

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

PRINTED: 07/30/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155665		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 07/02/2024	
NAME OF PROVIDER OR SUPPLIER MAJESTIC CARE OF NORTH VERNON				STREET ADDRESS, CITY, STATE, ZIP COD 701 HENRY STREET NORTH VERNON, IN 47265			
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F 0000 Bldg. 00	This visit was for a Recertification and State Licensure Survey. Survey dates: June 26, 27, 28, and July 1, and 2, 2024 Facility number: 010996 Provider number: 155665 AIM number: 200232210 Census Bed Type: SNF/NF: 99 Census Payor Type: Medicare: 2 Medicaid: 85 Other: 12 Total: 99 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on July 5, 2024.			F 0000			
F 0812 SS=D Bldg. 00	483.60(i)(1)(2) Food Procurement,Store/Prepare/Serve-Sanitary §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations.						

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

TITLE

(X6) DATE

Phil R Ford

Executive Director

07/11/2024

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>(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.</p> <p>(iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. Based on observation and interview, the facility failed to maintain residents' snack refrigerators related to the storage of non-food items and unlabeled food items, for 3 of 4 resident snack refrigerators reviewed. (C-Hall, A-Hall, and D-Hall snack refrigerators)</p> <p>Findings include:</p> <p>1. The C-Hall resident snack refrigerator was observed on 07/02/24 at 9:40 A.M., with LPN (Licensed Practical Nurse) 2. An ice pack was lying in the bottom bin of the freezer. The nurse indicated Resident 67 occasionally used it for their shoulder and resident items should be labeled with a name and a date.</p> <p>2. The A-Hall resident snack refrigerator was observed on 07/02/24 at 9:47 A.M., with LPN 3. The freezer contained six small tubs of ice cream that were sitting right next to a large blue ice pack. The nurse indicated the ice pack was for a resident who had been discharged. The resident had used the ice pack following a knee replacement surgery.</p> <p>3. The D-Hall resident snack refrigerator was observed on 07/02/24 at 9:59 A.M., with RN 4. The</p>			F 0812	<p><u>F812 – Food Procurement, Storage/Prepare/Serve-Sanitar</u></p> <p><u>Y</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 The C-Hall pantry refrigerator was identified during the time of observation. The ice pack found during the time of observation was immediately removed from the refrigerator.</p> <p>2 The A-Hall refrigerator was identified during the time of observation. The ice pack found during the time of observation was immediately removed from the refrigerator and discarded.</p> <p>3 The D-Hall refrigerator was identified during the time of observation. The pudding cup found during the time of observation was immediately removed from the refrigerator and discarded.</p> <p>How other residents having the</p>		07/18/2024

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	<p>refrigerator contained a pudding cup that was opened, half full, and not labeled.</p> <p>During an interview on 07/02/24 at 10:06 A.M., the DON (Director of Nursing) indicated pudding that had been opened for medication administration should be kept in the refrigerator and labeled. Ice packs that had been placed on a resident's body should not be stored in the resident snack refrigerators.</p> <p>The current "Refrigerators and Freezers" policy, with a revised date of December 2014, was provided by the DON on 07/02/24 at 10:28 A.M. The policy indicated, "...This facility will ensure safe refrigerator and freezer maintenance...sanitation...All food shall be appropriately dated..."</p> <p>The current "FOOD BROUGHT IN BY FAMILY OR VISITORS" policy, dated 01/02/24, was provided by the DON on 07/02/24 at 10:57 A.M. The policy indicated, "...All personnel involved in preparing, handling, serving or assisting the resident with meals or snacks will be trained in safe food handling practices..."</p> <p>3.1-21(i)(3)</p>			<p>potential to be affected by the same deficient practice will be identified and what correction action(s) will be taken?</p> <p>1 A facility wide inspection was completed for all snack refrigerators. No other incorrect items or unlabeled items identified during inspection. No further corrective action was needed. 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 Staff in-services have been performed providing education on what should be stored in the snack refrigerators and the requirements for the proper labeling and dating of items by 7/17/24.</p> <p>2 DNS or Designee will perform audits of snack refrigerators 5x weekly x2 weeks, then weekly x6 months. This plan will be revised as warranted.</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 DHS 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</p>			

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F 0921 SS=D 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 and interview, the facility failed to provide a homelike environment related to odors for 1 of 4 Hallways reviewed. (B- Hall)</p> <p>Findings include:</p> <p>During an observation on 06/26/24 at 11:05 A.M., there was a strong urine odor upon entering the B-Hall secured unit.</p> <p>During an observation on 06/26/24 at 12:34 P.M., there was a strong urine odor in the B-Hall dining room during mealtime. A sticky substance with a foul urine odor was on the floor causing resistance when walking next to the juke box in</p>	F 0921	<p>the QA meeting monthly x6 months and will continue until 100% compliance is achieved.</p> <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>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> <p><u>F921 – Safe/Functional/Sanitary/Comf ortable Environment</u> What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? 1. B-Hall was identified during the time of observation. All staff were educated on providing a home-like environment that is free of odor(s).</p> <p>How other residents having the potential to be affected by the</p>	07/18/2024	

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	<p>the common area.</p> <p>During an observation on 06/27/24 at 10:00 A.M., there was a strong urine odor upon entering the B-Hall secured unit.</p> <p>During an observation on 06/28/24 at 9:40 A.M., there was a strong urine odor upon entering the B-Hall secured unit. The odor was observed while walking down the hallway on the unit, and in the common area.</p> <p>During an observation on 06/28/24 at 2:11 P.M., a strong urine odor was in the common area/dining room of the B-Hall secured unit.</p> <p>During an observation on 07/01/24 11:45 A.M., residents 95's room smelled strongly of urine. The resident's bedding was removed, and the bed left bare.</p> <p>During an observation on 07/02/24 at 1:34 P.M., there was a strong urine odor upon entering the B-Hall secured unit.</p> <p>During an interview on 07/01/24 at 3:29 P.M., the Head of Maintenance indicated he had been trying to control the urine smell on the B-Hall. New interventions were in place, but there was a resident that would constantly urinate on something then move a cart over top of it. They had installed new ventilation systems in the main building that maintain the building at one point five negative pressure. The system sucks the air out of the building constantly, but with the secured unit doors being closed it did not work as well back there. He indicated he was hoping to get a separate ventilation system for the B-Hall to help with the ventilation.</p>				<p>same deficient practice will be identified and what correction action(s) will be taken?</p> <p>1. All Residents that reside on B-Hall have the potential to be affected by this practice.</p> <p>2. ED, DNS or Designee, HSK, and Maintenance Director will review B-hall cleaning schedule and interventions to provide a home-like environment that is free of odor(s) by 7/12/24.</p> <p>3. DNS or Designee will educate all staff on Resident Rights policy and interventions to provide a home-like environment that is free of odor(s) by 7/17/24.</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 perform audits of B-Hall 5x weekly x2 weeks, then weekly x6 months. This plan will be revised as warranted.</p> <p>2 Inservice Nursing and Housekeeping staff members to:</p> <p>a. Reinforce the importance of prompt cleaning of floors and furniture following any unplanned urination</p> <p>b. Reinforce importance of toileting frequent urinators per Care Plan</p> <p>c. Removing soiled items / debris from handrails throughout the Unit</p> <p>d. Reinforce importance of prompt removal of soiled briefs to outside</p>		

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	<p>During an interview on 07/02/24 at 1:13 P.M., CNA (Certified Nurse Aide) 5 indicated there was an issue with urine on the floor on the B-Hall. One resident urinated randomly in their room and another resident was going into other residents' rooms and urinating.</p> <p>During an interview on 07/02/24 at 1:34 P.M., the housekeeping supervisor indicated there was a urine odor on the B-Hall. There were a few residents on the unit that urinated in different spots. They tried to keep up with moping, but they could not mop all day and the smell came right back. Last year there was an issue with the dining room recliners holding the urine odor so those had all been replaced. She believed they were trying to get a ventilation system to get the air moving more.</p> <p>The current facility policy, dated 01/02/24, titled, "Resident Rights" was provided by the administrator on 07/02/24 at 2:07 P.M. The Policy indicated, " ...The resident has a right to a safe, clean, comfortable, and homelike environment, including but not limited to receiving treatment and supports for daily living safely ..."</p> <p>3.1-19(f)(5)</p>				<p>trash containers</p> <p>e. Reinforce importance of prompt removal of soiled linens to the soiled laundry room</p> <p>3 Installing new replacement air freshening dispensers on B Hall</p> <p>4 Daily cleaning common area recliners and lounge chairs, with deep cleaning performed as needed</p> <p>5 Housekeeping to mop this unit's floors three times daily including a separate mopping system concentrating on urination areas with cleaners containing organic enzymes</p> <p>6 Housekeeping will assign consistent staffing for this unit for consistent outcomes</p> <p>7 Bids will be sought for additional air filtrations systems for this unit</p> <p>8 Bids will be sought to replace all resident bathroom's tile flooring</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 DHS or Designee will review any</p>		

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			<p>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> <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>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>		