

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

PRINTED: 03/02/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155446		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/09/2023	
NAME OF PROVIDER OR SUPPLIER  MAJESTIC CARE OF JEFFERSON POINTE				STREET ADDRESS, CITY, STATE, ZIP COD 5700 WILKIE DR FORT WAYNE, IN 46804			
(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 Complaint IN00400682 and IN00401291.</p> <p>Complaint IN00400682 - Substantiated. Federal/state deficiencies related to the allegations are cited at F741.</p> <p>Complaint IN00401291 - Unsubstantiated due to lack of evidence.</p> <p>Survey date: Feburary 9, 2023</p> <p>Facility number: 000476 Provider number: 155446 AIM number: 100290870</p> <p>Census Bed Type: SNF/NF: 82 Total: 82</p> <p>Census Payor Type: Medicare: 6 Medicaid: 74 Other: 2 Total: 82</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed February 13, 2023</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. 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>		
F 0741 SS=D Bldg. 00	<p>483.40(a)(1)(2) Sufficient/Competent Staff-Behav Health Needs</p> <p>§483.40(a) The facility must have sufficient staff who provide direct services to residents with the appropriate competencies and skills</p>						

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

TITLE

(X6) DATE

Shawn Blackburn

RN, Regional Nurse Consultant

02/24/2023

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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	<p>sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with §483.70(e). These competencies and skills sets include, but are not limited to, knowledge of and appropriate training and supervision for:</p> <p>§483.40(a)(1) Caring for residents with mental and psychosocial disorders, as well as residents with a history of trauma and/or post-traumatic stress disorder, that have been identified in the facility assessment conducted pursuant to §483.70(e), and [as linked to history of trauma and/or post-traumatic stress disorder, will be implemented beginning November 28, 2019 (Phase 3)].</p> <p>§483.40(a)(2) Implementing non-pharmacological interventions.</p> <p>Based on interview and record review the facility to ensure the behavioral care was provided according to the care plan for 1 of 5 residents reviewed (Resident B).</p> <p>Findings include:</p> <p>A list of interviewable residents were provided by the Regional Consultant (RC) on 2/9/23 at 10:17 AM. The list indicated Resident B was interviewable.</p> <p>A facility reported incident, dated 2/1/23, was provided by the RC on 2/9/23 at 1:43 PM. The</p>			F 0741	<p>1. 1. The facility is unable to correct the alleged deficient practice for Resident B as it happened in the past. Alleged incident was already reported to IDOH, and all care team members have been educated to follow behavioral health care plans.</p> <p>2. 2. All resident who requires "care in pairs" have the potential to be affected by the alleged deficient practice. An audit of all care plans performed by DNS/Designee to ensure all "care in pairs" and</p>		02/24/2023

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	<p>reported indicated Resident B had alleged Certified Nursing Assistant (CNA) 2 had struck her while care was provided. The report indicated it was found CNA 2 did not make physical contact with the resident. The report did not indicate any other staff were present in the room at the time of the incident.</p> <p>Resident B was interviewed on 2/9/23 at 10:24 AM. Resident B indicated CNA 2 was the only staff present during the incident on 2/1/23.</p> <p>A record review was completed on 2/9/23 at 12 PM for Resident B. Diagnoses included: major depressive disorder, generalized anxiety disorder, dementia in other diseases classified elsewhere, unspecified severity with other behavioral disturbance and other sleep disorders.</p> <p>A current care plan, initiated 5/15/2022, indicated Resident B could become agitated and irritable with results in the following behavioral expressions: yelling, screaming, abusive language, calling staff names, hitting/kicking, grabbing, and using motorized wheelchair to corner staff and attempt to hit them. The care plan indicated an intervention, initiated 6/5/22, to give care in pairs (2 persons in the room).</p> <p>In an interview on 2/9/23 at 2:10 PM, the RC indicated CNA 2 was the only staff present in Resident B's room during the reported incident. The RC indicated the care plan should have been followed and care should have been performed in pairs.</p> <p>A policy, dated 9/28/17, was provided by the RC on 2/9/23 at 3:01 PM. The policy did not indicate the care plan needed to be followed.</p>				<p>behavioral health needs is appropriate.</p> <p>3. 3. Nursing Care Team Members educated on behavioral health needs and "cares in pairs" by DNS/Designee.</p> <p>4. 4. DNS/Designee will audit those identified as "care in pairs" at varying times and shifts to ensure those identified as "care in pairs" are being cared in pairs each business day X6 weeks, then 3X's a week for 6 weeks, then weekly X12 weeks. Results will be reviewed at each QA meeting for compliance and audits adjusted accordingly.</p>		

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	This Federal citation relates to Complaint IN00400682.				