

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

PRINTED: 12/13/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155689		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 10/23/2023	
NAME OF PROVIDER OR SUPPLIER MAJESTIC CARE OF GOSHEN				STREET ADDRESS, CITY, STATE, ZIP CODE 2400 COLLEGE AVE GOSHEN, IN 46526			
(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 Complaints IN00420100, IN00419757, IN00418954, IN00419500, IN00419175 and IN00415801.</p> <p>Complaint IN00420100 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00419757 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00418954 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00419500 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00419175 - Federal/State deficiencies related to the allegations are cited at F609.</p> <p>Complaint IN00415801 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: October 21, 22 & 23, 2023</p> <p>Facility number: 000091 Provider number: 155689 AIM number: 100290080</p> <p>Census Bed Type: SNF/NF: 118 SNF: 11 Total: 129</p> <p>Census Payor Type: Medicare: 14 Medicaid: 78 Other: 37</p>			F 0000	<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. Due to the low scope and severity of these findings we respectfully request a desk review in lieu of a traditional revisit.</p>		

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

TITLE

(X6) DATE

Caley Nixon

Executive Director

11/03/2023

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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F 0609 SS=D Bldg. 00	<p>Total: 129</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed 10/25/2023.</p> <p>483.12(b)(5)(i)(A)(B)(c)(1)(4) Reporting of Alleged Violations §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:</p> <p>§483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p>						

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	<p>Based on interview and record review, the facility failed to ensure an allegation of abuse was reported timely, in 1 of 3 residents reviewed for allegations of abuse. (Resident D)</p> <p>Finding includes:</p> <p>On 10/21/23 at 11:01 P.M., a review of the clinical record for Resident D was conducted. The resident's diagnoses included, but were not limited to: heart failure, morbid obesity, diabetic and arthritis.</p> <p>A self-reported incident, dated 9/26/23 at 9:01 A.M., indicated "...9/28/23 On this date resident stated to staff that QMA [Qualified Medical Assistant] noted was verbally inappropriate with her during care on 9/26/23...." Resident D was immediately interviewed by Social Services Director and the Administrator and the QMA 2 was suspended pending the investigation.</p> <p>During an interview, on 10/21/23 at 11:33 AM, LPN 3 indicated QMA 2 came to her, on 9/26/23, with allegations of Resident D being verbally inappropriate to her and called her slang name. LPN 3 went to the Resident's room and assessed the situation and let Resident D tell her side of the story. She then told QMA 2 that she had to report the allegations the resident had made. LPN 3 had the QMA refrain from going back into the resident's room.</p> <p>During an interview, on 10/22/23 at 4:01 P.M., Resident D indicated QMA 2 came into her room, she asked her a question about the bed pan and QMA called her a "b***h told her nobody liked her and she wasn't going to deal with her and walked out of her room". The resident indicated she then called the QMA a "dumb a** b***h".</p>			F 0609	<p>F609- Reporting of Alleged Violations</p> <p>A It is the practice of this facility to ensure that all alleged violations are reported in a timely manner.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>Resident D – report was sent immediately upon receipt of concern to ED and subsequent follow-up has occurred with resident.</p> <p>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:</p> <p>All residents have the potential to be affected by this deficient practice. All reportable incidents and concerns reviewed to ensure that timely reporting has been completed.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</p> <p>All staff will be in-serviced on or before 11/3/2023. This in-service will be conducted by the Executive Director or Designee and will include a review of abuse prevention and reporting. The</p>		11/03/2023

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	<p>The resident indicated she heard the QMA accused her of making a racial slur, but the resident said she wouldn't ever say anything like that. The resident indicated she spoke to LPN 3 shortly after it happened, as LPN 3 had come to her to hear her version of what had taken place between them. The resident assumed LPN 3 had spoken to the Administrator.</p> <p>During an interview, on 10/22/23 at 5:43 P.M., the Administrator indicated LPN 3 had told the interim Director of Nursing, who didn't let the Administrator know of the occurrence. Then on the 28th the Social Service Director (SSD) had been talking with the resident and resident told her about the incident. The SSD went to Administrator and that is when investigation began and the incident was reported to the state.</p> <p>On 10/21/23 at 6:11 A.M., the Administrator provided a policy titled, "Abuse Prevention Program, dated 2/2018 and revised on 3/2022, and indicated the policy was the one currently used by the facility. The policy indicated."...When an alleged or suspected (reasonable cause) case of mistreatment, neglect, exploitation, injuries of unknown source, or abuse is reported, the facility Administrator, DON, or individuals designated will immediately (not to exceed 24 hours if the event does not result in serious bodily injury). NO LATER THAN 2 HOURS IF THE EVENT IS AN ALLEGATION OF ABUSE OR WHERE THERE IS SIGNIFICANT INJURY, OR NEGLECT WHERE THERE IS SERIOUS BODILY INJURY notify the following persons or agencies of such incident: 1. The State licensing/certification agency...Any individual observing an incident of resident abuse or suspecting resident abuse must immediately report such incident to the Administrator or Director of Nursing or designee...."</p>				<p>Executive Director/Designee will audit all reportable and concerns weekly to ensure all have been reported and followed up in a timely manner.</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: Ongoing compliance with this corrective action will be monitored through the facility Quality Assurance and Performance Improvement Program. The Executive Director/Designee will be responsible for completing the QAPI Audit tools labeled "Abuse Prohibition and Investigation" weekly for 4 weeks and monthly for at least 6 months. If 100% is not achieved an action plan will be developed. Findings will be submitted to the Quality Assurance and Performance Improvement Committee for review and follow-up.</p> <p>By what date the systemic changes will be completed: 11/3/2023 Compliance Date = 11/3/2023</p>		

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	This Federal tag relates to complaint IN00419175. 3.1-28(c)						