STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155143	A. BUILDING -- B. WING	09/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MAJESTIC CARE OF TERRE HAUTE	3150 N SEVENTH ST TERRE HAUTE, IN 47804

(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
E 0000 Bldg. --	An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73. Survey Date: 09/24/24 Facility Number: 000067 Provider Number: 155143 AIM Number: 100267880 At this Emergency Preparedness survey Majestic Care of Terre Haute was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73 The facility has 104 certified beds. At the time of the survey, the census was 62. Quality Review completed on 09/25/24	E 0000	I request a desk review for this plan of correction	
K 0000 Bldg. 01	A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a). Survey Date: 09/24/24 Facility Number: 000067 Provider Number: 155143 AIM Number: 100267880 At this Life Safety Code survey, Majestic Care of Terre Haute was found not in compliance with	K 0000	I request a desk review for this plan of correction	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Wendy Sue McNamara-Baker	HFA	10/07/2024

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MAJESTIC CARE OF TERRE HAUTE	3150 N SEVENTH ST TERRE HAUTE, IN 47804

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	Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC 16.2. The building was surveyed with Chapter 19, Existing Health Care Occupancies. This one story facility was constructed in 1972 and determined to be of Type V (000) construction and was fully sprinklered. There was a dining room addition added in 2014 and a storage room addition constructed in 2015. The facility has a fire alarm system with hard wired smoke detectors in the corridors, spaces open to the corridors, and all resident sleeping rooms. The facility has a capacity of 104 and had a census of 62 at the time of this survey. All areas where residents have customary access were sprinklered, and all areas providing facility services were sprinklered. Quality Review completed on 09/25/24			
K 0345 SS=F Bldg. 01	NFPA 101 Fire Alarm System - Testing and Maintenance Based on record review and interview, the facility failed to maintain 1 of 1 fire alarm systems in accordance with NFPA 72, National Fire Alarm Code as required by LSC Sections 19.3.4.5.1 and 9.6. NFPA 72, Section 14.3.1 states that unless otherwise permitted by 14.3.2, visual inspections shall be performed in accordance with the schedules in Table 14.3.1, or more often if required by the authority having jurisdiction. Table 14.3.1 states that the following must be visually inspected semi-annually: a. Control unit trouble signals	K 0345	It is the policy of the facility to Test and Maintain the fire alarm system. The fire system is routinely inspected. On September 27,2024 the Maintenance director preformed a visual inspection of the fire system. See attached exhibit. To ensure future compliance a log	09/27/2024

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	155143	A. BUILDING 01 B. WING	09/24/2024

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MAJESTIC CARE OF TERRE HAUTE	3150 N SEVENTH ST TERRE HAUTE, IN 47804

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	b. Remote annunciators c. Initiating devices (e.g. duct detectors, manual fire alarm boxes, heat detectors, smoke detectors, etc.) d. Notification appliances e. Magnetic hold-open devices This deficient practice could affect all building occupants. Findings include: Based on review on 09/24/24 at 11:10 a.m. with the Maintenance Director present, documentation could not be provided regarding a visual semi-annual fire alarm system inspection. The most recent testing on the fire alarm was dated 12/06/2023, but there was no documentation of a semi-annual inspection six months from that date. Based on interview at the time of record review, the Maintenance Director agreed that as of the time of this survey, a visual semi-annual inspection of the fire-alarm system had not been completed. This finding was reviewed with the Administrator at the exit conference. 3.1-19(b)		of all required inspections will be kept by the maintaince director. The log will be presented at least quarterly to the executive director and QAPI committee to ensure compliance. See Attachment	
K 0923 SS=D Bldg. 01	NFPA 101 Gas Equipment - Cylinder and Container Storag Based on observation and interview, the facility failed to ensure 1 of 1 nonflammable gas cylinders were properly secured from falling. NFPA 99, Health Care Facilities Code, 2012 Edition, Section 11.3.2 states storage for nonflammable gases greater than 8.5 cubic meters (300 cubic feet) but less than 85 cubic meters (3000 cubic feet) shall comply with 11.3.2.1 through 11.3.2.3. NFPA 99,	K 0923	It is the policy of the facility to ensure all oxygen cylinders are properly stored. Nursing staff were in serviced on proper storage and handling of oxygen cylinders.	09/27/2024

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	Section 11.3.2.6 states cylinder or container restraints shall comply with 11.6.2.3. Section 11.6.2.3(11) states freestanding cylinders shall be properly chained or supported in a proper cylinder stand or cart. This deficient practice could affect 1 resident in room 112. Findings include: Based on observations with the Maintenance Director and Administrator on 09/24/24 at 12:13 p.m., an 'E' type oxygen cylinder was standing upright on the floor in room 112 and was not properly chained or supported in a proper cylinder stand or cart. Based on interview at the time of observation, the Administrator confirmed an 'E' type oxygen cylinder in room 112 was not properly chained or supported in a proper cylinder stand or cart. The oxygen cylinder was removed from the room and placed in a stand in the oxygen storage room at the time of observation. This finding was reviewed with the Administrator during the exit conference. 3.1-19(b)		The Executive Director or Designee will perform walking inspections a minimum of 5 days per week for 2 weeks, Weekly for 6 weeks and monthly for 2 months. The inspection logs will be presented the QAPI committee at least monthly to ensure compliance. Attached Exhibit #3	