

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155338	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  10/04/2021
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NAME OF PROVIDER OR SUPPLIER  MAJESTIC CARE OF AVON	STREET ADDRESS, CITY, STATE, ZIP CODE 445 S COUNTY ROAD 525 E AVON, IN 46123
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00363877 and IN00363552.</p> <p>Complaint IN00363877 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00363552 - Substantiated. Federal/State deficiencies related to the allegations are cited at F550 and F921.</p> <p>Survey dates: October 1, 2, 3 and 4, 2021.</p> <p>Facility number: 000231 Provider number: 155338 AIM number: 100267900</p> <p>Census Bed Type: SNF/NF: 94 SNF: 11 Total: 105</p> <p>Census Payor Type: Medicare: 7 Medicaid: 75 Other: 23 Total: 105</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on October 6, 2021.</p>	F 0000	Majestic Care of Avon Respectfully request a desk review.	
F 0550 SS=D Bldg. 00	<p>483.10(a)(1)(2)(b)(1)(2) Resident Rights/Exercise of Rights §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and</p>			

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 that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 14 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>communication with and access to persons and services inside and outside the facility, including those specified in this section.</p> <p>§483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.</p> <p>§483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.</p> <p>Based on observation, interview, and record</p>	F 0550	1. <b>What corrective action(s)</b>	10/06/2021			

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	<p>review, the facility failed to ensure a resident (Resident L) was treated with respect and dignity for 1 of 5 residents reviewed for residents' rights.</p> <p>Findings include:</p> <p>On 10/1/21 at 10:30 a.m., Resident L indicated she was upset about a lot of things, but mostly about her diet, the food, and staff's attitude/demeanor with her. Resident L indicated she needed to be on a special diet in order to lose weight before she would qualify for a surgical procedure. The kitchen continued to send meal trays with foods that were not consistent with her high protein/low carb preferences. When she asked for a salad instead, she was told the kitchen was out of lettuce, and had been for two weeks. If she complained about what was on her meal tray, the Certified Nursing Assistants (CNAs) did not like to take time to get her substitutes and had a bad attitude. When she complained about anything the CNAs would have a bad attitude with her or put their hand up as if to "dismiss" her concern. Resident L indicated when she complained that CNA 7 did not change her bed sheets as often as needed, CNA 7 retaliated against her when she came in the next day and indicated, she was going to change Resident L's sheets everyday whether they needed it or not, then was rough with her when she did it. Resident L indicated she shared these concerns to her nurse, Licensed Practical Nurse (LPN) 10. LPN 10 told her she could take CNA 7 off Resident L's assignment, but that meant she would just have to wait longer for assistance.</p> <p>On 10/1/21 at 12:23 p.m., during a follow up interview and lunch observation, Resident L indicated she was very upset about her lunch</p>		<p><b>will be accomplished for those residents found to have been affected by the deficient practice.</b></p> <p>1. All Residents have the potential to be affected by this practice. All Residents have been provided with an "always available" menu. Staff members have been educated on resident rights, food preference and choice.</p> <p>2. <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>1. The facility will audit all Resident personal food preferences and identify preferred meals, items and choices.</p> <p>3. <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>1. All Resident food preferences will be audited and updated as appropriate per preference and diet monthly x6 months, then weekly x4 weeks until 100% compliance is achieved.</p> <p>5. <b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality</b></p>		

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	<p>plate. She pulled the lid off her plate and indicated, nothing on the plate was appropriate for her diet except maybe the broccoli, but it looked awful. Resident L's plate was observed to have a plain hot dog, with no bun, a pile of rice that covered half the plate, and a scoop of broccoli cooked until soft green, and an individual cup of vanilla ice cream. Resident L indicated the hot dog was not a good food choice, she could not eat the rice since it was too high in carbohydrates, even if she wanted to eat it there was way too much rice, and the broccoli looked like it had been cooked to a "mush." She could not eat the ice cream because it was neither sugar free, nor fat free. Resident L indicated the CNA who brought the tray in just set it down and left the room before Resident L had a chance to look at the plate or request an alternative.</p> <p>On 10/1/21 at 12:25 p.m., CNA 9 entered Resident L's room to answer her call light. Resident L complained to CNA 9 about her lunch and asked what everyone else got. CNA 9 indicated the other residents were served fish, but Resident L did not like fish, so she had been given a hot dog in substitution. Resident L indicated the tray looked like "garbage" and she could not eat anything. CNA 9 did not ask if Resident L would like anything else. Resident L asked CNA 9, if there was anything else she could have for lunch? She wanted a salad. CNA 9 indicated she would have to check with the kitchen to see if they had any lettuce since they had been out for a while. She placed her hand on top of the resident tray-lid and indicated she would take the tray away. Resident L, put her hand on the tray and indicated, "no, don't take it until you confirm I can get something else, and I can go ahead and eat the broccoli." CNA 9 slid</p>		<p><b>assurance program will be put into place.</b></p> <p>1. The ED/Designee will monitor all dietary grievances ongoing to ensure resident preference and choice. All results will be taken to QA and reviewed as appropriate. The facility will monitor customer service for resident rights through the facility daily magic moments process and through the QA process monthly for 6 months.</p>	
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	<p>the tray from Resident L's hand and picked it up and indicated, "no, you said this was "garbage" so I'm going to take it." CNA 9 left the room. Resident L indicated, "See? like that! I don't even know if she's coming back with a salad for me or not."</p> <p>On 10/1/21 at 12:37 p.m. CNA 9 returned to Resident L's room with a salad and indicated the [supply] truck came yesterday so there was fresh lettuce for her salad. Resident L thanked CNA 9 who left the room without saying anything.</p> <p>On 10/1/21 at 12:43 p.m., the Administrator (ADM) entered Resident L's room to fix her window but stopped to listen to her concerns as Resident L repeated her concerns to him.</p> <p>On 10/1/21 at 1:05 p.m., LPN 10 indicated Resident L had complained that CNA 7 was not very professional, but Resident L's words to her had been that "they just didn't see eye-to-eye." LPN 10 had not notified anyone else of the concern because Resident L never complained about it again.</p> <p>On 10/1/21 at 2:00 p.m., Resident L's medical record was reviewed. The most recent comprehensive assessment was a quarterly minimum data set (MDS) assessment dated 8/13/21. The MDS indicated Resident L was cognitively intact and required the assistance of at least two staff to complete almost all activities of daily living, (ADLs) specifically: bed mobility, transfer, toileting, and bathing. She had current diagnoses which included but were not limited to morbid (severe) obesity due to excessive caloric intake with a body mass index (BMI) greater than 70, and Type II Diabetes (an impairment in the way the body regulates and</p>			

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	<p>uses sugar). The MDS indicated her weight loss was unknown, and she was not coded for a physician prescribed weight loss goal.</p> <p>She had a current physician diet order, dated 7/23/21, which indicated, a consistent carbohydrate (CCHO- a diet used to help control diabetes) regular diet.</p> <p>She had a comprehensive care plan, initiated 5/14/21, which indicated, [Resident L] exhibited symptoms of tearfulness and sad facial expressions. Interventions for this plan of care included, but were not limited to, approach Resident L in a clam and friendly manner.</p> <p>She had a second comprehensive care plan, initiated 5/17/21, which indicated Resident L was at nutritional risk related to her therapeutic diet, morbid obesity, and her other diagnoses. Resident L states, "she wants to lose wight for surgery." Interventions for this plan of care included, but were not limited to, encourage healthy meal choices and snacks.</p> <p>On 10/1/21 at 3:10 p.m., the Director of Nursing, (DON) indicated, all staff should treat residents with respect and dignity at all times. She needed to have a "customer service" discussion with CNA 9.</p> <p>On 10/4/21 at 11:56 a.m., the ADM provided a copy of current facility policy titled, "Resident's Rights," dated 10/2019. The policy indicated, "...all staff members recognize the rights of residents at all time and residents assume their responsibilities to enable personal dignity, well-being, and proper delivery of care..."</p> <p>This Federal tag relates to Complaint</p>			

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F 0921 SS=E Bldg. 00	<p>IN00363552.</p> <p>3.1-3(a)</p> <p>483.90(i) Safe/Functional/Sanitary/Comfortable Environ</p> <p>§483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a clean, homelike environment for resident rooms for 6 of 11 residents reviewed for homelike environment (Residents D, N, K, M, E and L).</p> <p>Findings include:</p> <p>1. During a random observation, on 10/1/21 at 10:46 a.m., Resident D and Resident N's room was observed. The window was noted to have spider webs, debris, and dead bugs. At this time Resident D indicated he was unsure why staff had not cleaned around the window and windowsill and that he would like for it to be cleaned. He was unable to recall the last time they had cleaned it.</p> <p>During an observation, on 10/4/21 at 10:05 a.m., Resident D and Resident N's room was observed. The window was noted to have spider webs, debris, and dead bugs.</p> <p>Resident D's record was reviewed on 10/1/21 at 11:21 a.m. A care plan, initiated on 11/5/18, indicated the resident needed assistance with activities of daily living related to decreased mobility.</p>	F 0921	<p>1. <b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.</b></p> <p>1. All Windows and Floors in Resident rooms were dusted and sanitized immediately to ensure quality and Resident satisfaction. All Residents have the potential to be affected by this practice.</p> <p>2. <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>1. All Residents have the potential to be affected by this practice, routine cleaning and assignments have been identified and delegated as appropriate.</p> <p>3. <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>1. ¿The area Environmental Director was educated on</p>	10/06/2021			

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	<p>Resident N's record was reviewed on 10/4/21 at 11:40 a.m. A care plan, initiated on 7/14/21, indicated the resident needed assistance with activities of daily living.</p> <p>2. During an observation, on 10/1/21 at 10:51 a.m., Resident K and Resident M's room was observed. The window was noted to have spider webs, debris, and dead bugs. At this time Resident K indicated she would like her room to be cleaned.</p> <p>During an observation, on 10/4/21 at 10:10 a.m., Resident K and Resident M's room was observed. The window was noted to have spider webs, debris, and dead bugs. At this time Resident K indicated she would like her room to be cleaned.</p> <p>Resident K's record was reviewed on 10/4/21 at 11:45 a.m. A care plan, initiated on 7/26/21, indicated the resident needed assistance with activities of daily living.</p> <p>Resident M's record was reviewed on 10/4/21 at 11:50 a.m. A care plan, initiated on 9/17/20, indicated the resident needed assistance with activities of daily living.</p> <p>3. During an observation, on 10/1/21 at 12:24 p.m., Resident E's room was observed. The resident's floor had food debris, and unidentified brown debris spots from the entry way of the doorway across the room to the resident's window area. The floor was also noted to have a sticky substance.</p> <p>During an observation, on 10/4/21 at 10:03 a.m., Resident E's room was observed to have brown debris spots across the floor the floor was also noted to have a sticky substance.</p>		<p>Resident satisfaction and environmental standards. All Resident rooms were audited immediately and will continue to be monitored this on a weekly basis x6 months and then weekly x4 weeks.</p> <p>↳</p> <p>4. <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>1. The ED/Designee will monitor all housekeeping grievances ongoing to ensure resident satisfaction and cleanliness are met. All results will be taken to QA and reviewed as appropriate monthly until substantial compliance is met.</p>	



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	<p>During an interview, on 10/1/21 at 12:27 p.m..., Registered Nurse (RN) 8 indicated Resident E would frequently drop food on the floor and staff attempted to keep it clean. She was unsure the last time the resident's floor had been cleaned.</p> <p>Resident E's record was reviewed on 10/1/21 at 11:56 a.m. A care plan, initiated on 1/15/20, indicated the resident needed assistance with activities of daily living. 4. On 10/1/21 at 10:30 a.m., Resident L's room was observed. The floor under her bed was dirty with stains and outlines of spills that had dried. A strip of toilet paper stretched across several tiles, it appeared to have been wet at one time, but had dried and was stuck firmly to the floor. Resident L indicated the stains and spills were from where her "tumor" leaked, and staff had not cleaned it up very well. The toilet paper was put down, but never cleaned all the way up. During the observation, two small, black, flying insects were noted throughout the room.</p> <p>On 10/1/21 at 12:43 p.m., Resident L's floor was observed with the Administrator (ADM). He indicated the floor was dirty and needed to be cleaned, he was not sure why toilet paper would have been used, and not cleaned up.</p> <p>On 10/4/21 at 9:00 a.m., during a follow up observation, Resident L's floor was cleaned. Resident L indicated they cleaned it over the weekend, and her floor had been mopped for the first time since she had been in the room. Two small, black, flying insects were still noted throughout the room.</p> <p>On 10/1/21 at 2:00 p.m., Resident L's medical record was reviewed. The most recent</p>			

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	<p>comprehensive assessment was a quarterly minimum data set (MDS) assessment dated 8/13/21. The MDS indicated Resident L was cognitively intact and required the assistance of at least two staff to complete almost all activities of daily living, (ADLs) specifically: bed mobility, transfer, toileting, and bathing.</p> <p>She had a comprehensive care plan initiated 5/14/21 which indicated Resident L needed assistance with activities of daily living.</p> <p>During an interview, on 10/4/21 at 10:27 a.m., the Housekeeping Area Director indicated there was only himself and one other staff with housekeeping at that time. They had been in the facility for approximately a month and had tried to keep rooms cleaned and laundry done. He had not been able to clean each resident's room on a daily basis. They were currently trying to get new staff hired but had not had any luck in doing so. At this time, the Housekeeping Area Director observed Resident E's room and indicated the floor should not have brown debris on it and be sticky, he was unsure the last time the floor had been cleaned that he had not cleaned it recently. The Housekeeping Area Director observed Resident D and N's room and indicated he was unaware of the cobwebs, debris, and bugs around the window and indicated the window should be kept clean. The Housekeeping Area Director observed Resident K and M's room and indicated he was unaware of the cobwebs, debris, and bugs around the window and indicated the window should be kept clean.</p> <p>On 12/4/21 at 12:37 p.m., the Director of Nursing (DON) provided a document, revised on 5/2017, and titled, "Quality of Life Homelike Environment," and indicated it was the policy</p>			

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	<p>currently being used by the facility. The policy indicated, "Policy Statement: Residents are provided with a safe, clean, comfortable and homelike environment...The facility staff and management shall maximize, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include: a. Clean, sanitary and orderly environment...."</p> <p>This Federal tag relates to Complaint IN00363552.</p> <p>3.1-19(a) 3.1-19(f)(5)</p>				