed. The diagnosis included, but was not limited to, quadriplegia.</p> <p>The Annual MDS (Minimum Data Set) assessment, dated 8/16/23, indicated Resident F had no cognitive impairment.</p> <p>The clinical record lacked an assessment for the safe handling of an electronic cigarette or a care plan related to the use of electronic cigarettes.</p> <p>On 10/26/23 at 12:20 p.m., Resident F's room was</p>			F 0689	<p><u>F689 Free of Accident/Hazards/Supervision/Devices</u></p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>1 Resident C, D, and F continue to reside at the facility. No residents experienced any negative outcomes related to the deficient practice. MD notified. No new orders.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what correction action(s) will be taken?</p> <p>1 All Residents who utilize electronic smoking devices have the potential to be affected.</p> <p>2 DNS or designee will educate staff/smoking residents on Smoking Policy on/by 11/10/23.</p> <p>3 All residents who smoke or utilize an electronic smoking device will be assessed using the Safe smoking review evaluation on/by 11/6/23, quarterly, and with any significant change. This assessment will be completed by</p>		11/10/2023

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	<p>observed with the Administrator. The Administrator indicated she saw the electronic cigarettes in Resident F's room and was unaware whether the resident needed an assessment for the safe handling of an electronic cigarette or whether the resident was allowed to have them in their possession.</p> <p>2. On 10/26/23 at 12:52 p.m., Resident C was observed in her room. Resident C was observed to have an electronic cigarette in her possession and actively using the electronic cigarette.</p> <p>On 10/26/23 at 1:00 p.m., Resident C's clinical record was reviewed. The diagnoses included, but were not limited to, COPD (Chronic Obstructive Pulmonary Disorder).</p> <p>The Quarterly MDS assessment, dated 9/9/23, indicated Resident C had moderate cognitive impairment.</p> <p>The clinical record lacked an assessment for the safe handling of an electronic cigarette or a care plan related to the use of electronic cigarettes.</p> <p>3. On 10/26/23 at 12:52 p.m., Resident D was observed in her room. Resident D was observed to have an electronic cigarette in her possession and actively using the electronic cigarette.</p> <p>On 10/26/23 at 12:55 p.m., Resident D's clinical record was reviewed. The diagnoses included, but were not limited to, Diabetes Mellitus.</p> <p>The Quarterly MDS assessment, dated 9/29/23, indicated Resident D had no cognitive impairment.</p> <p>The clinical record lacked an assessment for the safe handling of an electronic cigarette or a care</p>				<p>the SSD or designee.</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>1 DNS or designee will audit the completion of the safe smoking evaluation weekly x4 weeks and then monthly x6 months.</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?</p> <p>1 For quality assurance, the DNS or Designee will review any findings 5 days a week during clinical meeting, with subsequent correction action and education for identified staff members.</p> <p>2 Findings will be reported at the QA meeting monthly x6 months and will continue until 100% compliance is achieved.</p>		

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F 0921 SS=D Bldg. 00	<p>plan for the use of electronic cigarettes.</p> <p>On 10/26/23 at 12:15 p.m., the Administrator provided the current "Smoking Policy-Residents", reviewed 6/2022. The policy included, but was not limited to, "Smoking is only permitted in designated resident smoking areas, which are located outside of the building. Electronic cigarettes are not permitted inside...Any smoking-related privileges, restrictions and concerns (for example, need for close monitoring) shall be noted on the care plan, and all personnel caring for the resident shall be alerted to these issues...All residents will be supervised during smoking...All smoking materials will be kept in a secured area by staff. Residents are not permitted to have any smoking related materials..."</p> <p>This citation relates to Complaint IN00419692.</p> <p>3.1-45(a)(2)</p> <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.</p> <p>Based on observation and interview, the facility failed to ensure a clean and sanitary environment for 3 of 5 shower rooms observed. A build up of soap scum and yellow discoloration in the shower stalls and personal care items were not stored in a sanitary manner. (Memory Care Shower Room, 300 Hall Shower Room, 500 Hall Shower Room)</p> <p>Finding includes:</p> <p>During the initial tour of the facility on 10/26/23 at</p>			F 0921	<p><u>F921</u> <u>Safe/Functional/Sanitary/Comfortable Environment</u> What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>1 Shower rooms on Memory Care, 300 hall, and 500 halls were deep cleaned on 10/26/23.</p> <p>2 All personal items found in Memory care, 300 hall, and 500</p>		11/10/2023

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	<p>10:55 a.m., the following was observed.</p> <p>1. In the Memory Care Shower Room, a strong odor of urine was observed. The shower stall around and along the bottom half portion a build up of soap scum and yellow discoloration was observed.</p> <p>2. In the 300 Hall Shower Room, a wet washcloth was observed on the floor. A used towel was draped over the back of a shower chair. The shower stall around and along the bottom half portion a build up of soap scum and yellow discoloration was observed.</p> <p>3. In the 500 Hall Shower Room, a build up of hair was observed on top of two white drains on the floor. A bottle of shaving cream and after shave was observed to be lying on the floor.</p> <p>On 10/26/23 at 12:42 p.m., the shower rooms were observed with the Administrator. The Administrator indicated housekeeping was responsible for cleaning the shower rooms.</p> <p>This citation relates to Complaint IN00419692.</p> <p>3.1-19(f)</p>				<p>hall shower rooms were removed on 10/26/23.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what correction action(s) will be taken?</p> <p>1 All Residents who reside on the Memory Care, 300 hall, and 500 hall units have the potential to be affected by the alleged deficient practice.</p> <p>2 ED will educate all housekeeping staff on cleaning and sanitation of facility shower rooms.</p> <p>3 DNS or designee will educate nursing staff on proper storage of personal items. 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>1 ED or designee will audit the sanitation and cleaning of facility shower rooms 2x/week x4 then weekly x4, then monthly x6 months until substantial compliance is achieved.</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?</p> <p>1 For quality assurance, the ED or Designee will review any findings 5 days a week during clinical meeting, with subsequent correction action and education for</p>		

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					identified staff members. 2 Findings will be reported at the QA meeting monthly x6 months and will continue until 100% compliance is achieved.		