

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

PRINTED: 11/29/2022

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 11/04/2022	
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 Complaints IN00391835, IN00392193, IN00392831 and IN00393490.</p> <p>Complaint IN00391835- Substantiated. Federal/state deficiencies related to the allegations are cited at F677.</p> <p>Complaint IN00392193 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00392831 - Substantiated. Federal/state deficiencies related to the allegations are cited at F677.</p> <p>Complaint IN00393490 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: November 3 and 4, 2022</p> <p>Facility number: 000114 Provider number: 155207 AIM number: 100266640</p> <p>Census Bed Type: SNF/NF: 95 Total: 95</p> <p>Census Payor Type: Medicare: 7 Medicaid: 65 Other: 23 Total: 95</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p>			F 0000			

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

TITLE

(X6) DATE

Victoria Hesser

Nurse Consultant

11/21/2022

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 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 0677 SS=D Bldg. 00	<p>Quality review completed November 7, 2022</p> <p>483.24(a)(2) ADL Care Provided for Dependent Residents §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; Based on interview and record review the facility failed to ensure residents received bathing for 2 of 9 residents reviewed. (Resident B and Resident J)</p> <p>Findings include:</p> <p>1. Resident B's record was reviewed on 11/3/22 at 1:35 PM. Diagnosis included dementia in other diseases classified elsewhere with behavioral disturbance.</p> <p>A quarterly Minimum Data Set (MDS) assessment, signed 8/24/22, indicated Resident B required physical help in part of bathing activity with 1 person physical assistance.</p> <p>A current care plan indicated Resident B needed assistance with activities of daily living. Interventions under bathing/showering included: nail care on both shower days, as necessary and under personal hygiene: due to fluctuations in needs, resident generally needs extensive assistance. The care plan did not indicate the resident refused bathing.</p> <p>No progress notes indicated any communication with the Resident B's Power of Attorney (POA) regarding refusals of care.</p> <p>Bathing documentation, dated 9/1/22 - 11/1/22, was provided by the Administrator on 11/4/22 at</p>			F 0677	<p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>Resident B's family was contacted and notified of shower/bed bath refusals and will assist facility in alternative options. Resident J has discharged from facility in September.</p> <p>How other resident having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken:</p> <p>Whole house audit completed on shower/bed bath refusals and no other residents were identified.</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>Nursing staff will be educated prior to the beginning of the shift on shower and bed bath refusals and all new hire nursing will be</p>		11/17/2022

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	<p>2:04 PM. The documentation indicated Resident B had predetermined shower days of Tuesday and Saturday. The documentation indicated he received a shower on 10/11/22. All the other documentation indicated "Not Applicable," "No," or "Refused." No other bathing activities were documented from 9/1/22 - 11/1/22.</p> <p>In an interview on 11/3/22 at 3 PM, a family member indicated Resident B did not get bathed.</p> <p>In an interview on 11/4/22 at 2:07 AM, RN 2 indicated Resident B had refused showers. Staff had tried to offer coffee to the resident to encourage him to take a shower but the resident refused. RN 2 indicated she had not talked to the POA regarding the resident's refusals.</p> <p>2. Resident J's record was reviewed on 11/4/22 at 1:55 PM. Diagnosis included Alzheimer's disease and dementia in other diseases classified elsewhere with behavioral disturbance.</p> <p>A quarterly MDS assessment, signed 8/18/22, indicated Resident J required total dependence with 1 person physical assistance with bathing.</p> <p>No progress notes indicated any communication with Resident J's POA or refusals of care.</p> <p>Bathing documentation, dated 9/1/22-9/28/22, was provided by the Administrator on 11/4/22 at 2:04 PM. The documentation indicated Resident J had predetermined shower days Wednesday and Saturdays. The documentation indicated Resident J had received a shower on 9/7/22 and 9/21/22. All the other documentation indicated "No." No other bathing activities were documented from 9/1/22 - 9/28/22.</p>				<p>educated upon hire.</p> <p>Nursing staff will be educated prior to the beginning of their next shift that when a resident refuses a shower the nurse will be notified, and the shower will be offered again during the shift. If a second refusal the nurse will document in the progress notes. Progress notes are reviewed during clinical meeting. Any documented refusals the nurse manager will notify the responsible party and the residents plan of care will be updated to encourage the resident to receive a shower.</p> <p>How the corrective action will be monitored to ensure practice will not recur, ie; what quality assurance program will be put into place:</p> <p>DNS/Designee will audit shower sheets for refusals 5 times weekly for 1 month, then 3 times weekly for 1 month, then weekly for 4 months. All audits will be submitted to QAPI monthly with percentages to ensure increased compliance. Results may indicate an increase in frequency to audits based on the QAPI committee review.</p>		

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	<p>In an interview on 11/4/22 at 10:40 AM, LPN 4 indicated residents received showers/bathing at least 2 times a week or as requested. LPN 4 indicated she tried asking the residents to assist with a shower more than 2 times before a documented refusal. LPN 4 indicated if the resident refused multiple time the family, social services and Nurse Practitioner are notified.</p> <p>In an interview on 11/4/22 at 10:48 AM, CNA 3 indicated residents received at least 2 showers/bed baths a week or as requested. If a resident refused a shower the CNA informed the nurse, filled out a shower sheet and made sure the refusal was documented in the residents chart. CNA 3 indicated shower sheets are signed by the nurse and the resident.</p> <p>A policy, dated March 2018, titled "Activities of Daily Living (ADLs), Supporting," was provided by the Director of Nursing on 11/3/22 at 3:50 PM. The policy indicated "2. Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with: a. hygiene (bathing, dressing, grooming, and oral care)....if residents with cognitive impairment or dementia refuse care, staff will attempt to identify the underlying cause of the problem and not just assume the resident is refusing or declining care."</p> <p>No other documentation regarding shower care was provided by the time of exit.</p> <p>This Federal citation relates to Complaint IN00391835 and IN00392831.</p> <p>3.1-38(a)(3)</p>						

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