

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

PRINTED: 03/20/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155207		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 02/20/2023	
NAME OF PROVIDER OR SUPPLIER  MAJESTIC CARE OF NEW HAVEN				STREET ADDRESS, CITY, STATE, ZIP COD 1201 DALY DRIVE NEW HAVEN, IN 46774			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 IN00401360, IN00401556, IN00401904, IN00402004.</p> <p>Complaint IN00401360 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00401556 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00401904 - Substantiated. Federal/state deficiencies related to the allegations are cited at F761.</p> <p>Complaint IN00402004- Unsubstantiated due to lack of evidence.</p> <p>Survey dates: February 17 &amp; 20, 2023</p> <p>Facility number: 000114 Provider number: 155207 AIM number: 100266640</p> <p>Census Bed Type: SNF/NF: 94 Total: 94</p> <p>Census Payor Type: Medicare: 12 Medicaid: 61 Other: 21 Total: 94</p> <p>This deficiency reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review February 21, 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>		

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

TITLE

(X6) DATE

Carmela Tuttle

HFA

03/06/2023

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 disclosable 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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F 0761 SS=D Bldg. 00	<p>483.45(g)(h)(1)(2) Label/Store Drugs and Biologicals §483.45(g) Labeling of Drugs and Biologicals 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> <p>§483.45(h) Storage of Drugs and Biologicals §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. Based on interview and observation, the facility failed to ensure staff were present during medication administration for 2 of 5 residents (Resident C, Resident F).</p> <p>Findings include:</p> <p>1. During an observation on 2/17/23 at 10:22 AM, Resident C had a medicine cup filled with pills on his bedside table. Resident C indicated the medicine cup was given to him by Licensed</p>			F 0761	<p>What corrective action will be accomplished for those residents found to have been affected by the deficient practices:</p> <p>Resident C was not affected by the deficient practice; Resident F is unable to be identified.</p> <p>How other residents having the potential to be affected by the</p>		02/27/2023

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	<p>Practical Nurse 2 (LPN) earlier that morning. Resident C was observed picking up the medication cup and dumping the pills into his filled urinal. Resident C indicated he often dumped his medications into his urinal as he didn't want to take the medication.</p> <p>In an interview on 2/17/23 at 10:50 AM, the Director of Nursing (DON) indicated the nurse should stay during medication administration to ensure the resident fully took the medication as ordered. The DON indicated a nurse should never leave medications at bedside and walk away. The DON indicated no residents currently residing in the facility were able to self-administer their own medication.</p> <p>In an interview on 2/17/23 at 10:53 AM, Resident C indicated he had medications on his bedside and would dump the pills into his urinal. The DON observed the urinal full of urine and indicated she observed the pills floating in the urine.</p> <p>Resident C's medication administration record (MAR) was reviewed on 2/17/23 at 11 AM. The MAR indicated Resident C received clopidogrel bisulfate (antiplatelet) tablet 75 mg, losartan potassium (antihypertensive) tablet 25 mg, metoprolol succinate extended-release (antihypertensive) tablet 50 mg, vitamin D3 25 mcg tablet on 2/17/23 at 7 AM from LPN 2.</p> <p>An annual Minimum Data Set (MDS) assessment, dated 1/30/23, indicated Resident C had a brief interview mental status score of 12/15 (mild impairment).</p> <p>2. In an interview on 2/17/23 at 3:05 PM, Resident F indicated LPN 2 handed her a cup of her medications, then left before she had taken the</p>				<p>same deficient practice will be identified and corrective action:</p> <p>Whole house audit completed on 2.27.2023 with no findings.</p> <p>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur:</p> <p>Licensed Nurses and QMAs were educated on medication administration.</p> <p>How the corrective action will be monitored to ensure the deficient practice will not recur:</p> <p>DNS/Designee will audit medication administration of five residents five times weekly for four weeks, then five residents three times weekly for four weeks, then five residents weekly for four months. Audit results will be submitted to QAPI monthly for review to ensure increased compliance.</p>		

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	<p>medication.</p> <p>Resident F's record was reviewed on 2/17/23 at 3:10 PM. An MDS, dated 12/15/22 indicated Resident F had a BIMS of 10/15 (mild impairment).</p> <p>In an interview on 2/17/23 at 11:42 AM, the Executive Director (ED) indicated nurses should be present during medication administration.</p> <p>In an interview on 2/17/23 at 1:56 PM, LPN 2 indicated medications should never have been left at a resident's bedside. LPN 2 indicated if a resident refused a medication the nurse would reapproach later and if the resident still refused the medication, she documented refusal in the MAR. LPN 2 also indicated she safely discarded the medication.</p> <p>In an interview on 2/17/23 at 2:21 PM, Qualified Medication Assistant 5 (QMA) indicated medication should never be left at the resident's bedside.</p> <p>A policy, dated 4/19, titled "Administering Medications" was provided by the ED on 2/17/23 at 4:54 PM. The policy did not indicate the nurse should be present during medication administration.</p> <p>This Federal citation relates to Complaint IN00401904.</p> <p>3.1-25(b)(3)</p>						