

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

PRINTED: 04/13/2023
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 03/17/2023	
NAME OF PROVIDER OR SUPPLIER MAJESTIC CARE OF NEW HAVEN				STREET ADDRESS, CITY, STATE, ZIP COD 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 the Investigation of Complaints IN00402095 and IN00403443.</p> <p>Complaint IN00402095 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00403443 - Federal/state deficiencies related to the allegations are cited at F585.</p> <p>Survey dates: March 16 and 17, 2023</p> <p>Facility number: 000114 Provider number: 155207 AIM number: 100266640</p> <p>Census Bed Type: SNF/NF: 94 Total: 94</p> <p>Census Payor Type: Medicare: 12 Medicaid: 64 Other: 18 Total: 94</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed March 20, 2023</p>			F 0000			
F 0585 SS=D Bldg. 00	<p>483.10(j)(1)-(4) Grievances §483.10(j) Grievances. §483.10(j)(1) The resident has the right to voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal and without</p>						

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

TITLE

(X6) DATE

Marie Wallace

AIT

03/30/2023

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 disclosed 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>fear of discrimination or reprisal. Such grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and of other residents, and other concerns regarding their LTC facility stay.</p> <p>§483.10(j)(2) The resident has the right to and the facility must make prompt efforts by the facility to resolve grievances the resident may have, in accordance with this paragraph.</p> <p>§483.10(j)(3) The facility must make information on how to file a grievance or complaint available to the resident.</p> <p>§483.10(j)(4) The facility must establish a grievance policy to ensure the prompt resolution of all grievances regarding the residents' rights contained in this paragraph. Upon request, the provider must give a copy of the grievance policy to the resident. The grievance policy must include:</p> <p>(i) Notifying resident individually or through postings in prominent locations throughout the facility of the right to file grievances orally (meaning spoken) or in writing; the right to file grievances anonymously; the contact information of the grievance official with whom a grievance can be filed, that is, his or her name, business address (mailing and email) and business phone number; a reasonable expected time frame for completing the review of the grievance; the right to obtain a written decision regarding his or her grievance; and the contact information of independent entities with whom grievances may be filed, that is, the pertinent State agency, Quality Improvement Organization,</p>						

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	<p>State Survey Agency and State Long-Term Care Ombudsman program or protection and advocacy system;</p> <p>(ii) Identifying a Grievance Official who is responsible for overseeing the grievance process, receiving and tracking grievances through to their conclusions; leading any necessary investigations by the facility; maintaining the confidentiality of all information associated with grievances, for example, the identity of the resident for those grievances submitted anonymously, issuing written grievance decisions to the resident; and coordinating with state and federal agencies as necessary in light of specific allegations;</p> <p>(iii) As necessary, taking immediate action to prevent further potential violations of any resident right while the alleged violation is being investigated;</p> <p>(iv) Consistent with §483.12(c)(1), immediately reporting all alleged violations involving neglect, abuse, including injuries of unknown source, and/or misappropriation of resident property, by anyone furnishing services on behalf of the provider, to the administrator of the provider; and as required by State law;</p> <p>(v) Ensuring that all written grievance decisions include the date the grievance was received, a summary statement of the resident's grievance, the steps taken to investigate the grievance, a summary of the pertinent findings or conclusions regarding the resident's concerns(s), a statement as to whether the grievance was confirmed or not confirmed, any corrective action taken or to be taken by the facility as a result of the grievance, and the date the written decision was issued;</p>						

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	<p>(vi) Taking appropriate corrective action in accordance with State law if the alleged violation of the residents' rights is confirmed by the facility or if an outside entity having jurisdiction, such as the State Survey Agency, Quality Improvement Organization, or local law enforcement agency confirms a violation for any of these residents' rights within its area of responsibility; and</p> <p>(vii) Maintaining evidence demonstrating the result of all grievances for a period of no less than 3 years from the issuance of the grievance decision.</p> <p>Based on observation, interview and record review, the facility failed to ensure grievances were resolved promptly for 1 of 1 residents reviewed (Resident M).</p> <p>Findings include:</p> <p>On 3/16/23 at 2:18 P.M., Resident M, identified as interviewable, was interviewed. She expressed several concerns related to her care at the facility. She wanted to have Tylenol in her room so she could take it when needed. She understood she takes other medication with Tylenol in it and she shouldn't take more than 3 grams of Tylenol per day. She wanted to have the Tylenol because she had break through pain between scheduled times of narcotics being administered. She alleged she had to wait long periods of time between when she would request the Tylenol and when it was actually given to her by the nurse. She indicated when nurses gave her Tylenol, they gave her tablets, then it upset her stomach. She asked, repeatedly, to be given coated Tylenol caplets. They hadn't upset her stomach. She was repeatedly, denied this request. She asked the staff if she could purchase her own Tylenol caplets and have it brought in for nurses to</p>			F 0585	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Resident M received her medications per her request on 3/17/23.</p> <p>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? Whole house audit completed and no other residents were affected.</p> <p>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not occur? Social Service Director educated on grievance policy.</p> <p>How will the corrective action(s) be monitored to ensure the deficient practice will not recur? Social Service Director/ Designee</p>		03/28/2023

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	<p>administer. She indicated she was denied the request. She was able to keep topical medications in her room but not oral medications. She indicated she'd filled out multiple grievances but the issues had not been resolved. She continued to receive Tylenol tablets if she requested but was not allowed to have them in her room for self-administration. She indicated she'd had so much pain the first weekend in March. She indicated she had to take the Tylenol tablets because that's all that had been available.</p> <p>On 3/17/23 at 11:00 A.M., Resident M indicated the staff had provided her with a locked box. The box sat on her overbed table in her room. She indicated the locked box contained Tylenol caplets the facility staff had purchased, and she could now self-administer.</p> <p>On 3/16/23 at 2:18 P.M., Resident M's record was reviewed. Diagnoses included lymphedema, osteoarthritis of knees, generalized anxiety disorder, chronic pain syndrome, and history of benign neoplasm of the brain treated by surgical removal.</p> <p>A grievance form, dated 1/23/23, completed by the resident indicated she requested to have Tylenol caplets available instead of Tylenol tablets because the tablets upset her stomach. On 1/23/23, her routine narcotic medication was not available and she had nothing to take for chronic pain. She was unable to take uncoated Tylenol tablets because they caused "horrible" stomach pain and digestive issues. She indicated she was told there was no Tylenol caplets in the building or available through the pharmacy. She asked if she could purchase the caplets over the counter and have them brought into the facility for staff to administer but was told "no". A facility reply,</p>				<p>will monitor ancillary service progress notes two times weekly for four weeks and then weekly for twelve weeks and then every other week for two months. Results will be submitted to QAPI monthly for six months to ensure improved compliance. QAPI committee reserves the right to modify the frequency of the monitoring based on the monthly percentage of compliance.</p>		

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	<p>dated 1/25/23 by the Administrator, indicated Tylenol caplets were ordered from the pharmacy.</p> <p>An undated grievance form, indicated as an ongoing grievance, was for the facility not having Tylenol caplets. The resident indicated she needed the caplets to take what the pain management doctor had prescribed for her. She hadn't understood why the pharmacy refused to send the medication. A facility reply, dated 1/23/23, indicated the resident was informed that until suppliers sent caplets to the pharmacy, the pharmacy would only send the tablets.</p> <p>An "Encounter" progress note, dated 2/3/23 at unknown time, indicated Resident M continued to have a lot of complaints per the Social Services Director. She was dysphoric (emotional discomfort) and shared her frustrations about the nursing staff. She was in a lot of pain and was frustrated staff had not yet gotten any coated Tylenol for her to use. She was unable to take the Tylenol tablets she was offered due to the tablets upsetting her stomach.</p> <p>A physician order, dated 1/24/23 at 2:57 p.m., was to discontinue Tylenol tablets and start Tylenol capsules 1000 milligrams by mouth, every 12 hours as needed.</p> <p>A February 2023 MAR (Medication Administration Record) indicated the resident had not received any Tylenol capsules during the month.</p> <p>A March 2023 MAR indicated the resident had been given Tylenol 1000 mg capsule by mouth on 3/5/23 at 8:14 a.m.</p> <p>On 3/17/23 at 12:05 P.M., the Administrator was</p>						

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	<p>interviewed. She indicated she had not been aware the resident wanted to self-administer her Tylenol. The facility completed a self-administration of medication assessment and obtained an order for the resident to have Tylenol in her room. She was given a locked box and the facility purchased Tylenol caplets for her to store in the box.</p> <p>A current facility policy, titled "Resident Concerns and Grievances", was provided on 3/17/23 at 1:04 P.M. by the Regional Nurse Consultant, and stated the following: "It is the Majestic Care policy to provide care in a manner that promotes and respects the rights of each resident. All residents and their representatives have the right to file a concern or grievance with the facility...A concern/grievance of any kind is documented on a Report of Concern form...A designated Care Team Member will notify the resident and/or representative of the actions taken to resolve the concern...Follow up and resolution of concerns/grievances will be completed as soon as practicable, not to exceed 30 days if feasible...."</p> <p>This Federal tag relates to Complaint IN00403443.</p> <p>3.1-7(a)(2)</p>						