STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155670	A. BUILDING 00 B. WING	01/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MAJESTIC CARE OF NEWBURGH	5233 ROSEBUD LANE NEWBURGH, IN 47630

(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	This visit was for the Investigation of Complaint IN00397486 and IN00398743. Complaint IN00397486 - Substantiated. Federal deficiencies related to the allegations are cited at F695. Complaint IN00398743 - Unsubstantiated. No deficiencies related to the allegation were cited. Survey dates: January 11, 12, 13, 2023 Facility number: 011049 Provider number: 155670 AIM number: 200258520 Census Bed Type: SNF/NF: 89 Total: 89 Census Payor Type: Medicare: 10 Medicaid: 63 Other: 16 Total: 89 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on January 20, 2023.	F 0000	By submitting the enclosed materials, we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility requests that the plan of correction be considered our allegation of compliance effective 1-27-2023 to the complaint survey completed on 1-11-2023. We respectfully request a paper review and will provide any additional information requested.	
F 0695 SS=D Bldg. 00	483.25(i) Respiratory/Tracheostomy Care and Suctioning § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Brandi Thompson	Executive Director	01/27/2023

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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	tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. Based on observation, interview, record review, the facility failed to ensure 1 of 3 residents received necessary respiratory care and services in accordance with professional standards of practice regarding the residents' care plan and physician orders. (Resident B) Finding includes: On 1/12/23 at 2:45 P.M., Resident B was observed sitting on the side of the bed, with O2 (Oxygen) flowing at an unreadable flow rate through the nasal cannula. The oxygen concentrator was beeping due to undated humidifier/water bottle being dry (empty) and the bottle structure was expanded out. The oxygen indicator dial was turned completely up, and the flow was blowing forcibly into the nose. There was an unlabeled oxygen tubing on the floor with condensation throughout the length of tubing. On 1/11/23 at 10:27 A.M., Resident B's clinical record was reviewed, the resident's admission date was 12/19/22. Diagnoses included but were not limited to, Chronic Obstructive Pulmonary Disease (COPD), diabetes mellitus type II without complications and cellulitis of the right lower leg. The most recent admission MDS (Minimum Data Set) Assessment dated 12/19/22, indicated Resident B's was cognitively intact and needed supervision with assist of 1 for mobility, transfer, eating, and dressing, and use oxygen while in facility.	F 0695	**What corrective actions (s) will be accomplished for those residents found to have been affected by the deficient practice;** Resident B oxygen order and care plan was updated. Resident B was assessed with no negative outcome. Resident B humidification bottle and oxygen tubing was replaced. Resident B was assessed with no negative outcomes. **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;** All residents that reside in facility have the potential to be affected by the alleged deficient practice. All residents that receive oxygen therapy were assessed to ensure oxygen therapy was administered per order by the DNS/designee on 1/23/2023 All residents that receive oxygen therapy were assessed to ensure humidification bottles and tubing were labeled by DNS/designee on 1/23/2023 All residents that receive oxygen therapy were assessed to ensure	01/27/2023

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	There was no current physician's order for oxygen use. The resident's clinical record lacked a current care plan for oxygen use. During an interview on 1/12/23 at 2:45 P.M., Resident B indicated she had told the nursing staff that the water bottle on the concentrator was looking dry the previous day. The ADON (Assistant Director of Nursing) had been alerted to the situation and came into the room with new supplies needed to change the water bottle and the tubing. The ADON indicated the resident had been on Oxygen since admission and thought the rate of flow was 4.5-5 LPM (Liters Per Minute). Resident B indicated at that time, the rate at home was at 2 LPM. The ADON indicated she was not aware of that rate. During an interview on 1/12/23 at 3:06 P.M., the DON (Director of Nursing) indicated the order for oxygen goes through department heads and is put in the record by staff ....every resident receiving oxygen should have an order in place ...DON was unaware that Resident B did not have a current oxygen order or care plan ... During an interview on 1/12/23 at 3:30 P.M., the DON and Administrator indicated there was an oxygen order on the discharge report from the hospital that indicated oxygen at 2-4 LPM that was missed during transcription. A current nondated Oxygen Administration policy was provided by the Administrator on 1/13/23 at 8:34 A.M., indicated " Oxygen is administer to resident who need it, consistent with professional standards of practice, the comprehensive person-oriented care plans, and the resident's		there was an order indicating how many liters were to be administered and that care plan is updated by DNS/designee on 1/23/2023 **What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur;** All nursing staff was educated on oxygen administration policy by the DNS/Designee on 1/23/2023 **How the corrective action(s) will be monitored to ensure the deficient practice will not recur; i.e., what quality assurance program will be put into place;** QAPI tool Oxygen administration will be completed weekly x 4 weeks, bi-monthly x 2 and monthly x 4 months by DNS/Designee. If 100% threshold is not achieved an action plan will be developed. This information will be presented to the QAPI committee during the monthly meeting.	

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	goals...1. Oxygen is administered under the orders of a physician ...3. Staff shall document the initial and ongoing assessment... 4. The resident's care plan shall identify the interventions for therapy, based upon ... assessment and orders, such as, but not limited to: ...c. Equipment setting for the prescribed flow rates...5... change humidifier bottle when empty,..." This Federal tag relates to Complaint IN00397486. 3.1-47(a)(6)			