

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

PRINTED: 09/24/2021

FORM APPROVED

OMB NO. 0938-039

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  09/15/2021
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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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00360700, IN00361634, IN00362119 and IN00362507.</p> <p>Complaint IN00360700-Substantiated. Federal deficiency related to the allegation is cited at F658.</p> <p>Complaint IN00361634-Substantiated. Federal deficiency related to the allegation is cited at F658.</p> <p>Complaint IN00362119-Substantiated. Federal deficiency related to the allegation is cited at F658.</p> <p>Complaint IN00362507-Substantiated. Federal deficiency related to the allegation is cited at F658.</p> <p>Survey dates: September 13, 14 and 15, 2021.</p> <p>Facility number: 000250 Provider number: 155359 AIM number: 100289980</p> <p>Census Bed Type: SNF/NF: 55 Total: 55</p> <p>Census Payor Type: Medicare: 5 Medicaid: 38 Other: 12 Total: 55</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed September 16, 2021</p>	F 0000		
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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 0658 SS=D Bldg. 00	<p>483.21(b)(3)(i) Services Provided Meet Professional Standards §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(i) Meet professional standards of quality. Based on record review and interview the facility failed to ensure a pharmacy recommendation was implemented timely for 1 of 1 resident reviewed. (Resident D)</p> <p>Findings include:</p> <p>On 9/15/21 at 9:50 A.M., the record of Resident D was reviewed. Diagnosis included abnormal weight loss and mood disorders with hallucinations.</p> <p>The Medication Record Review dated 8/3/21, was signed but not dated for the date of review by the Nurse Practitioner (NP). The review indicated the resident's NP had agreed the medication Mirtazapine should have been reduced from 15 mg (milligrams) a day to 7.5 mg a day because Resident D's weights were stable.</p> <p>The Psychiatry Progress Note dated 8/17/21 at 11:15 A.M., indicated Resident D's Mirtazapine was reduced from 15 mg to 7.5 mg a day.</p> <p>The Progress Note dated 8/17/21 at 11:15 A.M., indicated the Interdisciplinary Team had reviewed the resident's medication Mirtazapine and reduced the medication from 15 mg to 7.5 mg a day.</p> <p>The Physician's Order dated 9/14/21 indicated the resident's Mirtazapine 15 mg had not been reduced to 7.5 mg a day until 9/14/21.</p>	F 0658	<p>Plan of correction:</p> <p><b>F 658</b> <b>What corrective action will be accomplished for those residents found to have been affected by the alleged deficient practice?</b> Resident D's medication dosage was immediately changed to reflect the current MD order.</p> <p><b>How will other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken?</b> All resident's have the receive medication have the potential to be affected. All pharmacy recommendations have been reviewed to ensure implementation of MD/Pharmacy recommendations. No further issues identified.</p> <p><b>What measure will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur?</b> The DNS was educated on</p>	09/17/2021	

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	<p>On 9/15/21 at 12:10 P.M., interviewed the Director Of Nursing indicated she had missed implementing the Pharmacy Recommendation for Resident D's medication reduction of Mirtazapine.</p> <p>This Federal citation is related to Complaints IN00360700, IN00361634, IN00362119, and IN00362507.</p> <p>3.1-35(g)(1)</p>		<p>09/17/2021 regarding following pharmacy/MD recommendations and ensuring all new orders are implemented.</p> <p>All pharmacy recommendations will be reviewed in the clinical meeting upon receipt to ensure any new orders are implemented.</p> <p><b>How the corrective action 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 Pharmacy Recommendation will be completed weekly X 4 weeks, bi-monthly X 2 and monthly X 4 months by DNS/Designee If 100% threshold is not achieved an action plan will be developed. This information will be presented to the QAPI committee during the monthly meeting.</p> <p><b>By what date the systemic changes for each deficiency will be completed?</b></p> <p>September 17 Majestic Fort Wayne requests a desk review for F 658</p>	