

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

PRINTED: 01/23/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155570		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/29/2022	
NAME OF PROVIDER OR SUPPLIER MAJESTIC CARE OF MCCORDSVILLE				STREET ADDRESS, CITY, STATE, ZIP CODE 7476 W LANE RD MCCORDSVILLE, IN 46055			
(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 IN00397688 and IN00397519.</p> <p>Complaint IN00397688 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00397519 - Substantiated. Federal/state deficiencies related to the allegations are cited at F689.</p> <p>Survey dates: December 27, 28, and 29, 2022</p> <p>Facility number: 000477 Provider number: 155570 AIM number: 100290860</p> <p>Census Bed Type: SNF/NF: 38 Total: 38</p> <p>Census Payor Type: Medicare: 11 Medicaid: 19 Other: 8 Total: 38</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on January 3, 2023</p>			F 0000	We respectfully request that this plan of correction be considered for a desk review in lieu of a post survey revisit. Thank you.		
F 0689 SS=D Bldg. 00	<p>483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment</p>						

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

TITLE

(X6) DATE

Katlyn

Collins

01/12/2023

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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	<p>remains as free of accident hazards as is possible; and</p> <p>§483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on interview and record review, the facility failed to maintain their fall management policy by not assessing residents' fall risk quarterly and not ensuring neurological assessments were completed for residents with unwitnessed falls and/or head injuries for 3 of 3 residents reviewed for falls. (Residents D, F, and G)</p> <p>Findings include:</p> <p>1. The clinical record for Resident D was reviewed on 12/28/22 at 10:12 a.m. Resident D's diagnoses included, but not limited to, anxiety disorder, hypertension, and chronic pain syndrome.</p> <p>Resident D's annual MDS (minimum data set) dated 11/22/22 indicated, Resident D was cognitively intact and required extensive assistance of one person for bed mobility, transfers, toileting, personal hygiene, and eating.</p> <p>A nursing note dated 11/25/22 at 8:20 p.m. indicated, Resident D had been found lying on the floor on his right side. When he was asked about having pain or discomfort, Resident D indicated, he had pain with trying to get up from the floor. Resident was sent to the emergency room and later returned to the facility with a right hip fracture.</p> <p>An interview with Resident D was conducted on 12/28/22 at 11:54 a.m. Resident D indicated, on the day he fell, he was walking back to his bed from the doorway and when he reached his bed, he</p>			F 0689	<p>1. 1. What corrective action will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>a. All residents affected by the deficient practice had no negative outcomes.</p> <p>b. All nursing staff were inserviced on completely quarterly fall risk assessments and initiating neurological assessments per policy.</p> <p>2. 2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions have been taken;</p> <p>a. All residents have the potential to be affected by the deficient practice. Nursing management audited all fall risk assessments were completed per policy.</p> <p>3. 3. What measures will be put into place or what systemic changes will be made to ensure the deficient practice does not recur;</p> <p>a. Nursing management will audit falls with QAPI tool to</p>		01/12/2023

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	<p>believed he was close enough to get into the bed, but missed it and landed on the floor. He indicated, he knew immediately that he had broke his hip.</p> <p>Resident D's fall risk assessment dated 3/29/22 indicated, he was high risk for falls. Resident D's clinical record did not contain any further fall risk assessments nor did it contain a neurological assessment post fall.</p> <p>2. The clinical record for Resident F was received on 12/27/22 at 5:03 p.m. Resident F's diagnoses included, but not limited to, epileptic seizures, depression, anxiety, and falls.</p> <p>Resident F's quarterly MDS indicated, he was mildly cognitively impaired and required extensive assistance of one person for bed mobility, transfers, toileting, and personal hygiene.</p> <p>A nursing note dated 12/6/22 at 2 p.m. indicated, Resident F was found sitting on the floor of his room. Resident F indicated, he was trying to reach his tray and fell. He stated, he had hit his head when he fell. Resident F remained in the facility post fall.</p> <p>Resident F's fall risk assessments dated 5/25/22 (admission) and 12/6/22 both indicated he was high risk for falls.</p> <p>Resident F's neurological assessment flow sheet dated 12/6/22 indicated assessments were taken on 12/6/22 at the following times: 2:08 p.m., 2:30 p.m., 2:42 p.m., 5:30 p.m., 6:30 p.m., and 7:30 p.m. No further neurological assessments were located.</p> <p>3. The clinical record for Resident G was reviewed on 12/28/22 at 2:07 p.m. Resident G's diagnoses</p>				<p>ensure fall risk assessment completed, neurological checks completed, and fall policy followed for falls weekly x8 and then monthly x4, and quarterly thereafter.</p> <p>4. 4. How the corrective action will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place;</p> <p>a. Nursing management will audit falls with QAPI tool to ensure fall risk assessment completed, neurological checks completed, and fall policy followed for falls weekly x8 and then monthly x4, and quarterly thereafter. If 100% compliance is not obtained an action plan will be developed and reviewed by the monthly QAPI committee.</p>		

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	<p>included, but not limited to, Huntington's disease, anxiety disorder, and major depressive disorder.</p> <p>Resident G's quarterly MDS dated 10/21/22 indicated, Resident G was severely cognitively impaired and required extensive assistance of one person for bed mobility, transfers, toileting, and personal hygiene.</p> <p>A Summary for Providers note dated 12/23/22 at 8:56 p.m. indicated, Resident G had an unwitnessed fall and had a hematoma (large collection of blood that causes a lump) on the right side of her head, an abrasion on her right forehead and was unable to answer questions appropriately or stand without assistance. Resident G was sent to the emergency room. Resident G sustained a right fibular fracture.</p> <p>Resident G's fall risk assessments dated 3/29/22(significant change), 5/15/22 (post fall), and 12/23/22 (post fall) indicated she was a high risk for falls.</p> <p>Resident G's clinical record did not contain any neurological assessments for the 12/23/22 fall.</p> <p>A Fall Management Policy was received from RNC (Regional Nurse Consultant) on 12/28/22 at 2 p.m. The policy indicated, "Fall risk...1. Fall risk will be assessed upon admission, quarterly and with significant change...Post fall...1. Any resident experiencing a fall will be assessed immediately by the charge nurse for possible injuries and necessary treatment will be provided. A neurological assessment will be initiated on all un-witnessed falls; every 15 minutes for 1 hour then every 1 hours for four hours, then every 4 hours for 20 hours, then every 8 hours for 48 hours. A neurological assessment will be initiated</p>						

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	<p>on all residents with a suspected head injury based upon the fall; every 15 minutes for 1 hour then every 1 hour for four hours, then every 4 hours for 20 hours, then every 8 hours for 48 hours. Information will be entered into Risk Management."</p> <p>This Federal tag relates to complaint IN00397519.</p> <p>3.1-45</p>						