

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

PRINTED: 06/06/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155207		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/12/2023	
NAME OF PROVIDER OR SUPPLIER  MAJESTIC CARE OF NEW HAVEN				STREET ADDRESS, CITY, STATE, ZIP CODE 1201 DALY DRIVE NEW HAVEN, IN 46774			
(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 a Recertification and State Licensure Survey. This visit included the investigation of complaints IN00406133, IN00406429, IN00406523, IN00406930, IN00406935, IN00406945, IN00407313, and IN00407498. This visit was in conjunction with the investigation of complaint IN00408066. This visit was also in conjunction with the Post Survey Revisit (PSR) to the Investigation of Complaint(s) IN00405006 and IN00405242 completed on April 4, 2023.</p> <p>Complaint IN00406133 -No deficiencies related to the allegations are cited.</p> <p>Complaint IN00406429 -No deficiencies related to the allegations are cited.</p> <p>Complaint IN00406523 -No deficiencies related to the allegations are cited.</p> <p>Complaint IN00406930 -No deficiencies related to the allegations are cited.</p> <p>Complaint IN00406935 -No deficiencies related to the allegations are cited.</p> <p>Complaint IN00406945 -No deficiencies related to the allegations are cited.</p> <p>Complaint IN00407313 -No deficiencies related to the allegations are cited.</p> <p>Complaint IN00407498 -No deficiencies related to the allegations are cited.</p> <p>Survey dates: May 5, 8, 9, 10, 11, and 12, 2023.</p>			F 0000			

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

TITLE

(X6) DATE

Shawn Blackburn

RN, Regional Nurse Consultant

06/03/2023

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 0761 SS=E Bldg. 00	<p>Facility number: 000114 Provider number: 155207 AIM number: 100266640</p> <p>Census Bed Type: SNF/NF: 91 Total: 91</p> <p>Census Payor Type: Medicare: 4 Medicaid: 66 Other: 21 Total: 91</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed May 22, 2023</p> <p>483.45(g)(h)(1)(2) Label/Store Drugs and Biologicals §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>§483.45(h) Storage of Drugs and Biologicals</p> <p>§483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>§483.45(h)(2) The facility must provide separately locked, permanently affixed</p>						

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	<p>compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>Based on observation and interview the facility failed to ensure proper labeling of medications for 3 of 3 medication carts reviewed, affecting 5 of 10 residents reviewed. (Resident 81, Resident 72, Resident 23, Resident 28, and Resident 55)</p> <p>Findings include:</p> <p>Findings include:</p> <p>During an observation and interview, on 5/5/23 at 1:59PM, with LPN 4 opened bottles of insulin were observed in the top middle drawer of the 300 hall cart. The bottles of opened insulin were not labeled with open dates. 4 blue pill bottles, labeled insulin were observed to be open without an open date.</p> <p>During an interview on 5/5/23 at 1:59PM, LPN 999 indicated she was unable to ascertain when the insulin was removed from the refrigerator. She indicated insulin was able to be administered safely up to 30 days after the open date.</p> <p>Resident 81's open lispro insulin was observed in the drawer and was not labeled with an open date on bottle or original packaging.</p> <p>There were 3 vials of insulin belonging to patients who no longer resided in the facility.</p> <p>In the bottom drawer of 300 hall cart was a bottle</p>			F 0761	<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. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and respectfully requests a Post Survey Desk Review.</p> <p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice: Residents 81, 72, 23,28, and 55 medications were replaced and labelled accordingly. Medications destroyed that belonged to residents no longer residing in the facility. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken: All medication carts audited and items replaced and labelled accordingly. What measures will be put into place and what systemic changes will be made to ensure that the deficient practice</p>		05/22/2023

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	<p>of opened MiraLAX, labeled with no open date was observed for Resident 72.</p> <p>1) Resident 81's record review on 5/8/23 at 2:10PM indicated he had the diagnosis of Type 2 Diabetes.</p> <p>Lispro insulin was ordered by the physician for Resident 81 on 4/13/23, on a sliding scale, dependent on blood sugar four times per day.</p> <p>A reivew of May 1st to May 7th MAR (Medication Administration Record) indicated he received Lispro insulin four times a day on each of those days.</p> <p>2) Resident 72's record review on 5/8/23 at 2:16PM indicated she had a diagnosis of constipation.</p> <p>MiraLAX was ordered by the physician for Resident 72 on 8/22/22 daily for constipation.</p> <p>A review of the May 1st to May 7th MAR indicated the physician orders she received MiraLAX once daily and did not receive any as needed MiraLax.</p> <p>An observation of two 300 hall carts on 5/5/23 at 2:18PM, observed the following medications without an open date: Gargin insulin pen with pharmacy labeled for Resdient 23 an insulin bottle (aspart) pharmacy labeled for Resident 28 an insulin pen (Novolog) with Resident 55's first initial and last name; there was no pharmacy label an inhaler with Resident 55's Advair discus was labeled with his first initial and last name, no pharmacy label available a liquid potassium with Resident 28's label</p>		<p>does not recur: Licensed nurses and Qualified Medication Assistants were educated on medication storage and labelling on 5.15.2023 by DNS with each individual staff member verbally. How the corrective action will be monitored to ensure the deficient practice does not recur, what quality assurance program will be put into place: Director of Nursing/Designee will audit medication carts 5 times weekly for 1 month, then 3 times weekly for 2 months, then weekly for 3 months. Audits will be submitted to QAPI monthly for 6 months to ensure increased compliance. QAPI Committee may modify frequency and duration based on percentage of compliance.</p>				

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	<p>an open lactulose liquid labeled with Resident 28's orders</p> <p>3) Resident 23's record review on 5/8/23 at 2:18PM indicated they had a diagnosis of type 2 diabetes.</p> <p>Resident 23 had physician orders for Glargine insulin pen 28 units in the am dated 12/21/22 and 54units at bedtime started on 12/20/22.</p> <p>A review of the May 1st to May 7th MAR indicated he received Glargine twice daily as ordered.</p> <p>4) Resident 28's record review on 5/8/23 at 2:23PM indicated she had diagnoses of type 2 diabetes and gastro-esophageal reflux disease.</p> <p>Resident 28 had a physician order for potassium citrate 40meq daily dated 4/23/23.</p> <p>A review of the May 1st to May 7th MAR indicated she received potassium citrate daily.</p> <p>Resident 28 had a physician order dated 4/23/23 for Aspart 8 units with meals three times per day.</p> <p>A review of the May 1st to May 7th MAR indicated she received insulin three times per day.</p> <p>Resident 28 had a physician order for lactulose dated 4/22/23 45 ml three times per day.</p> <p>A review of the May 1st to May 7th MAR indicated she received lactulose three times daily.</p> <p>5) Resident 55's record review on 5/8/23 at 2:27PM, indicated he had diagnoses included type 2 diabetes and emphysema.</p>						

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F 0812 SS=E Bldg. 00	<p>Resident 55 had a physician order for Humalog 18 units at bedtime dated 5/3/23.</p> <p>A review of the May 1st to May 7th MAR indicated he received insulin nightly.</p> <p>Resident 55 had a physician order for Advair Discus 1 puff twice daily dated 2/2/23.</p> <p>A review of the May 1st to May 7th MAR indicated he received inhaler two times per day.</p> <p>In an interview on 5/5/23 at 3:10 PM, the Regional Nurse Consultant indicated medications should have been labeled with resident name, the prescription, and an open date.</p> <p>A current facility policy, Storage of Medication, dated 4/2019, was provided by the regional nurse consultant on 5/5/23 at 3:10PM, The policy indicated, " ....2. Drugs and biologicals are store in the packaging, containers or other dispensing systems in which they are received ...10. Resident medications are stored separately from each other to prevent the possibility of mixing medications between residents..."</p> <p>3.1-25(j)(m) and (n)</p> <p>483.60(i)(1)(2) Food Procurement,Store/Prepare/Serve-Sanitary §483.60(i) Food safety requirements. The facility must -</p> <p>§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</p>						

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	<p>applicable State and local laws or regulations.</p> <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.</p> <p>Based on observation, record review, and interview, the facility failed to ensure dishes, service ware, and utensils were cleaned and sanitized at the proper temperatures and stored in a sanitary manner. 90 of 91 residents were served food from the facility kitchen.</p> <p>Findings include:</p> <p>During the initial kitchen tour, with the Food Service Director, on 5/5/23 at 8:57 AM, the handwashing sink in the dishwashing area was observed to have brown, dust like debris on the top surface of the sink and near the faucet handles. A clipboard with a document, titled Dish Machine Log, dated May 2023, was observed on the sink, resting between the faucet handles and the wall.</p> <p>A review of the Dish Machine Log, dated May 2023, indicated dish wash and rinse temperatures recorded for breakfast and dinner on 5/1/23, 5/2/23, and 5/3/23. There were no wash or rinse temperatures recorded for lunch on these days. There were no wash or rinse temperatures recorded for any meal on 5/4/23. A copy of this Dish Machine Log was provided by the Food Service Manager on 5/5/23 at 11:59 AM.</p> <p>On 5/5/23 at 9:37 AM, a 2-shelf metal cart, in the</p>			F 0812	<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. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and respectfully requests a Post Survey Desk Review.</p> <p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice: Areas identified in kitchen sanitation been cleaned and dish temps are accurate. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken: No additional residents were affected What measures will be put into place and what systemic changes will</p>		05/29/2023

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	<p>kitchen prep area, was observed to have brown dust like debris on the bottom shelf. There were 2 metal muffin pans sitting, upside down, on the bottom shelf.</p> <p>On 5/5/23 at 9:57 AM, the shelf above the steam table was observed to have 3 labels, indicating scoop sizes, attached along the edge of the shelf with tape. The lower edge of the tape was loose and dangling. The labels and tape were covered with brown dust like debris and the lower edge of the tape had several small black blotches on it.</p> <p>On 5/5/23 at 10:03 AM, the shelf below the food prep area was observed to have white, hard plastic sheets on top of the shelf's rusty colored surface. The white plastic sheets had broken corners and were covered with brown dust like debris. Several metal cooking pans were stacked on the shelf, some upside down.</p> <p>On 5/5/23 at 10:08 AM, 3 cabinets located below the service window were observed to have reddish brown dried splatters on the drawers and cabinet doors. The handles were observed to be missing on the right door of the middle cabinet and both doors of the right cabinet. The right cabinet doors had tape across the doors but did not stay closed. The shelves inside each cabinet were observed to be covered with brown and tan dust like debris. The right cabinet contained small white glass bowls and plates. No dust or debris was observed on the bowls and plates.</p> <p>On 5/10/23 at 1:40 PM, a tour of the kitchen was completed with the Administrator and Food Service Director. A 2-shelf metal cart, in the kitchen prep area, was observed to have tan dust like debris on the top shelf. This shelf held a large mixer, covered with a plastic covering. Brown dust like debris was observed on the bottom shelf.</p>				<p>be made to ensure that the deficient practice does not recur: Dietary staff education completed on 5.22.2023 by Dietary Manager. Staff educated on all food preparation areas, food service areas and dining areas being maintained in a clean and sanitary condition, all foodservice equipment being clean, sanitary, free of debris and in proper working order, temp logs being maintained, and labeling and dating. How the corrective action will be monitored to ensure the deficient practice does not recur, what quality assurance program will be put into place: Dietary Manager/Designee will monitor dish temps and sanitation logs 5 times weekly for 1 month, then 3 times weekly for 1 month, then weekly for 4 months. Audits will be submitted to QAPI monthly for 6 months to ensure increased compliance. QAPI Committee may modify frequency and duration based on percentage of compliance.</p>		



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	<p>There were 2 metal muffin pans sitting, upside down, on the bottom shelf. The shelf above the steam table was observed to have 3 labels, indicating scoop sizes, attached along the edge of the shelf with tape. The lower edge of the tape was loose and dangling. The labels and tape were covered with brown dust like debris and the lower edge of the tape had several small black blotches on it. The 3 cabinets located below the service window were observed to have reddish brown dried splatters on the drawers and cabinet doors. The handles were present on all doors of the cabinets. The right cabinet door handles were rubber banded but were not closed. The shelves inside each cabinet were observed to be covered with brown and tan dust like debris. The right cabinet contained small white glass bowls and plates. The Administrator and Food Service Manager indicated there was debris on the 2-shelf metal cart, on the labels and tape attached to the shelf above the steam table, and on the drawers, the doors, and the shelves inside the 3 cabinets located below the service window. The Food Service Manager indicated she would educate her staff. The Administrator instructed the Food Service Manager to have her staff clean all the dirty areas in the kitchen before leaving today. During an observation on 5/10/23 at 2:05 PM, with the Administrator and Food Service Director present, Cook 9 and Dietary Aide 10 were observed doing dishes. The Food Service Director and Cook 9 indicated the left thermometer dial on the dishwasher was for the wash temperature and the right thermometer dial on the dishwasher was for the rinse temperature. Dietary Aide 10 was observed putting a tray of dishes into the dish washer. The left dial on the dish washer read 188 degrees. There was an audible pause, then, the left dial was observed to be 190 degrees. The right dial was on 150 degrees the entire cycle.</p>						

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	<p>On 5/10/23 at 2:10 PM, Dietary Aide 10 was observed putting a tray of dishes into the dish washer. The left dial on the dishwasher read 188 degrees, followed by a pause, then, was observed to be 192 degrees. The right dial was on 150 degrees the entire cycle. The Food Service Director indicated she would call Eco Lab to determine if there was a malfunction.</p> <p>A Dish Machine Log, dated April 2023, was provided by the Food Service Director on 5/5/23 at 11:59 AM. The Dish Machine Log indicated rinse water temperatures were below 180 degrees on : 4/9/23 dinner 179 degrees, 4/10/23 breakfast 140 degrees, and lunch 140 degrees, 4/11/23 breakfast 140 degrees, and lunch 140 degrees, 4/12/23 temperatures were marked out for breakfast, 4/13/23 breakfast 150 degrees, and lunch 150 degrees, 4/15/23 breakfast 140 degrees, lunch 150 degrees, and dinner 160 degrees, 4/16/23 breakfast 160 degrees, 4/17/23 breakfast 160 degrees, 4/18/23 breakfast 155 degrees, 4/23/23 breakfast 176 degrees, 4/26/23 breakfast 170 degrees, 4/27/23 173 degrees, 4/28/23 breakfast 178 degrees, 4/29/23 lunch 176 degrees, and 4/30/23 176 degrees.</p> <p>A document, titled Eco Lab Extra Service Request, was provided by the Administrator on 5/9/23 at 8:40 AM. The Extra Service Request indicated the Food Service Director had requested a service call because the facility dish machine was chattering and not getting to the proper temperature. The technician indicated the pump intake screen was found hanging from the side of the wash tank, under the scrap screen, bending the float switches. The Food Service Director indicated she did not know what the screen was. The technician indicated staff was witnessed spraying off racks inside the dish machine with presprayer cold water. The technician indicated float switches were repaired and tests were run on the machine</p>						

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	<p>multiple times watching it acquire the proper temperature. The technician indicated staff was trained on the pump screen, floats, and machine use.</p> <p>A Document, titled Healthcare Services Group, Inc. Thursday Cleaning Assignments, dated 5/4/23, was provided by the Administrator on 5/9/23 at 8:40 AM. The document indicated the cleaning assignments on 5/4/23 included clean steam tables and sanitize all carts top and bottom. These assignments had initials indicating an employee's name and a signature indicating the supervisor's sign off next to them. The assignment, clean the top and bottom of all prep tables had no employee initials or supervisor sign off signature. On 5/5/23 at 9:37 AM, a 2-shelf metal cart, in the kitchen prep area, was observed to have brown dust like debris on the bottom shelf. There were 2 metal muffin pans sitting, upside down, on the bottom shelf. On 5/5/23 at 9:57 AM, the shelf above the steam table was observed to have 3 labels, indicating scoop sizes, attached along the edge of the shelf with tape. The lower edge of the tape was loose and dangling. The labels and tape were covered with brown dust like debris and the lower edge of the tape had several small black blotches on it. On 5/5/23 at 10:03 AM, the shelf below the food prep area was observed to have white, hard plastic sheets on top of the shelf's rusty surface. The white plastic sheets had broken corners and were covered with brown dust like debris. Several metal cooking pans were stacked on the shelf, some upside down.</p> <p>A Document, titled Healthcare Services Group, Inc. Sunday Cleaning Assignments, dated 5/7/23, was provided by the Administrator on 5/9/23 at 8:40 AM. The document indicated the cleaning assignments on 5/7/23 included the hand sink. This assignment had initials indicating employee</p>						

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	<p>name and initials indicating supervisor's sign off next to it. During an observation, on 5/8/23 at 11:30 to 11:40 AM, the handwashing sink in the dishwashing area was observed to have brown and gray dust like debris on the top surface of the sink and near the faucet handles.</p> <p>In an interview on 5/5/23 at 11:59 AM, the Food Service Director indicated the dishwasher temperatures were not completed at lunch on 5/1/23, 5/2/23, and 5/3/23 because the dishwasher for lunch was new, hired 2 weeks ago. The Food Service Director indicated the dishwasher was given education on checking and recording dishwasher temperatures on the Dish Machine Log.</p> <p>In an interview on 5/10/23 at 2:00 PM, with the Administrator present, the Food Service Director indicated she would sign off on the cleaning schedule after the staff signed indicating the designated area listed on the cleaning schedule was cleaned. The Food Service Manager indicated she would come in intermittently on weekends or check on Monday for the weekend cleaning assignments. The Food Service Director indicated the facility uses a high temperature dish machine. The Food Service Director indicated if the dish machine did not achieve the proper temperatures, she would call Eco Lab and they usually come the same day to check and service the machine. The Food Service Director indicated she had called Eco Lab on 4/24/23 due to the dish machine was not reaching proper temperatures. She indicated Eco Lab came that day to check and repair the machine. The Food Service Manager indicated they used paper and plastic plates and tableware for residents in the dining room and had enough properly cleaned dishes and tableware for the residents eating in their rooms. The Food Service Manager indicated she was not aware of the rinse temperatures being below 180 degrees on 4/9/23,</p>						

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	<p>4/10/23,4/11/23, 4/12/23, 4/13/23, 4/15/23, 4/16/23,4/17/23, 4/18/23, 4/23/23, 4/26/23, 4/27/23, 4/28/23,4/29/23, and 4/30/23.</p> <p>In an interview on 5/11/23 at 3:47 PM, the Administrator indicated the Food Service Director contacted Eco Lab regarding the temperature dials on the dish machine. The Administrator indicated the Food Service Director was told the dial on the left was the dial to be read for the wash and rinse temperatures. The pause indicated the change from wash to rinse. The Administrator indicated 1 resident in the facility was on tube feedings and did not receive food from the facility kitchen. All the other 90 residents received food from the facility kitchen.</p> <p>A current policy, titled Environment, dated 9/2017, was provided by the Administrator on 5/8/23 at 2:45 PM. The policy indicated " ...All food preparation areas, food service areas, and dining areas will be maintained in a clean and sanitary condition. Procedures ...2. The Dining Service Director will ensure that all employees are knowledgeable in the proper procedures for cleaning and sanitizing all food service equipment and surfaces ...4. The Dining Service Director will ensure that a routine cleaning schedule is in place for all cooking equipment, food storage areas, and surfaces ...."</p> <p>A current policy, titled Warewashing, dated 9/2017, was provided by the Administrator on 5/12/23 at 8:45 AM. The policy indicated " ...All dishware, serviceware, and utensils will be cleaned and sanitized after each use ...Procedures 1. The Dining Service staff will be knowledgeable in the proper technique for processing dirty dishware through the dish machine, and proper handling of sanitized dishware. 2. All dish machine water temperatures will be maintained in accordance with manufacturer recommendations for high temperature or low temperature machines.</p>						

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F 0921 SS=E Bldg. 00	<p>3. Temperatures and/or sanitizer concentration logs will be completed, as appropriate. 4. All dishware will be air dried and properly stored ...." 3.1-21(i)(3)</p> <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.</p> <p>Based on observation, interview, and record review, the facility failed to maintain a safe, clean, and comfortable environment for 25 residents in 16 rooms.</p> <p>Finding includes:</p> <p>During an observation of the facility on 5/8/23 from 9:51 AM to 12:53 PM, the vent at the front entrance was rusted on the edges and had dark debris observed on the vent cover.</p> <p>In Room 101 the fan had grey debris waving in the breeze. The paint was off the wall and the wallboard was marked in two areas on the west wall about 3 feet X 1 inch. There were two residents residing in the room.</p> <p>During an interview with the Administrator, they indicated three weeks ago they were moving things around in room 101 and marred the wall. They indicated there was no work order made out.</p> <p>The south shower room had grey debris in the vents.</p> <p>There were black wheelchair marks on the doors</p>			F 0921	<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. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and respectfully requests a Post Survey Desk Review.</p> <p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice: All rooms been cleaned and repairs completed. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken: No other rooms were identified What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur: Housekeeping and Maintenance education completed</p>		05/29/2023

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	<p>and doorways in the facility. In an interview with the Maintenance Director, they indicated there was a schedule to complete painting of the areas.</p> <p>On the south hall wall near the nurse's station missing paint and marred area into the wallboard about 3 inches x 8 inches was observed.</p> <p>In room 201's bathroom, the toilet had multiple brown drip marks on the stool and floor, and the sink had greyish particulate debris stuck to the surface. There was one resident residing in the room.</p> <p>In room 203's bathroom, on the wall were multiple wheelchair marks. There were marred areas on the east wall into the wall board about 2 feet by 3 feet about 6 inches above the cove base and on the north wall next to the east corner about 2 inches x 4 inches. There was a distinct urine odor. The corners had brown debris build up. There were two residents residing in the room.</p> <p>In room 207 there was a hole in the wall by TV and bathroom about 4 inches x 1/2 inch. In the bathroom, there were holes on each end of the sink light about 1 &amp; 1/2 inches in circumference. The vent had gray debris on the louvers. In an interview on 5/5/23 at 1:29 PM with Resident 15, they indicated the room was not cleaned consistently. There was one resident residing in the room.</p> <p>In room 211 the door had peeling paint 3 areas each about 2 inches x 2 inches. In an interview on 5/8/23 at 12:53 PM, Resident 87 indicated they had not seen anyone cleaning since being in that room. There were two residents residing in the room.</p>				<p>on 5-15-23 and 5-22-23 by ED/AIT and Housekeeping supervisor How the corrective action will be monitored to ensure the deficient practice does not recur, what quality assurance program will be put into place: EHS Supervisor/Designee will monitor rooms and areas 5 times weekly for 1 month, then 3 times weekly for 2 months, then weekly for 3 months. Audits will be submitted to QAPI monthly for 6 months to ensure increased compliance. QAPI Committee may modify frequency and duration based on percentage of compliance.</p>		

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	<p>In room 215 there was brown smeared debris on the privacy curtains between the beds, and in the bathroom was brown smeared debris on the toilet rim and bowl. There was one resident residing in the room.</p> <p>In room 219 the toilet was not working and there was a wet towel in the east corner by the toilet. An interview with the Maintenance Director indicated the toilet was leaking but was unsure how long it had been leaking. There were no residents residing in the room.</p> <p>In room 214 there was a brown splash about 1 inch long on the east bathroom wall. There were two residents residing in the room.</p> <p>In room 210 the paint was peeling on the east wall about 2 inches x 3 inches and in the bathroom, the toilet had multiple brown splashes around the seat. There were two residents residing in the room.</p> <p>By room 206 the paint was peeling off the wall about 2 inches x 10 inches. There were no residents residing in the room.</p> <p>Room 204's north wall by the air conditioning unit was marred into the plaster 2 inches x 8 inches. In the bathroom, there was a black ring at the waterline in the toilet. There was one resident residing in the room.</p> <p>Room 106 had floor strips by bed 1 that were up from the floor taking the top layer of laminate with it. Six strips had been removed with areas about 1 inch x 6 inches. There is a strong urine odor in the bathroom. Dried brown marks are on top of the lid of the toilet and several dried brown splashes were observed on the wall by the air conditioning</p>						



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	<p>unit. There were two residents residing in the room.</p> <p>In the dining room numerous circular areas of paint about 1 inch in diameter missing on walls.</p> <p>In room 305's bathroom toilet riser had brown debris around the base of the toilet and brown rivulets on the outside of the toilet base from the bowl to the base. There was one resident residing in this room.</p> <p>In room 405 the chair rail was broken about 6 inches long x 2 inches wide with splinters in the break by the bed. There were no residents residing in this room.</p> <p>Room 411 had multiple brown debris splashes on the room floor. There were two residents residing in the room.</p> <p>Room 412 had holes around the top of the sink light about 2 inches and paint was missing from chair rail by the bed around 1 inch x 6 inches. There was one resident residing in the room.</p> <p>In room 410 paint was missing from the chair rail around 1 inch x 9 inches. There was a strong urine odor in the bathroom, and brown mounded debris around the base of the toilet. There was one resident residing in the room.</p> <p>Down 300 hall next to room 311 there was paint off the wall 2 inches x 3 feet. There were two residents residing in the room.</p> <p>On 5/8/23 at 2:30 PM on the painting schedule was produced for the months of April through July. This schedule indicated on the second Friday and last Wednesday of every month a</p>						

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	<p>different hall would be painted and/or spot painted.</p> <p>On 5/9/23 at 10:00 AM the housekeeper cleaning schedule was produced. According to the schedule housekeeper 1 was tasked daily to clean resident halls 100 and 200, and housekeeper 2 with halls 300 and 400.</p> <p>483.10(i)(2)</p>						