

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

PRINTED: 06/01/2023

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 02/01/2023	
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 IN00400606.</p> <p>Complaint IN00400606 - Substantiated. Federal/state deficiencies related to the allegations are cited at F921.</p> <p>Survey date: February 1, 2023</p> <p>Facility number: 000476 Provider number: 155446 AIM number: 100290870</p> <p>Census Bed Type: SNF/NF: 87 Total: 87</p> <p>Census Payor Type: Medicare: 10 Medicaid: 73 Other: 4 Total: 87</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed February 2, 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 respectfully requests a Post Survey Desk Review.</p>		
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 review, the facility failed to maintain comfortable water temperatures for 45 of 87 residents residing</p>			F 0921	<p>The alleged complaint that the facility failed to maintain comfortable water temperatures for</p>		02/08/2023

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

TITLE

(X6) DATE

David Holbrook

Executive Director

02/08/2023

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 disclosed 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>in the facility.</p> <p>Findings include:</p> <p>A complaint, submitted to the Indiana Department of Health on 1/31/23, indicated the facility hadn't had hot water on one side of the building since 1/27/23 and resident's weren't able to be bathed.</p> <p>On 2/1/23 at 10:11 A.M., an environmental tour and interview was completed with the Maintenance Director. He indicated he had been notified on Sunday, 1/29/23, there wasn't hot water on the east side of the building. He contacted a plumbing company who came out on 1/30/23. The heating element for 1 of 2 hot water tanks (on the east side of the building) needed replaced. The tanks were replaced on 1/31/23.</p> <p>-10:23 A.M., the buildings east side water tanks were observed. There were 2 tanks. Each held 300 gallons of water. The left tank had a sticker to indicate the heating element had been replaced on 1/31/23. The Maintenance Director indicated the right tank, also the holding tank, hadn't required repair.</p> <p>-Water temperature checks were completed in resident bathrooms and the shower room on the east side of the building. All were within the normal range of 100-120 degrees Fahrenheit.</p> <p>Confidential resident interviews conducted on 2/1/23 indicated the following:</p> <p>-Resident C indicated they had not received their scheduled shower on Saturday, 1/28/23 due to no hot water. They received their regularly scheduled shower on the morning of 2/1/23.</p> <p>-Resident D indicated the facility had been without hot water since Friday afternoon on 1/27/23 and they hadn't received their shower on Saturday due to the hot water issue. They</p>				<p>45 of 87 residents residing in the facility was corrected on 1-30-23 by the contracted plumber with replacing the water heater element.</p> <p>2. A contracted plumber was contacted to repair the affected heating element on said date. Forty-five residents had the potential to be affected by the alleged deficient practice.</p> <p>3. All other water heaters were inspected at the time by the contracted plumber with no additional findings. Water temperatures were also obtained on the affected hallway with no additional issues. All water temperatures were found to be within comfortable range. Upon inspection of the affected water heater, it was also determined by the contracted plumber that the affected water heater would have been momentarily out of comfortable range. Policy reviewed with no changes needed. Maintenance Director re educated on weekly TELS documentation.</p> <p>4. Maintenance director or designee will audit water temperatures at various times throughout the day, daily for six weeks, three times a week for three weeks and then weekly for six months.</p> <p>5. Date of Compliance 2-8</p>		

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	<p>indicated they had just gotten hot water in their room restored this morning.</p> <p>-Resident E indicated they hadn't got their shower on Friday, 1/27/23 because there had been no hot water. They indicated they hadn't been offered to shower in another part of the building where there was hot water.</p> <p>-Resident F, who resided in the room furthest away from the hot water tanks, indicated the water had been cold for a long time. They had been cleaned with a cold washcloth on Monday, 1/30/23.</p> <p>Confidential employee interviews, conducted during the survey indicated:</p> <p>E 2-(Employee) There had been no hot water on the east side of the building from Friday evening, through the weekend and Monday. They indicated administrative staff had been notified, the Maintenance Director had tried to fix it but hadn't been able, so the residents on that side of the building had been left without hot water.</p> <p>E 3-The water had been lukewarm all day Friday and through the weekend. They had notified management.</p> <p>This Federal tag relates to Complaint IN00400606.</p> <p>3.1-19(e)</p>						