

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

PRINTED: 10/16/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155491		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/27/2024	
NAME OF PROVIDER OR SUPPLIER MAJESTIC CARE OF CONNERSVILLE				STREET ADDRESS, CITY, STATE, ZIP COD 1029 E 5TH STREET CONNERSVILLE, IN 47331			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 IN00444020, IN00443547, IN00443572, IN00442865, IN00442679, IN00442680, IN00442683, IN00442699 and IN00442719.</p> <p>Complaint IN00444020 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00443547- Federal/State deficiencies related to the allegations are cited at F-925.</p> <p>Complaint IN00443572- No deficiencies related to the allegations are cited.</p> <p>Complaint IN00442865 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00442679 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00442680 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00442683 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00442699 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00442719 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: September 25, 26, & 27 2024</p> <p>Facility number: 000316 Provider number: 155491</p>			F 0000	<p>The plan of correction submitted is our credible allegation of compliance. We respectfully request a desk review in lieu of a post survey revisit.</p>		

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

TITLE

(X6) DATE

Matt Elwell

HFA

10/11/2024

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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F 0925 SS=E Bldg. 00	<p>AIM number: 100286370</p> <p>Census Bed Type: SNF/NF: 76 Total: 76</p> <p>Census Payor Type: Medicare: 3 Medicaid: 64 Other: 9 Total: 76</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on September 30, 2024.</p> <p>483.90(i)(4) Maintains Effective Pest Control Program</p> <p>Based on observation, interview, and record review the facility failed to maintain the entry door into the main kitchen resulting in rodents entering the (west) building for 1 of 2 kitchens observed. This had the potential to affect the 42 residents that resided in the west building.</p> <p>Findings include:</p> <p>The resident listing provided by the Administrator on 9/25/24 at 11:00 a.m., indicated there were 42 residents residing in the west building.</p> <p>During an observation and interview with the Dietary Manager on 9/25/24 at 11:05 a.m., there were mice traps set in the west building kitchen and the east kitchen. The Dietary Manager indicated a pest control company came every month and checked the traps.</p>			F 0925	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? The exterior entry door to the kitchen has been scheduled to be replaced on or before 11/30/2024. On 10/8/2024 the Maintenance Director added improvements to the door to ensure it adequately prevents pests from entering the building while we wait for a new door. 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? All residents have the potential to be affected by the deficient practice.</p>		10/08/2024

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	<p>During an observation on 9/25/24 at 12:30 p.m., the west building kitchen door to the outside was shut and did not have a seal around the door.</p> <p>During an interview with Licensed Practical Nurse (LPN) 1 on 9/25/24 at 1:28 p.m., indicated she had seen a mouse in Resident H's room in the west building last week and reported it to the Maintenance staff.</p> <p>During an interview with the Pest Control Technician on 9/26/24 at 11:32 a.m., indicated he was the technician that serviced the facility monthly, and they had an ongoing problem with mice in the west building. The Pest Control Technician indicated from his assessment of the facility the cause was from the kitchen door from the kitchen to the outside not sealing all the way, shutting all the way and staff propping the door open. The Pest Control Technician indicated he had talked with the head of maintenance about the door.</p> <p>During an observation and interview with the Dietary Manager in Training on 9/26/24 at 1:18 p.m., there was a brick located to the right of the exterior kitchen door in the west building. The Dietary Manager in Training indicated staff used the brick to prop open the kitchen door when dietary staff were coming in and out and the dietary staff did not close the door all the way to latch because it locked.</p> <p>During an interview with the Maintenance Director on 9/27/24 at 11:14 a.m., indicated he had attempted to fix the kitchen door in the west building numerous times, but it needed replaced. There had been multiple times the Pest Control Technician had taken a rock out of the door where</p>				<p>On 10/8/2024 the Maintenance Director and Executive Director have conducted an audit of all exterior doors of the East and West buildings to identify and replace any doors that are not sealing or closing properly.</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? All dietary staff were educated on 10/8/2024, that the doors cannot be propped open or kept open for any length of time. The Maintenance Director or Executive Director or their designee will round the facility 5X weekly for 4 weeks and then weekly for 2 months to ensure the west exterior kitchen door is shut and not propped open.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice does not recur, i.e., what quality assurance program will be put into place? The Executive Director will bring results of the monthly audits to monthly QAPI meeting to review with Department Heads to determine if additional action or auditing needs to be added in order to remain in compliance. Audits will be reviewed by the QAPI Committee until such a time consistent substantial compliance has been achieved as determined by the</p>		

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	<p>staff had propped it open. The dietary staff say they prop the door open because it locks when they shut it, and they cannot get back in. The dietary staff broke the lock mechanism off the doorknob.</p> <p>The pest control report for the west building, dated 5/24/24, indicated the action required was to keep the kitchen door shut to avoid pest entry and/or fix the door so it would fully close. The door was observed to be slightly open and was often propped open. It was unclear if the door could close properly. The door was opened on 3/29/24. The rodent traps had two house mice in them.</p> <p>The pest control report for the west building, dated 6/24/24, indicated there were two deer mice in the rodent trap.</p> <p>The pest control report for the west building, dated 7/29/24, indicated there was one house mouse in the rodent trap.</p> <p>The pest control report for the west building, dated 8/26/24, indicated the action required was to keep the kitchen door shut to avoid pest entry and/or fix the door so it would fully close. The door was observed to be slightly open and was often propped open. It was unclear if the door could close properly.</p> <p>The pest control report for the west building, dated 9/20/24, indicated the action required was to keep the door shut to avoid pest entry and/or fix the door so it would fully close. The door was observed slightly open and was often found propped open. It was unclear if the door could close properly. There was one house mouse in the rodent trap.</p>				committee.		

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	The pest control policy provided by the Administrator on 9/27/24 at 11:05 a.m., indicated it was the facilities policy to maintain an effective pest control program that eradicates and contains common household rodents. This citation relates to Complaint IN00443547. 3.1-19(f)(4)						