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	08/11/2022

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

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F 0000 Bldg. 00	This visit was for the Investigation of Complaint IN00387611. This visit was in conjunction with a Recertification and State Licensure Survey and Investigation of Complaint IN00386806, Complaint IN00377622, Complaint IN00377128, Complaint IN00384048, and Complaint IN00387611. Complaint IN00386806 - Substantiated. No deficiencies related to the allegations were cited. Complaint IN00377622 - Unsubstantiated due to lack of evidence. Complaint IN00377128 - Unsubstantiated due to lack of evidence. Complaint IN00384048 - Unsubstantiated due to lack of evidence. Complaint IN00387611 - Substantiated. Federal/State deficiencies related to the allegations are cited at F692 and F804. Survey dates: August 3, 4, 5, 8, 9, 10, 11, 2022 Facility number: 011049 Provider number: 155670 AIM number: 200258520 Census Bed Type: SNF/NF: 71 Total: 71 Census Payor Type: Medicare: 4 Medicaid: 50 Other: 17 Total: 71 These deficiencies reflect State Findings cited in	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 request that the plan of correction be considered our allegation of compliance effective 9-1-22 to the annual recertification with complaint survey completed on 8-11-2022. We respectfully request a paper review and will provide any additional information requested.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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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	accordance with 410 IAC 16.2-3.1. Quality review completed on August 18, 2022.			
F 0692 SS=D Bldg. 00	483.25(g)(1)-(3) Nutrition/Hydration Status Maintenance §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise; §483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health; §483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. Based on observation, interview and record review, the facility failed to ensure a resident who experienced weight loss had new interventions instituted and that the registered dietitian and the physician were notified of a significant weight loss for 1 of 3 reviewed for weight loss. (Resident G) Findings include: On 8/4/22 at 8:55 A.M., Resident G was observed lying asleep in bed. A tray with a full plate of	F 0692	**What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;** Resident G's MD and the Registered Dietitian was notified of weight loss on 8/30/2022. Resident G's received assistance with meals as needed. Resident G's nutritional care plan was reviewed and updated as	09/01/2022

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	food including scrambled eggs and juice was observed sitting on a bedside table in front of her, untouched. The tray lacked a supplemental drink. On 8/4/22 at 9:28 A.M., CNA (certified nurse aide) 5 was observed to enter Resident G's room, walked past Resident G, and handed the roommate a cup of water. CNA 5 then exited the room without addressing Resident G. At that time, the plate in front of Resident G was still untouched, and Resident G was still asleep. During an interview on 8/4/22 at 9:36 A.M., CNA 3 indicated the breakfast trays had been passed that morning between 7:30 and 8:00 A.M. At that time, Resident G's plate was still untouched. On 8/8/22 at 9:03 A.M., Resident G's clinical record was reviewed. Diagnosis included, but were not limited to, anxiety disorder, dementia, and abnormal weight loss. The most recent MDS (minimum data set) Assessment, dated 7/22/22, indicated Resident G had a severe cognitive impairment, and required limited assistance of 1 (one) for eating. The MDS also indicated a significant weight loss. Resident G's weights from February 2022 through August 2022 included the following: 2/4/2022 136.9 Lbs 3/5/2022 139.8 Lbs 4/6/2022 146.0 Lbs 5/2/2022 141.4 Lbs 6/6/2022 132.4 Lbs 6/27/2022 131.9 Lbs 7/4/2022 123.0 Lbs 7/18/2022 123.9 Lbs 8/1/2022 107.6 Lbs 8/4/2022 109.4 Lbs		indicated on 8/30/2022. **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 the facility have the potential to be affected by the alleged deficient practice. All residents were audited to ensure weights were obtained and the MD/NP was notified of any significant change by DNS/Designee on 8/30/2022. All residents that require assistance with eating were reviewed to ensure the proper level of assistance is provided. **What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur;** All licensed nurses were educated on notifying the MD/NP/RD of significant weight changes on 8/29/2022 by the DNS/Designee. All nursing staff was educated on providing assistance at meals when applicable on 8/29/2022 by DNS/Designee **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**	

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	8/8/2022 108.2 Lbs 8/8/2022 108.0 Lbs Current physician orders included, but were not limited to, the following: Two Cal HN (a dietary caloric supplement) 60cc (milliliters), two times a day, started 4/11/22 The most recent Registered Dietician note, dated 4/18/22, indicated resident was evaluated and noted to have a slight weight gain. The registered dietician recommended at that time to discontinue Two Cal HN 60cc related to good intakes and weight gain. Resident G's clinical record lacked any other notification or note from the Registered Dietician since that visit. A current potential for nutritional risk care plan, revised 8/6/22, included, but was not limited to, the following interventions: "Provide and serve supplements as ordered" dated 9/28/21 "RD [registered dietician] to evaluate and make diet change recommendations PRN [as needed]" dated 9/28/21 "Weights as ordered/indicated, notify MD of significant weight changes" dated 9/28/21 A current assistance with ADLs (activities of daily living) care plan, revised 3/11/22, included, but was not limited to, the following interventions: "Staff to provide physical assistance with meal intake as needed. Provide cueing and encourage her to participate, provide assistance if [resident] does not initiate task" revised 8/6/22 A behavioral health progress note, dated 6/10/22, indicated "During session resident presented as dysphoric with blunted affect. Resident was		**into place;** QAPI tool nutrition/weights 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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	sitting in [their] bed eating breakfast at time of encounter. She was holding her fork with [sic] food on it, but was not taking bites. She appeared confused on what to do with fork. Clinician explained how to bring fork to her mouth, but she just provided blank stare. She put fork down and grabbed clinician's hand ..." The clinical record lacked any notification to the physician of a weight loss. On 8/8/22 at 9:46 A.M., Resident G was observed lying asleep in bed. A tray with a full plate of food including bacon, toast, a banana, two french toast sticks, grits, a full syrup container, and a carton of milk was observed sitting on a bedside table in front of her, untouched. The tray lacked a supplemental drink. CNA 31 was observed to enter the room at 9:50 A.M., and again at 9:57 A.M., to assist Resident G's roommate, but did not address Resident G. During a continuous observation on 8/9/22 from 7:45 A.M. until 8:33 A.M., the following was observed: 7:45 A.M. A meal cart was brought out to the 200 Hall and staff began passing trays 8:15 A.M. CNA 15 brought a meal tray into Resident G's room and sat it on the bedside table. CNA 15 raised the head of the bed, indicated to Resident G "good morning", but Resident G did not respond. CNA 15 removed the lid from the plate, and left the plate in front of Resident G as Resident G continued to sleep, and CNA 15 exited the room and left the door open. A supplement drink was not observed on the tray. 8:21 A.M. CNA 7 passed Resident G's room 8:23 A.M. CNA 7 passed Resident G's room 8:25 A.M. RN (registered nurse) 17 walked into Resident G's room and assisted roommate. RN 17			

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	did not address Resident G who was still sleeping. At that time, CNA 7 passed Resident G's room. 8:27 A.M. CNA 7 passed Resident G's room 8:28 A.M. CNA 7 passed Resident G's room 8:31 A.M. CNA 7 and the SSD (Social Services Director) stood in front of Resident G's room talking. 8:32 A.M. LPN (licensed practical nurse) 9 passed Resident G's room 8:32 A.M. CNA 7 collected empty meal trays from several resident rooms, and loaded them onto the cart in the hall, walking past Resident G's room 8:33 A.M. LPN 9 passed Resident G's room On 8/9/22 at 9:04 A.M., Resident G was observed with the same untouched tray in front of her, and was asleep in bed. During an interview on 8/9/22 at 9:06 A.M., RN 17 indicated supplement shakes were either administered to residents from the nurses, or sometimes would receive on their meal tray. At that time, RN 17 indicated she only had one resident that received a supplemental shake on that hall, and it was not Resident G. On 8/10/22 at 12:51 P.M., Resident G was observed sitting in the common area behind the 200 Hall nurses station in a wheelchair with a blanket over her and arms bent up with hands laying across the chest. At that time, CNA 7 indicated Resident G did not eat the lunch meal, so it was put up untouched. CNA 7 then left the common area and returned with two small containers of ice cream. CNA 7 assisted to feed one bite of the ice cream to Resident G, then asked her to hold the container, and pushed the resident to the other side of the room where the resident sat the container on the table. CNA 7 picked up the container, attempted to give Resident G a bite,			

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	and when Resident G said "no", CNA got up, and disposed of the containers of ice cream. CNA 7 did not encourage Resident G to eat any more after that attempt. During an interview on 8/10/22 at 8:53 A.M., the DON (Director of Nursing) indicated if a resident had a true weight loss, the nurses should notify the practitioner. During an interview on 8/10/22 at 1:42 P.M., the Administrator indicated the Registered Dietician visited the facility weekly on Wednesdays to review residents. She indicated any resident with a change in condition would be identified in their morning meeting, and that report given to the Registered Dietician on her weekly visit. She indicated Resident G had not been seen by the Registered Dietician due to not being flagged as a weight loss, and therefore, they were unaware of the significant weight loss. On 8/11/22 at 10:59 A.M., a current non-dated Unplanned Weight Loss policy was provided and indicated "The nursing staff will monitor and document the wight and dietary intake of residents in a format which permits comparisons over time ... The staff will report the the physician significant weight gains or losses or any abrupt or persistent change from baseline appetite or food intake" This Federal tag relates to Complaint IN00387611. 3.1-46(a)(1)			
F 0804 SS=E Bldg. 00	483.60(d)(1)(2) Nutritive Value/Appear, Palatable/Prefer Temp §483.60(d) Food and drink			

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	Each resident receives and the facility provides- §483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance; §483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature. Based on observation, record review, and interview, the facility failed to provide food that was palatable, attractive, and at a safe and appetizing temperature for 1 of 1 breakfast trays sampled. Finding included: During the survey from 8/3/22 to 8/11/22 the following random resident interviews were completed: The food is not good. The food is cold. The food is cold and too salty. On 8/5/22 at 7:40 A.M., a breakfast tray was obtained with the following temperatures and tastes: sausage 108 degrees Fahrenheit, taste was cold, sausage was pink in the middle. waffle 110 degrees Fahrenheit, taste was cold. oatmeal 153 degrees Fahrenheit, taste was bland. On 8/11/22 at 8:35 A.M., a current Food Production policy, dated March 2019, was obtained and indicated the sausage should be "155 degrees Fahrenheit for...sausage..." This Federal tag relates to Complaint IN00387611.	F 0804	**What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;** No residents were identified. **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 have the potential to be affected by the alleged deficient practice. All hot food cooking temperature will be monitored to ensure at least 155 degrees and holding temperature is at least 135 degrees. **What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur;** All staff was educated on ensure that palatable, attractive, food at a safe temperature is being served by the Executive	09/01/2022

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	3.1-21(a)(1) 3.1-21(a)(2)		Director/Designee on 8/30/2022. A new Camduction heat system has been ordered and will be utilized upon receipt to ensure food remains a palatable temperature. **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 nutrition 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.	