

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

PRINTED: 09/24/2024

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 09/04/2024	
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	<p>This visit was for the Investigation of Complaint IN00439556.</p> <p>Complaint IN00439556 - No deficiencies related to the allegations are cited.</p> <p>Unrelated deficiencies cited.</p> <p>Survey dates: September 3 and 4, 2024.</p> <p>Facility number: 010996 Provider number: 155665 AIM number: 200232210</p> <p>Census Bed Type: SNF/NF: 110 Total: 110</p> <p>Census Payor Type: Medicare: 5 Medicaid: 94 Other: 11 Total: 110</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on September 11, 2024.</p>		F 0000	<p>Survey Event ID: OW8911 Cycle Start Date: 9/4/24 <u>F609 – Reporting of Alleged Violations</u> What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? 1 Resident C was identified during the time of observation. The DNS and ED were educated on reporting all alleged violations on 9/3/24.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what correction action(s) will be taken? 1 All residents have the potential to be affected by the deficient practice. Incident reported to ISDOH 9/3/24. No further corrective action was 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? 1 DNS and ED educated on reporting all alleged violations on 9/3/24.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what</p>			

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

TITLE

(X6) DATE

Katie

Mollenhoff

09/17/2024

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 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>quality assurance program will be put into place?</p> <p>1 For quality assurance, the DNS or Designee will review any alleged incidents 5 days a week during clinical meeting x6 months.</p> <p>Findings will be reported at the QA meeting monthly x6 months and will continue until 100% compliance is achieved.</p> <p>-</p> <p>-</p> <p>-</p> <p>-</p> <p><u>F610 – Investigate/Prevent/Correct Alleged Violation</u></p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>2 1. Resident C was identified during the time of observation. The DNS and ED were educated on investigation 9/3/24.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what correction action(s) will be taken?</p> <p>1. All Residents have the potential to be affected by this</p>		

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			<p>practice.</p> <p>2. DNS or Designee will educate all management staff on Abuse Education and Resident Rights policy and proper steps of an investigation of alleged violations by 9/17/24.</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 alleged violations as they occur to ensure an investigation was completed per policy. 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 DNS or Designee will review any findings 5 days a week during clinical meeting x6 months.</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</p>		

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F 0609 SS=D Bldg. 00	<p>483.12(b)(5)(i)(A)(B)(c)(1)(4) Reporting of Alleged Violations</p> <p>Based on interview and record review, the facility failed to report an allegation of verbal abuse in a timely manner for 1 of 3 residents reviewed for reporting of alleged violations. (Resident C)</p> <p>Findings include:</p> <p>During an interview on 09/04/24 at 8:38 A.M., Resident C indicated that a girl that worked at the facility had called him a B**** last week. He was unsure of their name but believed other staff had reported it.</p> <p>During an anonymous staff interview, between 09/03/24 and 09/04/24, Staff 102 indicated that on 08/29/24, LPN (Licensed Practical Nurse) 3 was very rude to Resident C and was verbally abusive. The LPN was yelling at the resident over the top of the nurse's station. It was reported to the DON.</p> <p>During an anonymous staff interview, between 09/03/24 and 09/04/24, Staff 103 indicated that on</p>			F 0609	<p>regulation. This provider respectfully requests that State Report Plan of Correction be considered the Letter of Credible Allegation. This provider alleges compliance as of September 18, 2024. 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>F609 – Reporting of Alleged Violations</u> What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? 1 Resident C was identified during the time of observation. The DNS and ED were educated on reporting all alleged violations on 9/3/24.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what correction action(s) will be taken? 1 All residents have the potential to be affected by the deficient practice. Incident reported to ISDOH 9/3/24. No further corrective action was</p>		09/18/2024

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	<p>08/29/24, LPN 4 was cussing/yelling at Resident C and pointing her finger at him over the top of the nurse's station. The resident told her that she was upsetting him. She started to walk away from the resident and said, "Someone better get him the F*** away from me because the B*** nurse in me is about to come out." The DON was notified of the situation.</p> <p>During an interview on 09/04/24 at 9:04 A.M., the DON indicated it was reported to her that there was a situation with Resident C and LPN 4. She was told that LPN was verbally abusive to Resident C on 08/29/24. She had called the Executive Director and started an investigation immediately. It was determined that abuse had not occurred, and the nurse was able to finish her shift that night. She had asked the Executive Director if the nurse needed to be removed from the floor, and the ED deemed that the nurse was stern with the resident. She was trying to get him to turn his radio down due to over stimulation. She had talked with Resident C the next morning after the incident and he had no concerns and was his usual self. After talking with the new Executive Director and Clinical Support Nurse it was determined that the allegation needed to be reported. The incident was reported to the Indiana Department of Health on 09/03/24.</p> <p>During an interview on 09/04/24 at 9:59 A.M., the DON indicated she did not come into the building the night of the incident on 08/29/24. She did everything via phone. She had talked with the resident the following day.</p> <p>The investigation report for the, 8/29/24, allegation between Resident C and LPN 4 was reviewed. The investigation lacked an interview with Resident C or any other residents in the</p>				<p>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? 1 DNS and ED educated on reporting all alleged violations on 9/3/24.</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? 1 For quality assurance, the DNS or Designee will review any alleged incidents 5 days a week during clinical meeting x6 months.</p> <p>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. This provider respectfully requests that State Report Plan of Correction be considered the Letter of Credible Allegation. This provider alleges compliance as of September 18, 2024. The facility respectfully</p>		

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F 0610 SS=D Bldg. 00	<p>facility.</p> <p>The current facility policy titled, "ABUSE, MISTREATMENT, NEGLECT, EXPLOITATION, AND MISAPPROPRIATION", dated 01/02/24, was provided by the Regional Clinical Support on 09/04/24 at 2:04 P.M. The policy indicated, "...It is the facilities policy to investigate all alleged violations involving Abuse, Neglect, Misappropriation of Resident Property, Exploitation or Mistreatment, including Injuries of Unknown Source, in accordance with this policy and to ensure that all individuals who report such incidents and allegations are free from retaliation or reprisal for reporting the incident...Initial Report ...Timing ...Department of Health. If abuse is alleged ...If any form of abuse is alleged (e.g., physical, verbal,etc.) ...related to any other reportable incident. The Administrator or his/her designee will notify the Department of Health immediately, but no later than 2 hours after the allegation is made ..."</p> <p>3.1-28(c)</p> <p>483.12(c)(2)-(4) Investigate/Prevent/Correct Alleged Violation</p> <p>Based on interview and record review, the facility failed to appropriately investigate an allegation of abuse for 1 of 3 residents reviewed for abuse. (Resident C)</p> <p>Findings include:</p> <p>During an interview on 09/03/24 at 10:01 A.M., CNA (Certified Nurse Aide) 2 indicated she had heard that a nurse had gotten into a resident's face last Thursday, 08/29/24. She wasn't working at the time of the incident but had heard about it.</p>			F 0610	<p>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>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>1 1. Resident C was identified during the time of observation. The DNS and ED were educated on investigation 9/3/24.</p> <p>How other residents having the potential to be affected by the same deficient practice will be</p>		09/18/2024

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	<p>She believed someone had reported it to the DON (Director of Nursing).</p> <p>During an anonymous staff interview, between 09/03/24 and 09/04/24, Staff 102 indicated that on 08/29/24, LPN (Licensed Practical Nurse) 3 was very rude to Resident C and was verbally abusive. The LPN had yelled at the top of her lungs that no one wanted to listen to his F***ing music. She was yelling at the resident over the top of the nurse's station. The nurse had turned away from the resident and said, "You better get him the F*** away from me." It was reported to the DON.</p> <p>During an anonymous staff interview, between 09/03/24 and 09/04/24, Staff 103 indicated that on 08/29/24, LPN 4 was cussing/yelling at Resident C and pointing her finger at him over the top of the nurse's station. She was telling him to shut up and that no one wanted to listen to his stupid music. The nurse had turned away from the resident and the resident had said something. The nurse turned back and asked what the resident had said, and no one had answered her, so the nurse asked the resident what he had said. The resident told her that she was upsetting him. She started to walk away from the resident and said, "Someone better get him the F*** away from me because the B*** nurse in me is about to come out." The LPN walked off the hallway and the resident remained where he was crying and upset. The DON was notified of the situation.</p> <p>During an anonymous staff interview, between 09/03/24 and 09/04/24, Staff 104 indicated that on 08/29/24, there was another resident sitting at the nurse's station being very loud. She was yelling for her family. Resident C had turned the music up really loud, to drown her out the other resident's yelling.</p>				<p>identified and what correction action(s) will be taken?</p> <p>1. All Residents have the potential to be affected by this practice.</p> <p>2. DNS or Designee will educate all management staff on Abuse Education and Resident Rights policy and proper steps of an investigation of alleged violations by 9/17/24.</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 alleged violations as they occur to ensure an investigation was completed per policy. 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 DNS or Designee will review any findings 5 days a week during clinical meeting x6 months.</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</p>		

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	<p>During an interview on 09/04/24 at 8:38 A.M., Resident C indicated that a girl that worked at the facility had called him a B**** last week. He was unsure of their name but believed other staff had reported it.</p> <p>During an interview on 09/04/24 at 9:04 A.M., the DON indicated it was reported to her that there was a situation with Resident C and LPN 4. She was told that LPN was verbally abusive to Resident C on 08/29/24. She had called the Executive Director and started an investigation immediately. It was determined that abuse had not occurred, and the nurse was able to finish her shift that night. She had asked the Executive Director if the nurse needed to be removed from the floor, and the ED deemed that the nurse was stern with the resident trying to get him to turn his radio down due to over stimulation. She had talked with Resident C the next morning after the incident and he had no concerns and was his usual self.</p> <p>During an interview on 09/04/24 at 9:59 A.M., the DON indicated she did not come into the building the night of the incident on 08/29/24. She did everything via phone. She had talked with the resident the following day. When investigating allegations of abuse, she would make sure the resident was safe, and talk with staff and other residents. The aides had talked with the resident that night, but they did not initiate an investigation, it was to be done by the Executive Director. The Social Service Director usually talked to the other residents but that was not done.</p> <p>The investigation report for the, 8/29/24, allegation between Resident C and LPN 4 was</p>				<p>constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or any violation of regulation.</p> <p>This provider respectfully requests that State Report Plan of Correction be considered the Letter of Credible Allegation.</p> <p>This provider alleges compliance as of September 18, 2024.</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>		

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	<p>reviewed. The investigation lacked an interview with Resident C or any other residents in the facility. The DON had talked with 5 staff members.</p> <p>The current facility policy titled, "ABUSE, MISTREATMENT, NEGLECT, EXPLOITATION, AND MISAPPROPRIATION", dated 01/02/24, was provided by the Regional Clinical Support on 09/04/24 at 2:04 P.M. The policy indicated, "...It is the facilities policy to investigate all alleged violations involving Abuse, Neglect, Misappropriation of Resident Property, Exploitation or Mistreatment, including Injuries of Unknown Source, in accordance with this policy and to ensure that all individuals who report such incidents and allegations are free from retaliation or reprisal for reporting the incident...Investigation Protocol. The person investigating the incident should generally take the following actions: Interview the resident, the accused, and all witnesses...If the allegation involves abuse/neglect, interview other residents, as appropriate, to determine if they may have been affected by the accused staff member or resident..."</p> <p>3.1-28(d)</p>						