

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

PRINTED: 08/09/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155322		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 07/20/2023	
NAME OF PROVIDER OR SUPPLIER MAJESTIC CARE OF WEST ALLEN				STREET ADDRESS, CITY, STATE, ZIP COD 6050 S CR 800 E 92 FORT WAYNE, IN 46814			
(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.</p> <p>Survey dates: July 17, 18, 19 and 20 , 2023</p> <p>Facility number: 000215 Provider number: 155322 AIM number: 100275010</p> <p>Census Bed Type: SNF/NF: 82 Total: 82</p> <p>Census Payor Type: Medicare: 1 Medicaid: 77 Other: 4 Total: 82</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed July 21, 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 requests a Post Survey Desk Review.</p>		
F 0921 SS=E Bldg. 00	<p>483.90(i) Safe/Functional/Sanitary/Comfortable Environ §483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. Based on observation, interview, and record review the facility failed to ensure environmental Maintenance for 14 of 82 residents residing in the facility.</p> <p>Findings include:</p>			F 0921	<p>What Corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?¿¿</p> <p>-The bathroom door trim in room</p>		08/03/2023

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

TITLE

(X6) DATE

Zach Krumwied

Executive Director

08/03/2023

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 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>1. During an observation on 7/17/23 at 9:43 AM, trim along the length of the right side of the bathroom door in room 217 was missing. 8 raised metal clips were spaced along the length of the space where trim would normally be placed. Each clip was 2 cm by 6 cm and protruded 3 cm from the wall. 2 residents resided in room 217.</p> <p>In an observation and interview on 7/19/23 at 10:34 AM, the Administrator indicated the protruding clips could cause injury and should have been addressed. He indicated maintenance needs should have been identified during routine room rounds. He indicated the facility did not have a specific policy for room rounds.</p> <p>2. During a continuous observation beginning on 7/18/23 at 3:10 PM, a door to the maintenance office across the hall from the dining room was propped open with a 5- gallon bucket. A white bottle containing cleaning supplies such as window cleaner and toilet cleaner were on shelves adjacent to the door and visible from the hallway. No staff members were in the office or in the hallway near the office. Residents were in the process of gathering in the dining room for the scheduled bingo activity across the hall.</p> <p>In an observation and interview with the Administrator on 7/18/23 at 3:25 PM, the Administrator indicated the door should not be propped open when not in direct attendance of a staff member due to the presence of potentially harmful chemicals.</p> <p>A list of residents who attended the bingo activity received from the Activity Director on 7/20/23 at 11:59 AM indicated 12 residents were in the dining room during the observations.</p>				<p>217 was replaced covering the 8 metal clips. The maintenance door that was propped open was shut and the bucket was removed.</p> <p>How be identified and what corrective action(s) be taken?¿</p> <p>- All residents that reside in the facility have the potential to be affected by the same deficient practice. All door frames were inspected to ensure that no additional hazards were present. All to hazardous areas were inspected to ensure that they were shut and locked.</p> <p>What measures will be put into place and what systematic changes will be made to ensure that the will not recur?¿</p> <p>-All staff will be educated identifying, preventing, and reporting potentially hazardous environmental conditions.</p> <p>¿</p> <p>How the corrective actions will be monitored to ensure the deficient practice will not recur¿(what¿quality assurance program will be put into place)¿</p> <p>-Audit will be completed by the Maintenance Director or designee as follows daily X 4 weeks, 3X week X4 weeks, 2X</p>		

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	A current policy dated 7/17 provided by the Director of Nursing indicated examples of hazards included open areas that should be locked when not in use, and access to toxic chemicals. The policy also indicated any element of the resident environment that has the potential to cause injury and is accessible to a vulnerable resident. 3.1-19(f)			week X and 1X week X8 weeks using the Environmental Safety and Security audit tool. If 100% compliance is not obtained an action plan will be developed. This information will be presented monthly for the QAPI committee.			