

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

PRINTED: 08/29/2023
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 08/09/2023	
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 the Investigation of Complaint IN00412535 and IN00412864.</p> <p>Complaint IN00412535 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00412864 - Federal/state deficiencies related to the allegations are cited at F921.</p> <p>Survey dates: August 9, 2023.</p> <p>Facility number: 000476 Provider number: 155446 AIM number: 100290870</p> <p>Census Bed Type: SNF/NF: 85 Total: 85</p> <p>Census Payor Type: Medicare: 2 Medicaid: 70 Other: 13 Total: 85</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed August 9, 2023</p>		F 0000				
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</p>		F 0921	Majestic Care of Jefferson Pointe		08/25/2023	

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

TITLE

(X6) DATE

David Holbrook

Executive Director

08/25/2023

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 30 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>review the facility failed to maintain a clean environment for 7 of 10 residents reviewed (Resident C, Resident E, Resident F, Resident H, Resident I, Resident J, Resident K).</p> <p>Findings include:</p> <p>On 8/9/23 at 10:52 AM the Administrator indicated Resident C, Resident H, Resident I, and Resident K were interviewable.</p> <p>1. During an observation on 8/9/23 at 10:07 AM, Resident C pulled an overflowed trash can out of the activity room into the hallway.</p> <p>In an interview on 8/9/23 at 10:07 AM, Resident C indicated he pulled the overflowed trash can out into the hallway so someone would see it and empty it. Resident C indicated the trash cans in the common areas tend to overflow more than the ones in the residents' rooms.</p> <p>2. During an observation on 8/9/23 at 10:25 AM, Resident H's trash can was overflowing with trash.</p> <p>In an interview on 8/9/23 at 10:25 AM, Resident H indicated his trash can had not been emptied for 1-2 days and he had requested staff to empty it.</p> <p>3. In an interview on 8/9/23 at 10:29 AM, Resident I indicated there was been dried bowel movement in front of her toilet for 3 weeks.</p> <p>During an observation on 8/9/23 at 10:38 AM, Resident I's toilet had dried brown matter in front of it on the ground.</p> <p>In an interview on 8/9/23 at 10:40 AM, RN 2 indicated there should not have been dried brown</p>		<p>respectfully request paper compliance.</p> <p>1. 1. What corrective actions will be accomplished for those residents found to have been affected by the deficient practice? Trash cans in the common area were emptied during survey. Res H's trash can was immediately emptied. Res I, E, and F's bathroom was cleaned. Res J and K's rooms were cleaned. Floor outside of 200 hall shower room was cleaned.</p> <p>2. How other residents have the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken? All resident's resident in the facility have the potential to be affected by the alleged deficient practice.</p> <p>3. What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not reoccur? The housekeeping director will re-educate the housekeeping staff on proper cleaning protocols including emptying the trash, sweeping floors and the cleaning of toilets (via 1:1 in-servicing). DNS/or designee will re-educate the nursing dept on the requirement to clean up any feces</p>				

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	<p>matter on the floor in the bathroom. RN 2 indicated the Certified Nursing Aide (CNA) or housekeeping cleaned the area.</p> <p>4. In an interview on 8/9/23 at 10:30 AM, Resident J and Resident K indicated their room was only cleaned every 3 days and it should have been cleaned more often.</p> <p>5. During an observation on 8/9/23 at 10:39 AM, there was dried brown food matter on the floor outside the 200 hall shower room.</p> <p>In an interview on 8/9/23 at 10:39 AM, the Maintenance Director and Registered Nurse (RN) 2 indicated the dried food matter was brownies from last evening. The Maintenance Director and RN 2 indicated residents utilized the 200 hall shower room and there should not have been food on the floor.</p> <p>6. During an observation on 8/9/23 at 11:30 AM, Resident E and Resident F's bathroom had dried brown matter on the wall behind the toilet, on the wall to the right of the toilet and on the floor in front of the toilet. There was also a used disposable undergarment on the floor by the toilet.</p> <p>In an interview on 8/9/23 at 11:31 AM, RN 3 indicated dried brown matter should not be on the floor or walls. RN 3 also indicated a used disposable undergarment should not be on the floor.</p> <p>In an interview on 8/9/23 at 11:38 AM, CNA 4 indicated housekeeping cleaned resident rooms daily, including emptying the resident's trash cans. CNA 4 indicated there should not be brown matter left on the walls or floor of the bathroom.</p>		<p>that is on a resident's bathroom floor (via all staff meetings).</p> <p>4. How the corrective action will be monitored to ensure the deficient practice will not recur? The Housekeeping director will inspect 10 trash cans per day Monday-Friday x4 weeks, then 3x per week x2 months, then 1x per week x3 months; to ensure they are being emptied each day and that there is no build up in the bottom of the receptacle. The Housekeeping director will also inspect 5 rooms per day each business day x4 weeks, then 3 rooms per day each business day x2 months, then 1 room per day each business day x3 months to ensure compliance. The DNS will inspect 5 resident bathrooms per day each business day x4 weeks, then 3 resident bathrooms per day x2 months, then 1 resident bathroom per day x3 months to ensure compliance. Results of 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 be adjust audits based on findings.</p>				

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	<p>An as worked housekeeping schedule was provided by the Regional Consultant on 8/9/23 at 12:38 PM. The schedule indicated the following:</p> <p>8/7/23: 0 of 4 housekeeping staff worked/scheduled 8/8/23: 1 of 4 housekeeping staff worked/scheduled 8/9/23: 1 of 4 housekeeping staff was scheduled</p> <p>In an interview on 8/9/23 at 12:40 PM, the Administrator indicated the facility did not have a policy regarding housekeeping.</p> <p>This Federal citation is related to Complaint IN00412864.</p> <p>3.1-19(f)(5)</p>						