

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

PRINTED: 08/15/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155670		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 07/18/2023	
NAME OF PROVIDER OR SUPPLIER MAJESTIC CARE OF NEWBURGH				STREET ADDRESS, CITY, STATE, ZIP COD 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	<p>This visit was for the Investigation of Complaint IN00410386.</p> <p>Complaint IN00410386 - Federal/state deficiencies related to the allegations are cited at F804.</p> <p>Survey dates: July 17, 18, 2023.</p> <p>Facility number: 011049 Provider number: 155670 AIM number: 200258520</p> <p>Census Bed Type: SNF/NF: 91 Total: 91</p> <p>Census Payor Type: Medicare: 6 Medicaid: 74 Other: 11 Total: 91</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on July 21, 2023.</p>			F 0000	<p>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 August 2nd, 2023, to the complaint survey completed on July 18th, 2023. We respectfully request a paper review and will provide any additional information requested.</p>		
F 0804 SS=D Bldg. 00	<p>483.60(d)(1)(2) Nutritive Value/Appear, Palatable/Prefer Temp §483.60(d) Food and drink Each resident receives and the facility provides-</p> <p>§483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and</p>						

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

TITLE

(X6) DATE

Brandi Thompson

Executive Director

08/02/2023

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>appearance;</p> <p>§483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Based on observation, interview, and record review, the facility failed to ensure food was served at the proper temperature during 1 of 1 meal observations. Three (3) of twelve (12) residents indicated food was served cold. (Resident B, Resident C, Resident D)</p> <p>Finding includes:</p> <p>On 7/17/23 at 8:47 a.m., Resident C indicated she eats meals in her room and in the dining room, food is served cold if she eats in her room, it is hard to eat cold food that is supposed to be hot.</p> <p>On 7/17/23 at 9:05 a.m., Resident B indicated the hot food was cold most of the time, she eats meals in her room.</p> <p>On 7/18/23 at 8:30 a.m., Resident D indicated hot food is served cold.</p> <p>On 7/18/23 at 9:00 a.m., Resident council minutes, reports of concerns, and monthly questionnaires were reviewed and included, but were not limited to:</p> <p>Report of concern dated 5/31/23- " Residents state that the food is always cold when they receive it."</p> <p>Report of concern dated 7/11/23- " Meals are always late and cold."</p> <p>Resident Council dated 7/1/23- "Food has no</p>			F 0804	<p>F 804 Palatable Food</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>Residents B, C, and D did not experience any negative outcomes as a result of the alleged deficient practice.</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;</p> <p>All residents have the potential to be affected by the alleged deficient practice.</p> <p>All hot food cooking temperature will be monitored to ensure at least 155 degrees and holding temperature is at least 135 degrees.</p> <p>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur;</p> <p>All dietary staff was educated on ensure that palatable, attractive, food at a safe temperature is being served by the Executive Director/Designee on 7/28-29/2023.</p> <p>New Camduction heat system</p>		08/02/2023

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	<p>taste. Food is always (sic) cold."..." Breakfast is always cold."...</p> <p>Resident Council dated 7/11/23 - " Food always cold."</p> <p>Monthly questionnaire dated 4/25/23- " [Food] Cold because halls are not passing trays in a timely manner."</p> <p>Monthly questionnaire dated 5/23/23- " Warm [food] in the DR cold [food] on the halls."</p> <p>On 7/18/23 at 9:20 a.m., the Dietary Manager indicated this was her first month at the facility, when she first started she was told the temperature of the food was an issue. The Dietary manager indicated the pellet warmer was not being used, but is now along with a plate warmer.</p> <p>On 7/18/23 at 1:38 p.m., the Administrator provided the current policy on record of food temperature with a copyright date of 2023. The policy included, but was not limited to, no food will be served that does not meet the food code standard temperatures.</p> <p>This Federal tag relates to Complaints IN00410386.</p> <p>3.1-21(a)(2)</p>				<p>bases ordered 7/20/2023 and will be utilized upon receipt to ensure food remains a palatable temperature.</p> <p>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;</p> <p>QAPI tool temperatures will be completed daily X 4 weeks, weekly X 4 weeks and monthly X 4 months by DM/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.</p>		