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

	AND PLAN OF CORRECTION IDENTIFICATION NUMBER			JILDING	ONSTRUCTION 00	(X3) DATE : COMPL 08/19/	ETED
NAME OF PROVIDER OR SUPPLIER MAJESTIC CARE OF LAFAYETTE				300 WII	ADDRESS, CITY, STATE, ZIP COD NDY HILL DR ETTE, IN 47905		
(X4) ID PREFIX TAG F 0000	(EACH DEFICIEN	STATEMENT OF DEFICIENCIE CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ATE	(X5) COMPLETION DATE
Bldg. 00	IN00386340, IN003 IN00384389. Complaint IN00386 deficiencies related Complaint IN00387 Federal/state deficie allegations are cited Complaint IN00387 lack of evidence. Complaint IN00384 Federal/state deficie allegations are cited Survey dates: Augu Facility number: 00 Provider number: 1: AIM number: 10026 Census Bed Type: SNF/NF: 103 Total: 103 Census Payor Type: Medicare: 22 Medicaid: 79 Other: 2 Total: 103	at F760. 2782 - Unsubstantiated due to 2389 - Substantiated - encies related to the lat F921. st 17, 18, and 19, 2022 0147 55243 66900	F 00	000	By submitting the enclosed materials, we are not admittin truth or accuracy of any speci findings or allegations. We rest the right to contest the finding allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The farequest that the plan of correct be considered our allegation of compliance effective 9-16-22 complaint survey completed of 8-19-2022. We respectfully request a paper review and we provide any additional informative requested.	fic serve s or cility ction of to the on	

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

TITLE

(X6) DATE

Any defiency statement 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 disclodays 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.

FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: Z1VC11 Facility ID: 000147 If continuation sheet Page 1 of 8

		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION (X3) DATE SUF					
		IDENTIFICATION NUMBER					OMPLETED	
155243			B. W	ING		08/19/	2022	
NAME OF PROVIDER OR SUPPLIER MAJESTIC CARE OF LAFAYETTE				300 WII	ADDRESS, CITY, STATE, ZIP COD NDY HILL DR ETTE, IN 47905			
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIE		ID	PROVIDENCE NEARLOS CORRECTION		(X5)	
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TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION		TAG	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	.16	DATE	
	Quality review com	pleted on August 30, 2022.						
F 0760 SS=D Bldg. 00	483.45(f)(2) Residents are Free The facility must et §483.45(f)(2) Resisignificant medicat During observation, the facility failed to significant medicatigiven 10 out of 10 mass distributed her medications carried nurse for 1 of 2 resistadministered. (Residual and the medications included: During an interview Resident G she indigive her medications she was supposed to with her breakfast, at today. She indicated and she was not feel late. An observation on 8 Resident G was givelate by Registered M scheduled to be given During the administ resident asked RN 2 treatment because R medication and anough RN 2 indicated he a medicated he knew the sident of	e of Significant Med Errors ensure that its- idents are free of any tion errors. Interview, and record review, keep the resident free of any on error when the resident was medications 2 hours late and medications along with other into the resident room by the dents observed medications dent G) 7 8/18/2022 at 12:45 p.m., with cated the facility staff do not s to her on time. She indicated of get her morning medications and she had not received them d she needed her medications, ling well because they were 8/18/2022 at 1:09 p.m., en her morning medications Nurse (RN) 2. They were en between 6 a.m. to 10 a.m.). tration of the medications, the if she was getting a breathing the 2 had a breathing treatment ther cup of pills in his hand.	F 0	760	F 760 Resident are free from significant medication errors 1. What corrective action will accomplished for those resident(s) found to have been affected by the deficient practica. MD notified regarding late medication administration. b. All nurses educated on asking for assistance if running behind administering medicatica. How other residents have the potential to be affected by same deficient practice will be identified and what corrective action will be taken: a. Other residents have the potential of being affected by the deficient practice. b. An audit was completed to medication administration for those affected. C. Staff nurse educated regarding 5 rights of medication administration. d. All nurses educated regarding 5 rights of medication administration. d. All nurses educated regarding 5 rights of medication administration. 3. What measures will be pure into place and what systemic changes will be made to ensurthat the deficient practice does the control of the contr	g ce: e g on. ng the the of es, ed. on ut re	09/16/2022	

STATEMENT OF DEFICIENCIES X1) PROVI		X1) PROVIDER/SUPPLIER/CLIA			(X3) DATE	(3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BU	A. BUILDING <u>00</u>		COMPLETED	
		155243	B. W	ING		08/19/	/2022
		<u> </u>		STREET A	ADDRESS, CITY, STATE, ZIP COD		
NAME OF F	PROVIDER OR SUPPLIER	8			NDY HILL DR		
MAJEST	IC CARE OF LAFA	YETTE			ETTE, IN 47905		
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(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
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		cated he did not know it was			recur:		
		ple medications for residents			a. Education was completed		
	in the same room at	the same time.			nursing staff regarding Medica		
	D	0/10/2022 / 1.26			administration and the 5 rights	s of	
	_	on 8/18/2022 at 1:26 p.m., with			medication administration.		
		sing, she indicated the staff			4. How the corrective action	ı WIII	
		re prepared one resident's			be monitored to ensure the		
	_	a time and distributed it to the			deficient practice will not recui		
	_	ders. She indicated the staff			what quality assurance progra	ım	
		more than one resident's			will be put into place:		
		ne. DON indicated she was not nber needed assistance with			a. The DON or designee wi		
					educate all nurses in orientation	on	
		indicated there was staff in the			regarding the 5 rights of		
	1	staff member and medications			medication administration.		
	should not be delay	ed in distribution.			b. The DON or designee wi		
	D ' 1	. 9/19/2022 4 4 04			conduct medication administra		
	1	iew on 8/18/2022 at 4:04 p.m. of			check off, prior to administering	ıg	
	_	for Resident G the following			medications with the facility.		
	medications were g				c. The DON or designee will		
	_	Γablet 40 milligram (mg) - give			perform audits weekly for 4 we		
	1	(PO) one time a day (QD) sive and frequent menstruation			every other week for 8 weeks,		
		-			monthly for 3 months, for miss		
	1	was given on 8/18/2022 at			or late medications along with		
	12:50 p.m.	Tablet 100MG cive and			corrective action for identified		
		ETablet 100MG - give one (BID) 600-1000 for hypertension			non-compliance.	to	
	was given on 8/18/2	• •			d. Results will be submitted	ιΟ	
	_	MG -give 2 tablets PO QD			QAPI monthly.		
		sive and frequent menstruation					
		•					
	with irregular cycles was given on 8/18/2022 at						
	12:50 p.m.						
	Famotidine Tablet 20MG -give one tablet PO BID						
	600-1000 for Gasto-esphageal reflux disease						
	without esophagitis was given on 8/18/2022 at						
	12:48 p.m.						
	Ferrous Sulfate Tablet 325MG - give one tablet PO BID 600-1000 for excessive and frequent						
		regular cycle was given on					
	8/18/2022 at 1:27 p	.m. 20MG- give one tablet PO OD					
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		X1) PROVIDER/SUPPLIER/CLIA	r í		ONSTRUCTION	(X3) DATE SURVEY		
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	155243			NG		08/19/	/2022	
NAME OF F	PROVIDER OR SUPPLIEF				ADDRESS, CITY, STATE, ZIP COD			
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IVIAJEST	IC CARE OF LAFA	ICIIC		LAFAYE	ETTE, IN 47905			
(X4) ID		STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
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TAG		R LSC IDENTIFYING INFORMATION failure was given on 8/18/2022		TAG	DETCHENCT		DATE	
	at 12:48 p.m.	failure was given on 8/18/2022						
		te Tablet 10MG - give one						
		1000 for hypertension was given						
	on 8/18/2022 at 12:							
	Celexa Tablet 40M	G - give one tablet PO QD						
	600-1000 for depres	ssion was given on 8/18/2022 at						
	12:48 p.m.							
	_	- give one capsule PO QD						
		stools was given on 8/18/2022						
	at 12:47 p.m.	1 1.1 1 241						
		let extended release 24 hour						
	_	olets PO QD 600-1000 for en on 8/18/2022 at 12:47 p.m.						
	depression was give	en on 8/18/2022 at 12.47 p.m.						
	A facility policy title	led, "Administering						
		d as last reviewed 4/2019 and						
	provided by the DC	ON on 8/18/2022 at 2:04 p.m.,						
	indicated, "4. Med	dications are administered in						
	_	escriber orders, including any						
	_	ne7. Medications are						
		n one (1) hour of their						
	1 ~	less otherwise specified (for						
	_	d after meal orders)i. The						
	_	contact the provider, resident or the authorized family						
	1 -	ation may be made via						
		o- facec. The nurse will						
	_	ess notes, the name of the						
		me of each attempt to contact,						
	and the telephone n	umber(s) attempted"						
	This Federal tag relates to the Complaint							
	IN00387401.							
	2.1.49(a)(2)							
	3.1-48(c)(2)							
F 0921	483.90(i)							
SS=E	1 ''	anitary/Comfortable Environ						
Bldg. 00		Environmental Conditions						

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

Z1VC11 Facility ID: 000147

If continuation sheet Page 4 of 8

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING COMPLETED 00 B. WING 08/19/2022 155243 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 300 WINDY HILL DR MAJESTIC CARE OF LAFAYETTE LAFAYETTE, IN 47905 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY) DATE The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. Based on observation and interview, the facility F 0921 09/16/2022 F921 The facility will ensure a failed to ensure a clean, sanitary, and home like clean, sanitary and home like environment related to 7 of 7 resident rooms environment. observed, 1 of 2 hallways observed, 1 of 1 shower room observed, and 1 of 1 assisted dining room p="" paraid="1050729855" observed (Rooms 200, 237, 233, 147, 131, 117 and paraeid="{82964fbf-6194-4287-a31 120). 5-d83b714371a4}{118}"> The corrective action taken for Findings include: those residents found to be affected by the deficient During the initial tour on 8/17/2022 at 12:50 p.m., practice includes: There are no the following was observed: identified residents a.) The assisted dining room for the 200 hall had How other residents that have cracked window blinds, the garbage can was the potential to be affected by overflowing and did not have a lid. Dirty food the same defective practice trays were left out and the cabinet drawer will be identified and what underneath the tray was unhinged and missing a corrective action will be drawer. The staff had their personal belongings, taken. All residents have the lunch bags and open drink cups on the tables in potential to be affected but none the assisted dining room were identified. The dining room for 200 hall blinds were replaced, b.) Room 200 was observed to have cracked garbage disposed of and garbage window blinds, the window ledge had a pink stain, can replaced with lid. Cabinet chipped paint and debris. The bathroom toilet had drawer was fixed. Staff educated waste in it and the bottom of the door had peeled on where to keep personal away from the bottom of the door - backside edge belongings. Room 200 blinds was warped creating a hazard for the resident. replaced, window edge cleaned. Bottom of door repaired. Room c.) Room 237 was observed to have walls needing 237 was painted. Shower area for painting - chipped and peeled. The window ledge 200 hall tiles were replaced where was chipped and cracked. needed. The walls were cleaned. Overhead lights in room 210 and d.) The shower area for the 200 hall opened for 215 were tightened and secured. resident utilization had tiles missing from the floor The overhead lights near 223 and area. There were 15 floor tiles missing and 13 tiles 212 were fixed along with the

were cracked and chipped. The floor was warped

ceiling tiles. Room 233 cleaned

If continuation sheet

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVE			SURVEY		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER	A. BUILDING <u>00</u>		COMPL	COMPLETED	
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	and unlevel. The wa	alls were stained with dirt and			and maintained and door was		
	debris.				repainted. Hallway by staff lou	ınge	
					ceiling panels secured and or	Ü	
	e.) The overhead lig	ghts in the hallway of rooms			replaced, light cover was		
	210 and 215 were lo	ose and 30 panels were not			replaced. 147 ventilation grill	was	
	secure. The overhea	ad light in the hallway near the			replaced and items removed fi		
	rooms 223 and 212	was not working.			the top of it. Hole was patched		
		-			and painted. Bathroom door w		
	f.) Room 233 was o	bserved to have debris, food,			fixed and area around door		
	briefs and papers so	eatted on the floor. The toilet			cleaned. Room 131 window bl	inds	
	was clogged with fe	eces and had an odor. The			were replaced, vent grill clean		
	door need painting	and had multiple scratches.			counter top cleaned and wall		
					painted. Room 117 light cord v	vas	
	g.) The hallway out	side the staff lounge, the			replaced, sink/toilet cleaned, v	ent	
	overhead light cove	er was missing, warped and 20			grill cleaned and replaced.		
	overhead panels we	re not secure.			Window ledge was cleaned ar	nd	
					fixed. room 120 overhead doo	or	
	h.) Room 147 was o	observed to have the			was fixed Room was cleaned	and	
	ventilation grill bro	ken and blankets and papers			organized.		
	on top of broken gri	ill which had fallen into the			What measures will be put in	to	
	ventilation containe	er. A hole the size of 2 silver			place and what systemic		
	dollars was observe	d to be in the wall next to the			changes will be made to		
	doorway. The bathr	oom door was unhinged- not			ensure that the deficient		
	secure. The bathroo	m toilet hinge area was rusted			practice does not recur: All		
	dirty and had debris	and old feces in the hinges.			other areas of the building wer	re e	
					reviewed and maintained as		
	i.) Room 131 had co	racked window blinds, a dirty			necessary to ensure a clean,		
	ventilation grill, a p	illow on the floor near the			sanitary and home like		
	windowsill and mol	ld on the ventilation grill			environment. The dining room	n for	
	countertop. The bed	l area near the resident's bed			200 hall blinds were replaced,		
	had scraped, peeling, and chipped paint on the				garbage disposed of and garb	age	
	wall.				can replaced with lid. Cabinet		
					drawer was fixed. Staff educa	ted	
	j.) Room 117 was missing a light cord for the light				on where to keep personal		
	over the bed area so the resident was not able to				belongings. Room 200 blinds		
	access the light, the toilet bowl had feces and the				replaced, window edge cleane	ed.	
	sink was clogged and full of dirty water. The				Bottom of door repaired. Rooi	m	
		s broken and in the well of the			237 was painted. Shower are	a for	
		dow ledge was dirty, had			200 hall tiles were replaced wh	nere	
	debris and was brok	ten on the corner closest to			needed. The walls were clear	ied.	

STATEMENT OF DEFICIENTS AND PLAN OF CORRECTION DESTRIPATION NUMBER 155243 MAMILIOF PROVIDER OR SUPPLIER MAJESTIC CARE OF LAFAYETTE MAJESTIC CARE OF LAFAYETTE SUMMARY STATEMENT OF DEFICIENCIE REGULATORY OR ISC IDENTIFYING INFORMATION the resident's bed. REGULATORY OR ISC IDENTIFYING INFORMATION the resident's bed. REGULATORY OR ISC IDENTIFYING INFORMATION the resident's bed. A BUILDING SUMMARY STATEMENT OF DEFICIENCIE REGULATORY OR ISC IDENTIFYING INFORMATION the resident's bed. A BOUNDAM A PROVIDER OR SUPPLIER TAG REGULATORY OR ISC IDENTIFYING INFORMATION the resident's bed. A BOUNDAM A PROVIDER OR SUPPLIER LAFAYETTE, IN 47905 Overhead lights in room 210 and 216 were tightened and secured. The overheed lights near 223 and 21 were fixed along with the ceiling tiles. Room 233 cleaned and and maintained and door was repained. Hallway by staff lounge ceiling panels secured and or recent Life Safety survey 2 weeks ago. The areas observed should be cleaned of putter, and the areas observed should be cleaned propried. The ficility was in the process of repairs due to a recent Life Safety survey 2 weeks ago. The areas observed meded to be cleaned by housekeeping. The staff were supposed to notify the administrator, she indicated she was aware of the facility, needing repairs but was not aware of the facility, needing repairs but was not aware of the facility, needing repairs but was not aware of the facility, needing repairs but was not aware of the facility, needing repairs but was not aware of the facility, needing repairs but was not aware of the facility, needing repairs but was not aware of the facility, needing repairs but was not aware of the facility, needing repairs but was not aware of the facility, needing repairs but was not aware of the facility, needing repairs but was not aware of the facility needing repairs but was not aware of the facility needing repairs but was not aware of the facility needing repairs but was not aware of the facility needing repairs but was not aware of the f	CENTERS FOR MEDICARE & MEDICAID SERVICES						OM	IB NO. 0938-039
NAME OF PROVIDER OR SUPPLIER MAJESTIC CARE OF LAFAYETTE MAJESTIC CARE OF LAFAYETTE MAJESTIC CARE OF LAFAYETTE SIMMARY STATHENT OF DIFICIENCIE PREFIX TAG REGULATORY OR LSC IDENTIFYINO INFORMATION TAG the resident's bed. LY REGULATORY OR LSC IDENTIFYINO INFORMATION TAG the resident's bed. LY REGULATORY OR LSC IDENTIFYINO INFORMATION TAG the resident's bed. Doverhead lights in room 210 and 215 were tightened and secured. The overhead slights near 223 and 215 were tightened and secured. The overhead lights near 223 and 215 were lightened and secured. The overhead lights near 223 and 215 were lightened and secured. The overhead lights near 223 and 215 were lightened and secured. The overhead lights near 223 and 215 were lightened and secured. The overhead lights near 223 and 215 were lightened and secured. The overhead lights near 223 and 215 were lightened and secured. The overhead lights near 223 and 215 were lightened and sproprint and the fallow so were replaced, light cover was replaced. The overhead lights near 223 and 215 were lightened and organized and maintained and organized and maintained and organized and maintained and organized and wall painted. Bathroom door was fixed and area around door cleaned. Room 131 window blinds were replaced, sink/holet cleaned, vent grill cleaned, counter top cleaned and wall painted. Room 117 light cord was replaced. Window ledge was cleaned and fixed: room 120 overhead door was fixed Room was cleaned and regalized. Window ledge was cleaned and fixed: room 120 overhead door was fixed Room was cleaned and regalized. Window ledge was cleaned and fixed: room 120 overhead door was fixed Room was cleaned and replaced. Window ledge was cleaned and fixed: room 120 overhead door was fixed Room was cleaned and replaced. Window ledge was cleaned and organized. Window ledge was cleaned and fixed: room 120 overhead door was fixed Room was cleaned and replaced. Window ledge was cleaned and organized. Window ledge was cleaned and fixed: room 120 overhead door was fixed Room		AND PLAN OF CORRECTION IDENTIFICATION NUMBER		î ´			· ′	
MAJESTIC CARE OF LAFAYETTE (CQ) ID SUMMARY STATEMENT OF DEFICIENCE PRIFIX TAG TAG REGULATORY OR LSC IDENTIFYING INFORMATION (k) Room 120 had a broken overhead door arch, and the hallway outside was congested with 2 broken wheelchains, 2 over hed tables with dirty food trays, a dirty floor mat, and an oxygen concentrator During an interview on 8/17/2022 at 3:30 p.m., the Director of Nursing indicated the staff had been told not to leave personal items in the assisted dining rooms with essy access for the residents. The hallways should be cleared of clutter, and the acress observed should be cleared of clutter, and the acress observed should be cleared of clutter, and the administration if resident rooms needed repair. During an interview on 8/17/2022 at 5:30 p.m., the Director of Nursing indicated the staff had been replaced. If you have been defined to the cleared by housekeeping. The staff were supposed to notify the administration if resident rooms needed repair. During an interview on 8/17/2022 at 4:02 p.m. with the Acting Administrator, she indicated she was aware of the observations during the 8/17/2022 tour of the facility. The current policy titled, "Method of Cleaning", undated, received on 8/18/2022 at 2:04 p.m., from the Director of Nursing indicated,"TOP DOWN: always start cleaning surfaces, ledges, shelves, etc., at the top and work you way down. Clean the face of areas as wellRestrooms-address the same as a room, paying careful attention to the sisk and commode. Infection control is critical ber. Avoid cross contamination: always clean the face of areas as wellRestrooms-address the same as a room, paying careful attention to the sisk and commode. Infection control is critical brown of contamination: advanced the same as a room, paying careful attention to the sisk and commode. Infection control is critical brown of contamination: advanced to the same as a room, paying careful attention to the sink and controlled to the part of the part of the paying the paying the paying the payin	AND PLAN					00		
MAJESTIC CARE OF LAFAYETTE (X4)ID SUMMARY STATEMENT OF DEFICIENCIE (BACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION the resident's bed. (L) Room 120 had a broken overhead door arch, and the hallway outside was congested with 2 broken wheelchairs, 2 over bed tables with dirty food trays, a dirty floor mat, and an oxygen concentrator During an interview on 8/17/2022 at 3:30 p.m., the Director of Nursing indicated the staff had been told not to leave personal items in the assisted dining rooms with easy access for the residents. The hallways should be cleared of clutter, and the areas observed should be clean and repaired. The facility was in the process of repairs due to a recent Life Safety survey 2 weeks ago. The areas observed should be clean and repaired. The facility was in the process of repairs due to a recent Life Safety survey 2 weeks ago. The areas observed should be clean and repaired. The facility was in the process of repairs due to a recent Life Safety survey 2 weeks ago. The areas observed should be clean and repaired. The facility was in the process of repairs due to a recent Life Safety survey 2 weeks ago. The areas observed should be clean and repaired. The facility was in the process of repairs due to a recent Life Safety survey 2 weeks ago. The areas observed should be clean and repaired. The facility was in the process of repairs due to a recent Life Safety survey 2 weeks ago. The areas observed medded to be cleaned by housekeeping. The staff were supposed to notify the administration if resident rooms needed repair. During an interview on 8/17/2022 at 4:02 p.m. with the Acting Administrator, she indicated she was aware of the facility. The current policy titled, "Method of Cleaning", undated, received on 8/18/2022 at 2:04 p.m., from the Director of Nursing indicated, "TOP DOWN: always start cleaning surfaces, ledges, shelves, etc., at the top and work your way down. Clean the face of areas as wellRestrooms-maddress the same as a room,	133243				_		06/19/	12022
MAJESTIC CARE OF LAFAYETTE LAFAYETTE, IN 47905	NAME OF I	PROVIDER OR SUPPLIEF	₹					
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### PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION #### TAG REGULATORY OR LSC IDENTIFYING INFORMATION #### TAG REGULATORY OR LSC IDENTIFYING INFORMATION #### TAG Overhead lights in room 210 and 215 were tightened and secured. The overhead lights near 223 and 212 were fixed along with the ceiling tiles. Room 233 cleaned and framework and the hallway outside was congested with 2 broken wheelchairs, 2 over bed tables with dirty food trays, a dirty floor mat, and an oxygen concentrator During an interview on 8/17/2022 at 3:30 p.m., the Director of Nursing indicated the staff had been told not to leave personal items in the assisted dining rooms with easy access for the residents. The hallways should be cleared of clutter, and the areas observed should be clean and repaired. The facility was in the process of repairs due to a recent Life Safety survey 2 weeks ago. The areas observed needed to be cleaned by housekeeping. The staff were supposed to notify the administration if resident rooms needed repair. During an interview on 8/17/2022 at 4:02 p.m. with the Acting Administration if resident rooms needed repair. During an interview on 8/17/2022 at 4:02 p.m. with the Acting Administration if resident rooms needed repair. During an interview on 8/17/2022 at 4:02 p.m. with the Acting Administration if resident rooms needed repair. During an interview on 8/17/2022 at 4:02 p.m. with the Acting Administration if resident rooms needed repair. During an interview on 8/17/2022 at 4:02 p.m. with the Acting Administration if resident rooms needed repair. During an interview on 8/17/2022 at 4:02 p.m. with the Acting Administration if resident rooms needed repair. During an interview on 8/17/2022 at 4:02 p.m. with the Acting Administration if resident rooms needed repair. During an interview on 8/17/2022 at 4:02 p.m. with the Acting Administration if the safe and the face of areas as vell. Restrooms-address the same as a room, paying careful attention to the sink and commode. Infection control	MAJEST	IC CARE OF LAFA	YEIIE		LAFAY	ETTE, IN 47905		
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1 y / I wook rounds for a months and								
linens and overall condition the room(Note any ongoing. All information from								
Maintenance concerns)Remove all debris from audit during rounds will be			•				-	
the floors, counters, and edgesRemove all trash documented and reviewed the						_	е	

and replace liners as needed...."

following day during morning stand

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 09/19/2022 FORM APPROVED OMB NO. 0938-039

CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING COMPLETED 00 155243 B. WING 08/19/2022 STREET ADDRESS, CITY, STATE, ZIP COD NAME OF PROVIDER OR SUPPLIER 300 WINDY HILL DR MAJESTIC CARE OF LAFAYETTE LAFAYETTE, IN 47905 (X4) ID SUMMARY STATEMENT OF DEFICIENCIE ID (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DATE up. All identified areas will be This Federal tag relates to the Complaint immediately remedied. Concerns IN00384389. will be brought to QAPI and addressed accordingly. 3.1-19(e) Administrator to montior.

FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: Z1VC11 Facility ID: 000147 If continuation sheet Page 8 of 8