

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

PRINTED: 10/31/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155670		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 10/07/2022	
NAME OF PROVIDER OR SUPPLIER  MAJESTIC CARE OF NEWBURGH				STREET ADDRESS, CITY, STATE, ZIP CODE 5233 ROSEBUD LANE NEWBURGH, IN 47630			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00391056.</p> <p>Complaint IN00391056 - Substantiated. Federal/State deficiencies related to the allegations are cited at F755.</p> <p>Survey date: October 7, 2022</p> <p>Facility number: 011049 Provider number: 155670 AIM number: 200258520</p> <p>Census Bed Type: SNF/NF: 87 Total: 87</p> <p>Census Payor Type: Medicare: 26 Medicaid: 45 Other: 16 Total: 87</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed October 12, 2022.</p>			F 0000	<p>By submitting the enclosed materials, we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility request that the plan of correction be considered our allegation of compliance effective 10-24-22 to the complaint survey completed on 10-6-2022. We respectfully request a paper review and will provide any additional information requested.</p>		
F 0755 SS=D Bldg. 00	<p>483.45(a)(b)(1)-(3) Pharmacy Srvcs/Procedures/Pharmacist/Records §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer</p>						

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

TITLE

(X6) DATE

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>drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>§483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Based on observation, interview, and record review, the facility failed to ensure medications were available as ordered by the physician for 3 of 4 residents reviewed for medications. (Resident B, Resident D, Resident G)</p> <p>Findings include:</p> <p>1. During an interview on 10/6/22 at 1:15 P.M., Resident B indicated he had gone several days without routine medications.</p> <p>On 10/6/22 at 10:45 A.M., Resident B's clinical</p>			F 0755	<p>F755 Careplans</p> <p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</b></p> <p>Resident B medication regimen was reviewed, and all prescribed medications are in stock and being administered timely. Resident B was assessed with no negative outcome.</p>		10/24/2022

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	<p>record was reviewed.</p> <p>The physician orders included, but were not limited to: Oxycodone (a narcotic pain medication) 15 mg (milligrams), every 3 hours (initiated 8/20/22 and discontinued on 9/6/22). Oxycodone 10 mg, every 6 hours (initiated on 9/6/22 and discontinued on 9/13/22). Oxycodone 10 mg, every 12 hours (initiated 9/14/22 and discontinued 9/20/22). Lorazepam (an anti-anxiety medication) 0.5 mg, four times a day (initiated 9/20/22).</p> <p>The MAR (Medication Administration Record) for September 2022, indicated the following medications were not administered: Oxycodone 15 mg was not administered on 9/5/22 and 9/6/22. Oxycodone 10 mg was not administered on 9/6/22, 9/16/22, 9/17/22, 9/18/22, 9/19/22, and 9/20/22. Lorazepam 0.5 mg was not administered on 9/23/22, 9/24/22, 9/25/22, and 9/26/22.</p> <p>Resident B's nurse's notes included, but were not limited to the following: On 9/5/22 at 10:12 A.M., oxycodone 15 mg, medication on order, awaiting script to be sent. On 9/6/22 at 1:29 A.M., oxycodone 15 mg not in stock. On 9/6/22 at 5:30 A.M., oxycodone 10 mg medication dose not available in EDK (Emergency Drug Kit). On 9/11/22 at 12:43 A.M., oxycodone 10 mg resident out of oxycodone 10 mg and Ativan (lorazepam) 0.5 mg. On 9/23/22 at 5:44 P.M., lorazepam 0.5 mg not available, pharmacy notified. On 9/24/22 at 4:51 P.M., lorazepam 0.5 mg</p>				<p>Resident D medication regimen was reviewed, and all prescribed medications are in stock and being administered timely. Resident D was assessed with no negative outcomes Resident G medication regimen was reviewed, and all prescribed medications are in stock and being administered timely. Resident G was assessed with no negative outcome.</p> <p><b>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken;</b> All residents that reside in the facility have the potential to be affected by the alleged deficient practice. 100 % medication and treatment cart audit completed 10/7/22 to ensure all medications ordered were in stock. DNS/ED will meet with pharmacy provider (Medscripts) on 10/11/22 to go through root cause analysis on medication unavailability.</p> <p><b>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur;</b> All nursing staff was educated on the Medication Reordering Process and following physician orders/plan of care by the</p>		

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	<p>medication not available. On 9/25/22 at 9:21 P.M., lorazepam 0.5 mg not in stock. On 9/26/22 at 8:37 A.M., lorazepam 0.5 mg not available.</p> <p>2. On 10/6/22 at 11:30 A.M., Resident D's clinical record was reviewed. The physician's orders included, but were not limited to, estrogens conjugated (a hormone replacement) tablet 0.625 mg, one time a day (initiated 7/14/22).</p> <p>Resident D's MAR for September 2022, indicated the following medications were not administered on the following dates: Estrogens conjugated tablet 0.625 mg was not administered on 9/22/22, 9/23/22, 9/24/22, 9/25/22, 9/26/22, and 9/27/22.</p> <p>Resident D's nurse's notes included, but were not limited to the following: On 9/22/22 at 8:05 A.M., estrogens conjugated 0.625 not available, reordered. On 9/24/22 at 8:50 A.M., medication not available. On 9/25/22 at 9:29 A.M., medication not available. On 9/26/22 at 9:01 A.M., medication not available. Have reached out to pharmacy on multiple occasions. On 9/27/22 at 8:28 A.M., medication reordered again.</p> <p>3. During an interview on 10/6/22 at 1:30 P.M., Resident G's family member indicated the resident had not received several ordered medications since their recent admission.</p> <p>On 10/6/22 at 1:45 P.M., Resident G's clinical record was reviewed. The physician orders included, but were not limited to: Tresiba (long acting insulin) Flex Touch Solution</p>				<p>DNS/designee on 10/7/22. DNS/ED established a secondary pharmacy provider (CVS) on 10/21/22 to ensure all medications are received timely.</p> <p><b>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;</b> QAPI tool Medication Cart audit will be completed weekly x 4 weeks, bimonthly x 2 and monthly x 4 months by DNS/designee. If 100% threshold is not achieved an action plan will be developed. This information will be presented to the QAPI committee during the monthly meeting.</p>		

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	<p>Pen-injector 200 unit/mL (milliliter), 30 units one time a day (initiated on 10/1/22 and discontinued on 10/4/22).</p> <p>Tresiba Flex Touch Solution Pen-injector 200 unit/mL, 30 units at bedtime (initiated on 10/4/22).</p> <p>Resident B's MAR for October 2022, indicated the following medications administered on the following dates:</p> <p>Tresiba Flex Touch Solution Pen 200 unit/mL 30 units was not administered on 10/1/22, 10/2/22, 10/3/22, 10/4/22, and 10/5/22.</p> <p>Resident B's nurse's notes included, but were not limited to the following:</p> <p>On 10/3/22 at 10:15 A.M., Tresiba Flex Touch Solution Pen 30 units unavailable.</p> <p>On 10/5/22 at 5:12 P.M., called pharmacy to verify status of resident's Tresiba and pharmacy stated that insulin has not been sent out.</p> <p>During an interview on 10/7/22 at 8:20 A.M., LPN 5 indicated they had been having trouble getting medications filled, especially for new admissions and for narcotic medications.</p> <p>On 10/7/22 at 10:30 A.M., the Facility Administrator supplied a facility policy titled, Medication Reordering, dated 2022. The policy included, "It is the policy of this facility to accurately and safely provide or obtain pharmaceutical services including the provision of routine and emergency medications and biological's in a timely manner to meet the needs of each resident."</p> <p>This Federal tag relates to Complaint IN00391056.</p> <p>3.1-25(a)</p>						