

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

PRINTED: 12/07/2023  
FORM APPROVED  
OMB NO. 0938-039

|   |   |   |  |  |  |  |                            |
|---|---|---|--|--|--|--|----------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION             |   | X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER<br><br>155322 |  | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING                             |  | X3) DATE SURVEY<br>COMPLETED<br>11/28/2023 |                            |
| NAME OF PROVIDER OR SUPPLIER<br><br>MAJESTIC CARE OF WEST ALLEN |   |   |  | STREET ADDRESS, CITY, STATE, ZIP COD<br>6050 S CR 800 E 92<br>FORT WAYNE, IN 46814 |  |  |                            |
| (X4) ID<br>PREFIX<br>TAG  | SUMMARY STATEMENT OF DEFICIENCY<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)  |   |  | ID<br>PREFIX<br>TAG  | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)   |  | (X5)<br>COMPLETION<br>DATE |
| F 0000<br><br>Bldg. 00  | <p>This visit was for the Investigation of Complaint IN00421807.</p> <p>Complaint IN00421807 - Federal/State deficiency related to the allegations are cited at F761.</p> <p>Survey dates: November 28, 2023.</p> <p>Facility number: 000215<br/>Provider number: 155322<br/>AIM number: 100267600</p> <p>Census Bed Type:<br/>SNF/NF: 78<br/>Total: 78</p> <p>Census Payor Type:<br/>Medicare: 2<br/>Medicaid: 68<br/>Other: 8<br/>Total: 78</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed November 29, 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> <p>="" b=""&gt;<br/>="" b=""&gt;<br/>="" span=""&gt;</p> |  |                            |
| F 0761<br>SS=E<br>Bldg. 00                                      | <p>483.45(g)(h)(1)(2)<br/>Label/Store Drugs and Biologicals<br/>§483.45(g) Labeling of Drugs and Biologicals<br/>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p>  |   |  |  |  |  |                            |

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

TITLE

(X6) DATE

SeAndra Robinson

RN DNS

12/05/2023

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>§483.45(h) Storage of Drugs and Biologicals</p> <p>§483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>Based on observation and interview the facility failed to ensure medication carts were secured/locked for 2 of 2 observations. 29 residents resided on the 100 hall.</p> <p>Findings include:</p> <p>During an continuous observation on 11/28/23 at 1:29 PM - 1:32 PM, 2 medication carts on 100 hall were unlocked. The 2 medication carts each had 1 drawer partially open. 2 residents were observed walking past the medication carts. There were also no staff present at the medication carts.</p> <p>During an observation on 11/28/23 at 1:43 PM, 2 medication carts on 100 hall were unlocked. There were no staff present at the medication carts.</p> <p>In an interview on 11/28/23 at 1:32 PM, Qualified Medication Aide (QMA) 2 indicated she was scheduled as the QMA on the 100 hall. QMA 2</p> |   |  | F 0761   | <p>How will corrective action be accomplished for those residents found to have been affected by the deficient practice?</p> <p>The facility is unable to correct the alleged deficient practice. Medication Cart was locked once facility was notified. No harm to any residents noted. How will the facility identify other residents having the potential to be affected by the same deficient practice? All residents have the potential to be affected by the alleged deficient practice. An audit of all medication carts completed to ensure locked on 11-28-23 after surveyor exited. What measures will be put into place or systemic changes made to ensure that the deficient practice will not occur? Nursing</p> |  | 12/04/2023                 |

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|   | <p>indicated she should have locked the medication carts and computers closed prior to walking away from the carts.</p> <p>A resident roster was provided by the Administrator on 11/28/23 at 12:30 PM. The roster indicated 29 residents resided on the 100 hall.</p> <p>A policy, dated 2/2017, titled "Medication Storage and Labeling," was provided by the Director of Nursing on 11/28/23 at 2:25 PM. The policy indicated medication carts are secured/locked and only accessible to designated staff.</p> <p>This Citation relates to Complaint IN00421807.</p> <p>3.1-25(m)</p> |   |  |  | <p>staff in-serviced by DNS/Designee by 12-4 on ensuring medication carts are locked at all times. DNS/Designee will audit medication carts 3 X's daily on various shifts X6 months to ensure medication carts are locked at all times. How will the facility monitor its corrective actions to ensure the deficient practice will not reoccur? 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 adjust audits based on findings.</p> |  |                            |