STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155338	A. BUILDING 00 B. WING	09/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MAJESTIC CARE OF AVON	445 S COUNTY ROAD 525 E AVON, IN 46123

(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 IN00377486, IN00378911, IN00380381, IN00385448, IN00386545, and IN00388116. Complaint IN00377486 - Unsubstantiated due to lack of evidence. Complaint IN00378911 - Unsubstantiated due to lack of evidence. Complaint IN00380381 - Unsubstantiated due to lack of evidence. Complaint IN00385448 - Unsubstantiated due to lack of evidence. Complaint IN00386545 - Unsubstantiated due to lack of evidence. Complaint IN00388116 - Substantiated. No deficiencies related to the allegations are cited. Unrelated deficiency cited. Survey dates: September 12, 13, and 14, 2022 Facility number: 000231 Provider number: 155338 AIM number: 100267900 Census Bed Type: SNF: 10 SNF/NF: 93 Total: 103 Census Payor Type: Medicare: 27	F 0000		

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

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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	Medicaid: 67 Other: 09 Total: 103 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on September 22, 2022.			
F 0686 SS=E Bldg. 00	483.25(b)(1)(i)(ii) Treatment/Svcs to Prevent/Heal Pressure Ulcer §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. Based on interview and record review, the facility failed to ensure wound care treatments had been implemented as indicated by physician orders for 4 of 4 residents reviewed for treatment and services to promote the healing of pressure wounds. (Residents H, J, K, and L) Findings include: 1. Resident H's clinical records were reviewed on September 13, 2022 at 10:30 a.m. Diagnoses included, but were not limited to, cellulitis with other skin changes.	F 0686	Majestic Care of Avon is respectfully requesting desk review rather than revisit on or after October 1, 2022 . Please feel free to contact me if you feel that additional information or documentation would assist you in that process. I can be reached at 317-745-2522. Thank you,	10/01/2022

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	The admission Minimum Data Set Assessment, dated July 21, 2022, indicated Resident H was cognitively intact. She required extensive assistance of nursing staff for activities of daily living needs. She had 4 Stage III pressure ulcers (full thickness tissue loss). Tissue Analytics Evaluation, dated July 06, 2022, indicated the location of assessed skin injury(s) as: -Right lateral pannus - Pressure Ulcer, Stage III -Right posterior inner thigh - Pressure Ulcer, Stage III -Right side of abdomen - Pressure Ulcer, Stage III -Left hip - Pressure Ulcer, Stage III Resident H's pressure ulcer care plan, initiated on July 01, 2022, indicated the resident had impaired skin integrity. The treatment goal was that tissue injury(s) will be healed and will be free from complications though November 05, 2022. Interventions staff were to implement to achieve goal included, but were not limited to, wound treatment as ordered. Correctly transcribed physician orders onto Treatment Administration Records, for August and September 2022, indicated the following: a. Right lateral pannus Stage III - Triad Hydrophilic Wound Paste (A Zinc-oxide based hydrophilic paste for light-to-moderate levels of wound exudates/secreted substances from the wound. Helps maintain an optimal wound healing environment to facilitate natural autolytic debridement/breakdown of damaged tissue) to be administered two times a day, once in the morning and once in the evening. The prescribed treatment had been signed as		Rachel Cremeans-Herald, DNS F 686 Treatment/Svcs to Prevent /Heal Pressure Ulcer 1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? ·All residents remained anonymous and were unable to be identified on the 2567 ·QMA was immediately educated on 9/13/2022 by DNS 1. How will other residents having the potential to be affected by the same deficient practice be identified and what corrective action(s) will be taken? ·All residents that have wounds or treatment orders have the potential to be affected by this alleged deficient practice. ·All QMA, LPNs, and RNs were educated by the DNS on 9/14/2022 on Qualified Medication Aide Scope of Practice 3. What measures will be put into place or what systematic changes will be made to ensure that the deficient practice does not recur? ·All QMAs will receive education upon hire, annually, and as needed on QMA Scope of Practice. All current QMA's were educated on 9/14/2022 by DNS.	

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	completed by a Qualified Medication Aide on: August 02, 2022 - day August 02, 2022 - evening b. Right posterior inner thigh Stage III - Triad Hydrophilic Wound Dress Paste (A Zinc-oxide based hydrophilic paste for light-to-moderate levels of wound exudates/secreted substances from the wound. Helps maintain an optimal wound healing environment to facilitate natural autolytic debridement/breakdown of damaged tissue) to be administered two times a day, once in the morning and once in the evening. The prescribed treatment had been signed as completed by a Qualified Medication Aide on: August 02, 2022 - Day August 02, 2022 - Evening August 21, 2022 - Day c. Right side of abdomen Stage III- Collagen Matrix Silver Sheet 4 (structural protein that promotes wound healing of full thickness pressure injuries) to be administered once daily. The prescribed treatment had been signed as completed by a Qualified Medication Aide on: August 16, 2022 August 20, 2022 August 21, 2022 d. Left hip Stage III - Calcium Alginate - Silver Pad 4 (Establishes a barrier to bacterial penetration in moderately to heavily exuding full-thickness wounds) to be administered once daily. The prescribed treatment had been signed as completed by a Qualified Medication Aide on: August 20, 2022 August 21, 2022		·Training will be conducted upon hire and as needed by DNS or designee. 4. How will the corrective action(s) be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place; and by what date the systemic changes will be completed? ·Documentation QAPI tool will be completed by DNS or designee 5 times a week x 1 month, 1 time a week for 2 months and monthly for 4 months. ·If 100% compliance is not obtained an action plan will be developed. This information will be presented monthly to the QAPI committee.	

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	September 02, 2022 2. Resident J's clinical records were reviewed on September 13, 2022 at 10:00 a.m. Diagnoses included but were not limited to chronic kidney disease and heart failure. The admission Minimum Data Set Assessment, dated August 19, 2022, indicated Resident J was cognitively intact. He required extensive assistance of nursing staff for activities of daily living needs. He had one Stage IV pressure ulcer (full thickness tissue loss with exposed bone, tendon, or muscle). Tissue Analytics Evaluation, dated August 17, 2022, indicated the location of assessed skin injury(s) as: -Sacrum Pressure Ulcer - Stage IV Resident J's pressure ulcer care plan, initiated on August 13, 2022, indicated the resident had impaired skin integrity to his sacrum. The treatment goal was that tissue injury(s) will be healed and will be free from complications though December 10, 2022. Interventions were for staff to implement to achieve the goal included, but were not limited to, wound treatment as ordered. Correctly transcribed physician order onto Treatment Administration Records for August and September 2022 indicated the following: Sacrum Stage IV - Hydrogel Gel (for wounds that range from dry to mildly exudating/wound secretion(s) used to degrade slough on the wound surface while providing a cooling and soothing effect) to be administered each shift. The prescribed treatment had been signed as completed by a Qualified Medication Aide on:			

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	August 16, 2022 - day shift August 20, 2022 - day shift August 26, 2022 - day shift Medihoney Wound Dressing Paste (antiseptic antibacterial product that keeps wounds moist but not wet, encourages new cell growth, and helps eliminate debris in a wound) to be administered daily. The prescribed treatment had been signed as completed by a Qualified Medication Aide on: September 02, 2022 September 03, 2022 3. Resident K's clinical records were reviewed on September 13, 2022 at 11:00 a.m. Diagnoses included but were not limited to diabetes mellitus. The significant change Minimum Data Set Assessment, dated August 19, 2022, indicated Resident K was severely cognitively impaired. She required extensive assistance of nursing staff for activities of daily living needs. She had one Stage III pressure ulcer (full thickness tissue loss). Tissue Analytics Evaluation; dated September 07, 2022; indicated the location of assessed skin injury(s) as: -Right buttock- Stage III Resident K's pressure ulcer care plan, initiated on August 05, 2022, indicated the resident had impaired skin integrity to her right buttock. The treatment goal was that tissue injury(s) will be healed and will be free from complications though September 20, 2022. Interventions staff were to implement to achieve goal included, but were not limited to, wound treatment as ordered. Correctly transcribed physician order onto Treatment Administration Records for August			

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	and September 2022 indicated the following: Right buttock - Stage III - Medihoney Wound Dressing Paste (antiseptic antibacterial product that keeps wounds moist but not wet, encourages new cell growth, and helps eliminate debris in a wound) to be administered daily on the day shift. The prescribed treatment had been signed as completed by a Qualified Medication Aide on: September 09, 2022 4. Resident L's clinical records were reviewed on September 13, 2022 at 11:30 a.m. Diagnoses included but were not limited to dementia. The significant change Minimum Data Set Assessment, dated July 06, 2022, indicated Resident L was moderately cognitively impaired. She required extensive assistance of nursing staff for activities of daily living needs. She had one Stage III pressure ulcer (full thickness tissue loss). Tissue Analytics Evaluation; dated September 07, 2022; indicated the location of assessed skin injury(s) as: -Right heel- Stage III Resident L's pressure ulcer care plan, initiated on May 23, 2022, indicated the resident had impaired skin integrity to her right heel. The treatment goal was that tissue injury(s) will be healed and will be free from complications though October 20, 2022. Interventions staff were to implement to achieve goal included, but were not limited to, wound treatment as ordered. Correctly transcribed physician order onto Treatment Administration Records; for August and September 2022; indicated the following:			

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	Collagen-Antimicrobial Sheet (the dressing transforms into a soft gel sheet when in contact with wound exudates/secretions. Maintains a moist wound environment and creates ideal conditions for healing) to be administered daily on the day shift. The prescribed treatment had been signed as completed by a Qualified Medication Aide on: September 02, 2022 September 04, 2022 September 05, 2022 On September 13, 2022 at 11:30 a.m., the Majestic Care of Avon Signature List was reviewed with the Director of Nursing. Interview with the Director of Nursing, as that time, indicated Qualified Medication Aide 10 had been the medication aide who signed as having completed the wound treatments for Resident H, J, K, and L. On September 13, 2022 at 2:15 p.m., Qualified Medication Aide (QMA)10 was interviewed. During the Interview, QMA 10 verified her signature as having signed the wound treatment records for Residents H, J, K, and L. QMA 10 indicated she had not completed the treatment, as the treatments were outside her scope of practice, and she was not qualified to implement wound treatments. "I must have just clicked them as done; I click everything" if not signed as completed before ending her shift. Indiana / 412 IAC 2-1-9 Scope of Practice Qualified Medication Aide Section 9 indicated, " ... (b) The following tasks shall not be included in the QMA (Qualified Medication Aide) scope of practice ... (6) Administer a treatment that involves advanced skin conditions, including Stage II, III, IV decubitus ulcers ...."			

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	On September 14, 2022 at 9:30 a.m.; the Director of Nursing provided a copy of the facilities current and undated Medication Administration Policy. A review of the policy indicated, "Policy: Medications are administered by licensed nurses, or other staff who are legally authorized to do so in the state, as ordered by the physician and in accordance with professional standards ... 14. Administer medication as ordered ... 17. Sign MAR [medication and/or treatment administration record] after administration..." By survey exit, September 14, 2022 at 12:00 p.m., the facility had not provided documentation Residents H, J, K, and L's pressure ulcer treatments had been completed as prescribed by their physician nor that their treatments had been completed by a Licensed Nurse and who that Licensed Nurse had been. 3.1-40(a)(2)			