

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155359	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/27/2021
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NAME OF PROVIDER OR SUPPLIER  MAJESTIC CARE OF FORT WAYNE	STREET ADDRESS, CITY, STATE, ZIP CODE 7519 WINCHESTER RD FORT WAYNE, IN 46819
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00365408.</p> <p>Complaint IN00365408 - Substantiated. Federal/state deficiencies related to the allegations are cited at F0745.</p> <p>Survey dates: October 27, 2021</p> <p>Facility number: 000250 Provider number: 155359 AIM number: 100289980</p> <p>Census Bed Type: SNF/NF: 58 Total: 58</p> <p>Census Payor Type: Medicare: 1 Medicaid: 55 Other: 2 Total: 58</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on October 29, 2021</p>	F 0000		
F 0745 SS=D Bldg. 00	<p>483.40(d) Provision of Medically Related Social Service §483.40(d) The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident.</p> <p>Based on observation, record review, and interview, the facility failed to ensure assistance</p>	F 0745	<b>What corrective action(s) will be accomplished for those</b>	11/02/2021

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

TITLE

(X6) DATE

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>was provided with transfer to another facility in a timely manner for 1 of 1 resident (Resident B).</p> <p>Findings include</p> <p>During observation on 10/27/21 at 12:25 P.M., the white board in the facility conference room indicated " under the Discharges heading, Resident B's name, with the initials of the facility transferring to, and the city of the receiving facility. The entry was dated 10/21.</p> <p>The record for Resident B indicated a physician order was written on 10/15/21 to discharge to SNF. The order had a discontinue date of 10/22/21. The progress notes indicated Employee 1 documented on 10/25/21 that the discharge plan was to remain in long term care but move to a facility closer to family. The record failed to contain any other documentation about the transfer.</p> <p>Documents received regarding Resident B's transfer included the following: 2 facsimiles (fax), both with Resident B's records attached. The first fax cover sheet was dated 10/7/2021, sent by Employee 1 to the receiving facility's Admissions. The comments section requested "Please review for admission." The second fax cover sheet was dated 10/14/2021, sent by Employee 1 to the receiving facility's Director of Nursing (DON) the form indicated "For review ... Please Comment."</p> <p>During an interview on 10/27/21 at 1:02 P.M., the DON indicated Resident B was still in the facility due to transportation and the daughter had not agreed to transport him. The DON indicated that neither facility had a transport driver at this time, and the last they talked to the receiving facility was about 1.5 weeks ago.</p>		<p><b>residents found to have been affected by the deficient practice;</b></p> <p>Resident B was discharged from the facility on 11/2/21 to the location of their choice.</p> <p><b>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;</b></p> <p>Resident's that reside in the facility have the potential to be affected.</p> <p>Social Service Director was educated on 11/5/21 on providing assistance for resident transfer and/or discharge and the correct documentation.</p> <p><b>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur;</b></p> <p>All discharge care plans will be audited by Social Service/Designee to ensure a proper discharge plan is in place and correct communication has occurred.</p> <p><b>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;</b></p> <p>QAPI tool Discharge Planning will be completed weekly X 4 weeks, bi-monthly X 2 and monthly X 4 months by DNS/Designee If 100%</p>	

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	<p>During a telephone interview on 10/27/21 at 1:08 P.M., the Administrator of the receiving facility indicated the last she heard from Employee 1 was about 1.5 weeks ago. She indicated Employee 1 said she was moving forward with the transfer. The administrator indicated as long as Resident B could sit up in a wheelchair, they could come and pick him up in their transport bus as this had always been an option, because they had a driver.</p> <p>During observation and interview on 10/27/21 at 1:15 P.M., Resident B indicated he thought he would be able to transfer out, but now he was not sure because the last he heard, he maybe had to go by ambulance. He indicated he was upset about not already having transferred out because he thought his daughter started the process about a month ago. Resident B indicated he is able to sit up in a wheelchair.</p> <p>During an interview on 10/27/21 at 2:30 P.M., the Administrator indicated generally the receiving facility was responsible for transportation. He indicated there was a hold up for Resident B, because they were waiting for the other facility's social worker to make arrangements. He indicated originally said the ambulance fee would be \$700.00 and the facility sending would have to pay it.</p> <p>The facility's policy titled "Transfer or Discharge Documentation," revised December 2016, indicated "1. Each resident will be permitted to remain in the facility, and not be transferred or discharged unless--- a. The transfer or discharge is necessary for the resident's welfare....."</p> <p>The facility's job description titled "Social Services," no date, indicated "4. The social services department is responsible for: ... d.</p>		threshold is not achieved an action plan will be developed. This information will be presented to the QAPI committee during the monthly meeting.				

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

PRINTED: 11/10/2021

FORM APPROVED

OMB NO. 0938-039

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	<p>Maintaining regular progress and follow-up notes indicating the resident's response to the plan ... h. Maintaining appropriate documentation of referrals ... i. Maintaining contact with the resident's family members, involving them in the resident's total plan of care; ... n. Participating in the planning the resident's ... transfer to another facility's by assessing the impact of these changes and making arrangements for social and emotional support; ...."</p> <p>The facility's job description titled "Social Service Director," dated November 2019 indicated "Essential Responsibilities: ... Work with the resident, family, and other care team members to plan discharge. ...."</p> <p>This Federal citation is related to Complaint IN00365408.</p> <p>3.1-34(a)</p>			