

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

PRINTED: 06/12/2024  
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 05/24/2024	
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 a Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00432880.</p> <p>Complaint IN00432880 - Findings related to the allegation are cited at F550.</p> <p>Survey dates: May 21, 22, 23, and 24, 2024.</p> <p>Facility number: 000476 Provider number: 155446 AIM number: 100290870</p> <p>Census Bed Type: SNF/NF: 90 Total: 90</p> <p>Census Payor Type: Medicare: 7 Medicaid: 73 Other: 10 Total: 90</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed May 29, 2024</p>			F 0000	<p>Majestic Care of Jefferson Pointe respectfully request paper compliance/desk review related to this annual survey. Thank you!</p>		
F 0550 SS=D Bldg. 00	<p>483.10(a)(1)(2)(b)(1)(2) Resident Rights/Exercise of Rights §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.</p>						

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

TITLE

(X6) DATE

David Holbrook

Executive Director

06/11/2024

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 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>§483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.</p> <p>§483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.</p> <p>Based on interview and record review, the facility failed to ensure a resident was treated with respect and dignity for 1 of 3 residents reviewed. (Resident F)</p> <p>Findings include:</p>			F 0550	Majestic Care of Jefferson Pointe respectfully request paper compliance/desk review related to this annual survey. Thank you! F550 Residents Rights		06/11/2024

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	<p>A record review began on 5/22/24 at 10:30 AM of an incident that occurred between Resident F and Certified Nurses Aide 6 (CNA). On 4/18/24, no time specified, CNA 6 was observed having a disagreement with Resident F. Resident F was also on the phone with a family member at the time. CNA 6, heard the resident mention something regarding CNA 6 to the family member. Then CNA 6 put their middle finger up and gestured toward the resident. The immediate action from facility: CNA 6 was immediately suspended pending investigation. Physician, Pysch services, and family were notified.</p> <p>On 5/22/24 at 10:45 AM, Resident F's record was reviewed. Diagnoses included, Chronic Obstructive Pulmonary disease with acute exacerbation. A quarterly MDS (Minimum Data Set) assessment, dated 4/12/24, brief mental status interview indicated Resident F had no cognitive impairment.</p> <p>In an interview on 05/22/24 at 2:08 PM, Resident F indicated CNA 6 put a finger in their face. The resident indicated she had never been scared of her and wasn't then. The resident was beyond pissed off, not intimidated, scared, or fearful. The resident was so mad she hung up the phone on her niece who called right back.</p> <p>In an interview on 05/23/24 at 7:59 AM, the Executive Director indicated CNA 6 was employed by the facility 26 yrs with no prior incidents or issues and was well liked. Resident F showed no signs of distress following the incident with no further complaints. The Executive Director confirmed the incident did apparently happen regarding Resident F being flipped off. The employee was terminated.</p>				<p>SS=D</p> <p>What corrective actions will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>The facility is unable to correct the alleged deficient practice for the resident. Staff member was terminated.</p> <p>How will other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken?</p> <p>All residents have the potential to be affected by the alleged deficient practice. All alert and oriented residents on this unit interviewed with no concerns noted.</p> <p>What measures will be put into place and what systemic changes will be made to ensure the deficient practice does not recur?</p> <p>All staff will be re-educated on Resident Rights. 3 alert and oriented residents each week will be interviewed related to resident rights x6 months.</p> <p>How will the corrective actions be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>Results of the interviews will be discussed at monthly Quality Assurance Meetings. If 100% threshold is not met, then an</p>		

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F 0761 SS=D Bldg. 00	<p>A current facility policy, Resident's Right, date 10/19 was provided by the Regional Clinical Nurse on 5/23/24 at 12:30 PM. The policy indicated..." All care team members recognize the rights of residents at all times and residents assume their responsibilities to enable dignity, respect, and proper delivery of care...."</p> <p>This Federal citation is related to complaint IN00432880.</p> <p>3.1-3(a)</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 §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 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</p>				<p>action plan will be developed. The QA committee will adjust audits based on their findings. Date of compliance: 6/11/24</p>		

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	<p>package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>Based on observation, interview, and record review the facility failed to ensure labeling of open date for 1 of 3 carts reviewed affecting 3 residents. (Resident 9, Resident 14, Resident 92).</p> <p>Findings include:</p> <p>During an observation with interview on 05/21/24 at 9:33 AM on West Hall with QMA 3 (Qualified Medical Assistant), the medication room and medication cart was well labeled. QMA 3 indicated all meds were to be labeled with an open date when opened and a discard or expiration date.</p> <p>During an observation with interview on 05/22/24 at 01:12 PM in the East Hall medication room and medication cart. The East Hall cart had three opened medications without an open date. The medications were as follows:</p> <p>Resident 9 cough syrup liquid the silver seal was punctured.</p> <p>Resident 14 polyethylene glycol powder the seal was removed; about a half a bottle remained.</p> <p>Resident 92 milk of magnesia the seal was removed.</p> <p>QMA 4 was labeling Resident 14's and Resident 92's medication bottles with the date 5/15/24. QMA 4 indicated one of the 2 residents was a recent admit and she was aware the other resident's meds came near the same time.</p> <p>1) Resident 9's record was reviewed on 5/23/24 at 9:03AM. Her diagnosis included lung disease and muscle weakness. Resident 9' s MAR (Medication Administration Record) indicated cough syrup</p>			F 0761	<p>Majestic Care of Jefferson Pointe respectfully request paper compliance/desk review related to this annual survey. Thank you!</p> <p>F761 Label/Store Drugs and Biologicals SS=D What corrective actions will be accomplished for those residents found to have been affected by the deficient practice? The facility is unable to correct the alleged deficient practice for residents #9, 14 and 92.</p> <p>How will other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken? All residents have the potential to be affected by the alleged deficient practice. All medication carts audited for any expired or undated medications and any findings addressed at that time.</p> <p>What measures will be put into place and what systemic changes will be made to ensure the deficient practice does not recur? Nurses and QMAs reeducated on dating liquid and powder medications upon opening. DNS/ or designee will audit medication carts for opened medications</p>		06/11/2024

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	<p>was not administered in the month of May 2024. The bottle of cough syrup was labeled during observation with an open date of 5/15/24. The order for cough syrup was as needed every 4 hours.</p> <p>2) Resident 14's record was reviewed on 5/23/24 at 9:32AM. His diagnosis included chronic kidney disease and constipation. An order for polyethylene glycol powder was dated 4/29/23. The polyethylene glycol powder for constipation was last administered 5/22/24.</p> <p>3 )Resident 92's record was reviewed on 5/23/24 at 9:40AM. Her diagnosis included adult failure to thrive and cognitive impairment. An order for milk of magnesia every 24 hours as needed for constipation if no bowel movement for 3 days; was dated 4/26/24. Milk of Magnesia was not administered from May 1 to May 22, 2024, according to a review of the May MAR (Medication Administration Record). The bottle of Milk of Magnesia should not have been opened on 5/15/24 as Resident 92 record indicated she was not administered the medication on 5/15/24.</p> <p>In an interview on 5/23/24 at 10:07AM the Regional Nurse Consultant indicated they were doing quality measures with cart audits. A review of the cart audits indicated ongoing issues of medications without dates from February, March, and April 2024. The May audit was not available for review.</p> <p>A policy titled, "Medication Storage", was not dated. The policy did not indicate the labeling of medications in the cart in multiple use packaging. Including labeling with open and discard date. No other policy was made available at the time of exit.</p>		<p>without dates daily (M-F) x2 months, then DNS/ or designee will audit medication carts for opened medications without dates 3x per week (M-F) x2 months, DNS/ or designee will audit medication carts for opened medications without dates 1x per week (M-F) x2 months.</p> <p>How will the corrective actions be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? Results of the audits will be discussed at monthly Quality Assurance Meetings. If 100% threshold is not met, then an action plan will be developed. The QA committee will adjust audits based on their findings. Date of compliance: 6/11/24</p>				

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