

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

PRINTED: 02/10/2025
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 01/27/2025	
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 a Recertification and State Licensure Survey.</p> <p>Survey Dates: January 21, 22, 23, 24, and 27, 2025.</p> <p>Facility number: 000114 Provider number: 155207 AIM number: 100266640</p> <p>Census Bed Type: SNF/NF: 71 Total: 71</p> <p>Census Payor Type: Medicaid: 56 Other: 15 Total: 71</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed January 29, 2025.</p>			F 0000	Majestic Care of New Haven would like to respectfully request a desk review for the deficiency cited.		
F 0761 SS=D Bldg. 00	<p>483.45(g)(h)(1)(2) Label/Store Drugs and Biologicals</p> <p>Based on observation, interview, and record review the facility failed to ensure labeling of opened medications on 1 of 2 medication carts reviewed. (Resident 55, Resident 9, and Resident 49)</p> <p>Findings include:</p> <p>During an observation on 1/21/25 at 10:27 AM, with Qualified Medical Assistant 4, in the 200 Hall</p>			F 0761	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Inhalers identified as being expired were destroyed when identified and replaced 1/22/25. MD notified and no ill effects noted to residents 55, 9, or 49. How other residents having</p>		02/06/2025

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

TITLE

(X6) DATE

Alesha Lucas

RN, DNS

02/06/2025

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 disclosable 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>medication cart, in the top drawer was the following: an inhaler of Trelegy Ellipta labeled for Resident 55 had an expiration date of 1/20/25 no open date. Resident 9's inhaler of Fluticasalm AER, had an open date of 12/11/24 and an expiration date of 1/11/25. Resident 49's inhaler of Fluticasame Spr, had no open date and a expiration date of 1/14/24.</p> <p>In an interview, on 1/21/25 at 10:32 AM, QMA 4 indicated the staff would usually go through the cart to make sure everything was labeled, then discard the medication that was not labeled or was expired.</p> <p>In an interview, on 1/21/25 at 11:30 AM, the Director of Nursing indicated she spoke to the pharmacy and the 3 inhalers should have been removed from the cart.</p> <p>1. Resident 55's record review began on 01/24/25 at 11:13 AM. Resident 55's diagnoses included chronic obstructive pulmonary disease.</p> <p>Resident 55 had a physician order for Trelegy Ellipta Inhalation Aerosol Powder breath activate 100-62.5-25 microgram (mcg), directions were: 1 puff inhale orally one time a day related chronic obstructive pulmonary disease. Rinse mouth with water after use spit back into cup after use, with a start date of 11/19/24.</p> <p>Resident 55's Medication Administration Record (MAR) for Trelegy Ellipta Inhalation Aerosol indicated resident received the medication on 1/21/25.</p> <p>2. Resident 9's record review began on 01/24/25 at 11:33 AM. Resident 9's diagnoses included asthma.</p>				<p>the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken?</p> <p>All residents who use inhalers have the potential to be affected by this alleged deficient practice. All medication carts were checked on 1/28/25 for undated and improperly stored medications and addressed as needed.</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 was provided to all nurses and QMA's related to dating multi dose medications when opened on 1/28/25 by DNS/designee.</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>Audits will be performed by DNS/designee on medication carts including but not limited to the dating of opened medications for 5 times a week for 4 weeks, 4 times a week for 4 weeks, 3 times a week for 4 months. Results of these audits will be compiled for review monthly at QAPI meeting for 100% compliance. Any issues that arise will be corrected via action plan adopted by the QAPI committee.</p>		

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	<p>Resident 9 had a physician order for Advair Diskus inhalation Aerosol powder breath activated 100-50 mcg (fluticasone-Salmeterol), to be given 1 puff inhale orally two times a day related to acute and chronic respiratory failure. The resident was to rinse theri mouth with water after use. Start date was 4/3/24.</p> <p>Resident 9's MAR for Advair Diskus inhalation Aerosol powder breath activated 100-50 mcg (fluticasone-Salmeterol) received the inhaler two times a day on January 12, 13, 14, 15, 16, 17, 18, 19, 20, and 21.</p> <p>3. Resident 49's record review began on 01/24/25 at 12:13 PM. Resident 49's diagnoses included chronic obstructive pulmonary disease.</p> <p>Resident 49 had a physician order for Proventil HFA inhalation Aerosol Solution 108 (90 base) mcg. Directions were to take 2 puffs inhale orally every 4 hours as needed for short of breath. The residnet may keep the medication at bedside. Start date was 8/3/24.</p> <p>Resident 49's MAR for Proventil HFA inhalation Aerosol Solution 108 (90 base) mcg, indicated the medication had not been used.</p> <p>A policy titled, "Medication Administration", dated 5/20/2020 was received by the Regional Nurse Consultant on 1/24/25 at 11:13 AM. The policy indicated ..." Disposal of medication(s) should be completed for medication(s) that are without secure closure, outdate, contaminated and/or deteriorated...disposal needs to be timely...remove medication(s) immediately from stock..."</p>						

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