STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155689	A. BUILDING 00 B. WING	01/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MAJESTIC CARE OF GOSHEN	2400 COLLEGE AVE GOSHEN, IN 46526

(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	This visit was for the Investigation of Complaints IN00424698 and IN00424457. Complaint IN00424698 - Federal/State deficiencies related to the allegations are cited at F609. Complaint IN00424457 - No deficiencies related to the allegations are cited. Survey dates: January 2, 3, & 4, 2024 Facility number: 000091 Provider number: 155689 AIM number: 100290080 Census Bed Type: SNF/NF: 116 SNF: 9 Total: 125 Census Payor Type: Medicare: 4 Medicaid: 78 Other: 43 Total: 125 These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on 1/10/24.	F 0000	**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. Due to the low scope and severity of these findings we respectfully request a desk review in lieu of a traditional revisit.**	
F 0609 SS=D Bldg. 00	483.12(b)(5)(i)(A)(B)(c)(1)(4) Reporting of Alleged Violations §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Caley Nixon	Executive Director	01/18/2024

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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	§483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. Based on interview and record review, the facility failed to ensure that an allegation of misappropriation of property was reported to the State Survey Agency (SSA) in a timely manner for 1 of 3 residents reviewed for misappropriation of property, (Resident B). Finding include: On 1/2/24 at 3:00 P.M., a facility's "Report of Concern" form was provided by the Administrator that indicated on 12/24/23, Resident B's responsible party reported Resident B's	F 0609	**F609- Reporting of Alleged Violations** A It is the practice of this facility to ensure that all alleged violations are reported in a timely manner. **What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:** Resident B – report was immediately sent to ISDH upon	01/12/2024

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	"...wedding ring is missing. Resident and family have been visiting most days. Facility informed around 12 pm. Daughter [not] stating anyone has taken, but was missing...Police report made, room searched, resident unable to state what happened as she doesn't take off. No concerns of being stolen, but rather lost: Facility to continue search and update family as needed..." The Report of Concern form indicated the incident occurred on 12/24/23, was reported to the facility on 12/24/23, and was written and signed by the Administrator on 12/26/23. The report indicated the Administrator contacted the responsible party on 12/26/23. The report was not signed by the responsible party which indicated the concern had not been resolved. On 1/3/24 at 11:55 A.M., during an interview with Resident B's responsible party, she indicated the family was visiting in the morning of 12/24/23 when they noticed the resident's wedding ring was not on her hand. The responsible party indicated the resident always wore a heart shaped ring on her right hand ring finger and her wedding ring on her left hand ring finger and on 12/24/23 the heart shaped ring was on the resident's left ring finger and the wedding ring was missing. Resident B's responsible party indicated the resident would not have been able to remove the rings by herself and so she felt the ring had been stolen. The responsible party indicated she reported the missing ring to the nursing staff immediately and the weekend manager, who was the weekend manager notified the local police. The responsible party indicated 2 local police officers came to the facility and a police report was filed at that time. The responsible party indicated the previous week, the family had a Mother-Daughter Tea where photos where taken of her mother's hands showing the rings.		follow up with resident responsibly party. **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 this deficient practice. All reportable incidents and concerns reviewed to ensure that timely reporting has been completed. **What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:** All staff will be in-serviced on or before 1/12/2024. This in-service will be conducted by the Executive Director or Designee and will include a review of abuse prevention and reporting. The Executive Director/Designee will audit all reportable and concerns weekly to ensure all have been reported and followed up in a timely manner. **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:** Ongoing compliance with this corrective action will be monitored	

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	On 1/4/23 at 12:00 P.M., during an interview with the Administrator, she indicated the Manager on Duty 12/24/23 was the Maintenance Director, who called her on that day to notify her that Resident B's wedding ring was missing. The Administrator indicated she is the person who is responsible for reporting allegations of misappropriation to the SSA, but that she did not report the missing ring because in her interview with the family on 12/26/23, the family member did not indicate that she thought the facility stole the ring, but rather that the ring was lost. The Administrator indicated she was aware that the Maintenance Director wrote in his statement concerning the event that the responsible party said the facility takes everything. On 1/3/23 at 2:45 P.M., The Administrator provided a written statement from the Maintenance Director. The Administrator indicate the statement was written the following the incident. The statement was dated 12/24/23 and indicated on 12/24/23 around 11:00 A.M., he was called to Resident B's room where he found the resident's responsible party crying and said her mother's wedding ring was missing. He indicated the responsible party wanted to file a report so he called the local police. The Maintenance Director indicated when the police officers arrived they asked the responsible party of she thought anyone specific would have taken the ring and, "she pointed to me and said, 'we take everything.' The officer then waved me out of the room..." On 1/4/23 at 12:23 P.M., during an interview with the Maintenance Director, he indicated on 12/24/23 he was the manager on duty and was notified by nursing staff that Resident B's family member was very upset and yelling at staff about		though the facility Quality Assurance and Performance Improvement Program. The Executive Director/Designee will be responsible for completing the QAPI Audit tools labeled “Abuse Prohibition and Investigation” weekly for 4 weeks and monthly for at least 6 months. If 100% is not achieved an action plan will be developed. Findings will be submitted to the Quality Assurance and Performance Improvement Committee for review and follow-up. **By what date the systemic changes will be completed: 1/12/2024** Compliance Date = 1/12/2024	

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	a missing ring. The Maintenance Director indicated he went to the resident's room and the resident's daughter (responsible party) told him her mother's wedding ring was missing off her finger, so he immediately called the local police and notified the Administrator of the allegation. The Maintenance Director indicated 2 local police officers came to the facility in response to the allegation. The police asked the daughter if she had any ideas of who may have taken the ring and indicated the daughter pointed to him and said [the facility] takes everything. He indicated at that time, the officers asked him to leave the room and they continued their interview with the daughter. On 1/4/23 at 12:37 P.M., the local police provided Incident Report 23GOS04722. The report indicated on 12/24/23 at 12:40 P.M., officers responded to the facility for a possible theft and that Resident B reported her wedding ring was possibly stolen by an unknown individual. A policy titled, "Abuse Prevention Program," dated 3/2022 was provided by the Administrator on 1/03/24 at 11:00 A.M., and indicated this was the current facility policy. The policy indicated, "Our facility is committed to protecting our residents from abuse by anyone...Our abuse prevention program provides policies and procedures that govern, at a minimum:...The development of investigative protocols governing...theft/misappropriation of resident property...When an alleged...case of abuse is reported, the facility Administrator...will immediately (not to exceed 24 hours...)...notify...the State licensing agency..." This citation relates to Complaint IN00424698.			

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	3.1-28(c)			