STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155359	A. BUILDING -- B. WING	01/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAJESTIC CARE OF FORT WAYNE	7519 WINCHESTER RD FORT WAYNE, IN 46819

(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
E 0000 Bldg. --	A Post Survey Revisit (PSR) to the Emergency Preparedness Survey conducted on 11/29/21 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73. Survey Date: 01/06/22 Facility Number: 000250 Provider Number: 155359 AIM Number: 100289980 At this PSR survey, Majestic Care of Fort Wayne was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73. The facility has a capacity of 66 and had a census of 60 at the time of this survey. Quality Review completed on 01/10/22	E 0000		
K 0000 Bldg. 01	A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 11/29/21 was conducted by the Indiana Department of Health in accordance 42 CFR Subpart 483.90(a). Survey Date: 01/06/22 Facility Number: 000250 Provider Number: 155359 AIM Number: 100289980 At this PSR survey, Majestic Care of Fort Wayne was found not in compliance with Requirements	K 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155359	A. BUILDING 01 B. WING	01/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAJESTIC CARE OF FORT WAYNE	7519 WINCHESTER RD FORT WAYNE, IN 46819

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	for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2. This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, areas open to the corridors and battery operated smoke detectors in the resident rooms. The facility has a capacity of 66 and had a census of 60 at the time of this survey. All areas where residents have customary access were sprinklered. All areas providing facilities services were sprinklered with the exception of a detached wood shed used for storage of maintenance supplies. Quality Review completed on 01/10/22			
K 0916 SS=F Bldg. 01	NFPA 101 Electrical Systems - Essential Electric Syste Electrical Systems - Essential Electric System Alarm Annunciator A remote annunciator that is storage battery powered is provided to operate outside of the generating room in a location readily observed by operating personnel. The annunciator is hard-wired to indicate alarm conditions of the emergency power source. A centralized computer system (e.g., building information system) is not to be substituted for the alarm annunciator. 6.4.1.1.17, 6.4.1.1.17.5 (NFPA 99) Based on observation, record review, and interview, the facility failed ensure 1 of 1	K 0916	The battery on the generator was replace and a direct line of power	01/20/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155359	A. BUILDING 01 B. WING	01/06/2022

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	emergency generator annunciator panels were hard-wired to normal power to indicate alarm conditions of the emergency or auxiliary power in accordance with NFPA 99 6.4.1.1.17. This deficient practice could affect all occupants. Findings include: Based on an observation with the Maintenance Director on 11/29/21 it was discovered the generator annunciator panel was not connected to normal power only to battery power. Based on records review with the Maintenance Director and the Administrator on 01/06/2022 at 12:00 p.m., a service report from Safe Care stated they were unable to hook up the panel to normal power. Based on interview at the time of record review, the Administrator stated the facility is purchasing a new annunciator panel that can be hooked up to normal power and will be installed soon. This deficiency was cited on 11/29/21. The facility failed to implement a systemic plan of correction to prevent recurrence. The finding was reviewed with the Administrator and the Maintenance Director during the exit conference. 3.1-19(b)		was restored to the generator and panel. The facility will ensure a remote annunciator is hard-wired to indicate alarm conditions of the emergency power source (generator) in a location readily observed by operating personnel. Ongoing, the Administrator or designee will monitor the remote annunciator to ensure continued compliance 5 times per week for 4 weeks, weekly for 4 weeks and monthly for 3 months. . Results of the monitoring will be reviewed during the facility's Quality Assurance meeting; monitoring will be ongoing	