

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

PRINTED: 06/28/2023
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 06/19/2023	
NAME OF PROVIDER OR SUPPLIER MAJESTIC CARE OF NEW HAVEN				STREET ADDRESS, CITY, STATE, ZIP COD 1201 DALY DRIVE NEW HAVEN, IN 46774			
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00410096.</p> <p>Complaint IN00410096 - Federal/state deficiencies related to the allegations are cited at F561 and F684.</p> <p>Survey date: June 19, 2023</p> <p>Facility number: 000114 Provider number: 155207 AIM number: 100266640</p> <p>Census Bed Type: SNF/NF: 81 Total: 81</p> <p>Census Payor Type: Medicare: 3 Medicaid: 60 Other: 18 Total: 81</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed June 20, 2023</p>			F 0000			
F 0561 SS=D Bldg. 00	<p>483.10(f)(1)-(3)(8) Self-Determination §483.10(f) Self-determination. The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to the rights specified in paragraphs (f)(1) through (11) of</p>						

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

TITLE

(X6) DATE

Carmela Tuttle

HFA

06/26/2023

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>this section.</p> <p>§483.10(f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part.</p> <p>§483.10(f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>§483.10(f)(3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility.</p> <p>§483.10(f)(8) The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility.</p> <p>Based on interview, observation and record review the facility failed to ensure food preferences were followed for 3 of 5 residents reviewed. (Resident B, Resident C, Resident D).</p> <p>Findings include:</p> <p>The Director of Nursing (DON) on 6/19/23 at 12:15 PM, indicated Resident B, Resident C, and Resident D were interviewable.</p> <p>1. In an interview on 6/19/23 at 11:50 AM, Resident D indicated often the meal delivered did not match the meal ticket. Resident D indicated she told the kitchen multiple times that she could</p>			F 0561	<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. 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</p>		06/22/2023

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	<p>not have tomatoes due to her acid reflux. Resident D indicated the kitchen continued to send tomatoes on her meal trays.</p> <p>During an observation on 6/19/23 at 2:30 PM, Resident D's meal tray was delivered to her room. The meal tray included a bowl of tomato and cucumber salad. The meal tray also included a meal ticket. The ticket indicated Resident D was allergic to tomatoes.</p> <p>In an interview on 6/19/23 at 2:30 PM, Unit Manager 2 indicated dietary preferences were completed for each resident at admission. Unit Manager 2 indicated Resident D should not have tomatoes on her tray as she was allergic to tomatoes.</p> <p>Resident D's care plan provided by the DON on 6/19/23 at 4:25 PM. Resident D's care plan indicated to honor food and fluid preferences.</p> <p>2. In an interview on 6/19/23 at 12:02 PM, Resident B indicated he often received items on his meal tray he did not order. Resident B indicated multiple times the meal ticket and meal delivered to his room did not match. Resident B indicated once the menu indicated the meal was pizza and fish was served instead.</p> <p>During an observation on 6/19/23 at 2:15 PM, Resident B's meal tray had macaroni salad. Resident D indicated he did not order macaroni salad.</p> <p>Resident B did not have macaroni salad listed on his meal ticket.</p> <p>3. In an interview on 6/19/23 at 12:02 PM, Resident C indicated multiple times he received items on his</p>				<p>found to have been affected by the deficient practice: Resident D was not served the meal as she was out on leave. Resident B and C were offered alternative meals.</p> <p>How other residents having the potential to be affected by the deficient practice will be identified and what corrective action will taken: No other residents were affected.</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: Dietary staff were educated on reading individualized menu preferences and tray cards</p> <p>How the corrective action will be monitored to ensure the deficient practice will not recur, what quality assurance program will be put into place: Dietary manager/designee will monitor food preferences and tray cards for 2 meals five times weekly for 2 months, then 1 meal five times weekly for 2 months, then 1 meal three times weekly for 2 months. Results will be submitted to QAPI monthly for 6 months with percentage of compliance to ensure improvements.</p>		

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F 0684 SS=D Bldg. 00	<p>meal tray he did not order. Resident C indicated often the meal ticket would not match the menu or the food delivered on the tray.</p> <p>In an interview on 6/19/23 at 3:09 PM, the Administrator indicated dietary preferences are completed at admission. The Administrator also indicated residents completed meal choice forms prior to each meal. The completed forms indicated the resident's choices and substitutes for the meal. The Administrator indicated if a resident did not complete the form they received the meal based on their diet. The Administrator indicated the facility did not have a specific policy regarding food preferences.</p> <p>This Federal Finding relates to Complaint IN00410096.</p> <p>3.1-3(v)(1)</p> <p>483.25 Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.</p> <p>Based on interview and record review the facility failed to ensure medications were given per physician orders for 1 of 4 residents reviewed (Resident B).</p> <p>Findings include:</p>			F 0684	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		06/22/2023

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	<p>The Director of Nursing (DON) on 6/19/23 at 12:15 PM, indicated Resident B was interviewable.</p> <p>In an interview on 6/19/23 at 12:02 PM, Resident B indicated there have been multiple times when he did not receive his insulin as ordered. Resident B indicated on 6/17/23 a Qualified Medication Aide (QMA) worked the floor and had a conflict with the Nurse scheduled. Resident B indicated he did not receive his insulin on 6/17/23.</p> <p>Resident B's record was reviewed on 6/19/23 at 3:17 PM. The Medication Administration Record (MAR) for June 1 - 19th, 2023 indicated as follows:</p> <p>An order, dated 5/23/23, indicated to inject insulin lispro 15 units subcutaneously with meals. The MAR indicated the medication was not administered as ordered on 6/4/23 (8 AM or 12 PM) and 6/17/23 (8 AM).</p> <p>An order, dated 3/23/23 indicated to inject insulin lispro 100 unit/mL per sliding scale before meals and at bedtime. The MAR indicated the medication was not administered on 6/4/23 (7 AM or 11 AM) and 6/17/23 (7 AM).</p> <p>In an interview on 6/19/23 at 4 PM, the DON indicated there was always a nurse in the building to cover for insulin administration as a QMA couldn't administer insulin.</p> <p>The schedule was provided by the DON on 6/19/23 at 12:15 PM.. The scheduled indicated on 6/17/23 a QMA worked the hall and there was a Registered Nurse in the building at the time of the scheduled medication administration.</p> <p>A policy, undated, titled "Medication Administration," was provided by the DON on</p>				<p>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: Resident B was not affected by the deficient practice.</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: Whole house audit completed on insulin administration. Those identified were not affected.</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: Licensed Nurses and QMAs were educated on medication administration.</p> <p>How the corrective action will be monitored to ensure the deficient practice will not recur, what quality assurance program will be put into place: Director of Nursing/designee will audit medication administration records 5 times weekly for 2 months, then 3 times weekly for 2</p>		

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	6/19/23 at 4:18 PM. The policy indicated "medications are administrated by licensed nurses and other staff who are legally authorized to do so....administer medications as ordered." This Federal Finding relates to Complaint IN00410096. 3.1-37(a)				months, then weekly for 2 months. Audits will be submitted to QAPI for 6 months with percentage of compliance.		