

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

PRINTED: 03/14/2022

FORM APPROVED

OMB NO. 0938-039

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  02/08/2022
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NAME OF PROVIDER OR SUPPLIER  MAJESTIC CARE OF AVON	STREET ADDRESS, CITY, STATE, ZIP COD 445 S COUNTY ROAD 525 E AVON, IN 46123
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F 0000  Bldg. 00	<p>This visit was for Investigation of Complaints IN00372333, IN00371814, IN00370029 and IN00368646. This visit included a COVID-19 Focused Infection Control Survey.</p> <p>Complaint IN00371814 - Substantiated. Federal/State deficiencies related to the allegations are cited at F557.</p> <p>Complaint IN00368646 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00372333 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00370029 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: February 7 and 8, 2022.</p> <p>Facility number: 000231 Provider number: 155338 AIM number: 100267900</p> <p>Census Bed Type: SNF: 10 NF: 90 Total: 100</p> <p>Census Payor Type: Medicare: 13 Medicaid: 62 Other: 25 Total: 100</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000	A	
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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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F 0557 SS=D Bldg. 00	<p>Quality review completed on February 17, 2022.</p> <p>483.10(e)(2) Respect, Dignity/Right to have Prsnl Property §483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including:</p> <p>§483.10(e)(2) The right to retain and use personal possessions, including furnishings, and clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents. Based on observation, interview, and record review, the facility failed to ensure residents had their own clean clothes to wear when the laundry was not completed in a timely manner for 1 of 2 residents reviewed for laundry (Resident G), and laundry was not returned to the residents after going to the laundry area for 4 of 4 random interviews related to laundry.</p> <p>Findings include:</p> <p>On 2/7/22 at 9:17 a.m., Resident G was observed in the dining room after breakfast service. Another unidentified resident was observed in the dining room. Resident G was wearing a shirt and 2 hospital gowns both tied, one facing the front, one facing the back. While sitting in the dining room chair, the gown was above his knees. He was wearing white socks that were very soiled on the bottom. The right sock had 2 holes above the toe area.</p> <p>On 2/7/22 at 9:23 a.m., Certified Nursing Assistant (CNA) 17 held Resident G's hand and assisted him to his room. She found he had no pants in his room. She indicated laundry probably did not</p>	F 0557	<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 residents have a potential to be affected by this practice. Residents will receive clothes back from laundry within 72hrs. All Laundry and Housekeeping aides will be educated on laundry and housekeeping policies.</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 are assigned a magic ambassador, The Ambassador will check on laundry services 3 times weekly to ensure policy and practice is maintained.</p> <p>3. <b>What measures will be put into place and what systemic</b></p>	02/28/2022

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	<p>bring them back, so she would go to laundry to get him something to wear. She walked with him to the nurse's station and place him in a chair. Several residents were observed around the nurse's station.</p> <p>On 2/7/22 at 11:00 a.m., Resident G's record was reviewed. His diagnoses included, but not limited to, Alzheimer's disease (progressive brain disease), bipolar (manic and depressive episode disorder), unspecified psychosis (severe mental disorder with impaired thought and emotion), and vascular dementia (brain disease with impaired mental processes).</p> <p>On 2/7/22 at 10:08 a.m., Laundry Staff 12 indicated she was the only laundry staff at the facility. She worked days and there was no one else to work evenings or nights. She tried working 7 days a week and was not able to sustain those hours. It had been like this for 4 months. The laundry was "so backed up," the staff had to go to the laundry to get resident clothes in the "unnamed" clothes area. Sometimes her supervisor, Housekeeping Laundry Manager (HLM), helped for 1 or 2 hours. But he did housekeeping for the resident rooms. They were doing as much as they could.</p> <p>On 2/7/22 at 10:17 a.m., Laundry staff 12 indicated she received about 1 large barrel of dirty clothes per day. Eight barrels of dirty clothes were observed on the dirty side of the laundry area, with three being from night shift. A lot of staff came back to the laundry area looking for a specific resident's clothes and wash clothes. One washer was broken, two washers worked. One dryer was broken, one dryer worked, and one dryer had a worn-out sail switch which required several steps for the staff to get it to run. She indicated the unnamed clothes were clothes</p>				<p><b>changes will be made to ensure that the deficient practice does not recur.</b></p> <p>1. The Executive Director/Designee will educate employees responsible for labeling and inventorying. The facility upon admission will make resident and/or responsible party aware of the inventory and labeling process. The Environmental Director and team will be educated regarding expectation of laundry returned within 72hrs</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 Facility will review at random 10 residents monthly to ensure belongings are being brought back after sent to laundry services. This will be Monthly during QA and ongoing until a 90% threshold is accomplished. Reviewed every 6 months after compliance is met.</p>		

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	<p>without labels and possibly residents who had already left the facility. There were 7 full shelves of folded clothes and blankets. One shelf was just for resident socks and underwear. The overflowing clothes were in 7 large clear plastic bags. She indicated it had been more clothes in the unnamed clothes but recently the facility set out unnamed clothes and let residents pick through them for their sizes, and the clothes were labeled for them to wear.</p> <p>During an interview, on 2/7/22 at 10:51 a.m., the Administrator indicated the laundry person was Laundry Staff 12. The HLM helped as needed. The facility planned to replace the broken washer and dryer.</p> <p>During an interview, on 2/7/22 at 10:58 a.m., the HLM indicated he needed 3 to 4 more staff to cover all shifts and weekends.</p> <p>During an interview, on 2/7/22 at 11:05 a.m., the Administrator indicated the facility needed more laundry staff.</p> <p>During an interview, on 2/8/22 at 11:40 a.m., CNA 9 indicated sometimes she went to the laundry area to get clothes for the residents. The laundry person back there was swamped, and some residents didn't have many clothes in their rooms.</p> <p>A confidential interview was conducted during the course of the survey. It was indicated some staff just walked out, and things were really backed up. Examples were residents complaining about not having their clothes, wash cloths, sheets, towels, linens, and it was true.</p> <p>A confidential interview was conducted during the course of the survey. It was indicated we did</p>			

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	<p>not have supplies. We would be out of things like towels, sheets, wash cloths, and basic linen supplies.</p> <p>During an interview, on 2/8/22 at 12:34 p.m., the Administrator indicated the ideal turn around for resident laundry would be within 3 days.</p> <p>A current policy, titled, "Personal Property," dated September 2012, was provided by the Administrator, on 2/8/22 at 12:30 p.m. A review of the policy, indicated, " ...Residents are permitted to retain and use personal possessions and appropriate clothing ...Each resident room is equipped with private closet space that includes clothes racks and shelving and that permits easy access to the resident's clothing ...The resident's personal belongings and clothing shall be inventoried and documented upon admission and as such items are replenished. ...The resident or resident representative may choose to have facility complete laundry service for resident's personal clothing ...The facility will promptly investigate any complaints of misappropriation or mistreatment of resident property ...."</p> <p>This Federal tag relates to Complaint IN00371814.</p> <p>3.1-9(a) 3.1-9(b) 3.1-9(f)</p>			