

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155491	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 08/19/2021
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NAME OF PROVIDER OR SUPPLIER MAJESTIC CARE OF CONNERSVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1029 E 5TH STREET CONNERSVILLE, IN 47331
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00359987.</p> <p>Complaint IN00359987 - Substantiated. Federal/state deficiency related to the allegations are cited at F-684.</p> <p>Survey dates: August 18, & 19, 2021</p> <p>Facility number: 000316 Provider number: 155491 AIM number: 100286370</p> <p>Census Bed Type: SNF/NF: 81 Total: 81</p> <p>Census Payor Type: Medicare: 9 Medicaid: 46 Other: 26 Total: 81</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on August 24, 2021</p>	F 0000		
F 0684 SS=D Bldg. 00	<p>483.25 Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive</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>treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.</p> <p>Based on observation, interview and record review the facility failed to obtain an x-ray for a resident experiencing hip pain after a fall for 1 of 3 residents reviewed for falls (Resident H).</p> <p>Finding include:</p> <p>During an observation and interview with Resident H on 8/18/21 at 11:48 a.m., indicated she had fallen a few days ago and had been experiencing pain in her left and right hip. The resident indicated the pain in her left hip hurt the worst. The resident rated her pain in her left hip as a 9 on the 1-10 pain scale. The resident indicated the facility was providing pain medication and it was effective for her pain. The resident indicated she had requested to go to the hospital and get an x-ray, but nothing had been done. The resident indicated she still needed an x-ray as the pain was still continuing and she wanted to make sure she did not have a hip fracture. The resident was observed sitting on the side of her bed, leaning on her right hip, and rubbing her left hip.</p> <p>During an interview with the Director of Nursing (DON) on 8/18/21 at 3:00 p.m., indicated she was unsure why Resident H had not had an x-ray as requested, but would look into the situation.</p> <p>Review of the record of Resident H on 8/19/21 at 11:45 a.m., indicated the resident's diagnoses included, but were not limited to, repeated falls, chronic pain syndrome and fibromyalgia.</p>	F 0684	<p>F684 Quality of Care</p> <ol style="list-style-type: none"> Xray completed on Resident H. on 8.18.21 with no negative findings. Audit completed to ensure no other residents required xrays services with no other xrays needed. Nursing staff re-educated on immediate notification to MD/NP of resident requests for xrays or fall follow up needs. DON or designee to QA audit weekly x 4 weeks then monthly x 4 months to ensure residents requiring fall follow up/ xray receive timely care. 	08/31/2021

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	<p>The Significant Change Minimum Data Set (MDS) assessment for Resident H, dated 8/7/21, indicated the resident was cognitively intact. Daily decision making was consistent and reasonable.</p> <p>A progress note for Resident H, dated 8/14/21 at 1:24 a.m., indicated the resident was found on the floor beside her chair in her room. The resident denied hitting her head and complained of slight discomfort to her upper left thigh.</p> <p>A progress note for Resident H, dated 8/14/21 at 6:18 p.m., indicated the resident received Norco 5-325 milligrams (mg) pain medication for complaints of pain in her hips/legs. The resident rated her pain as a 9 on the 1-10 pain scale.</p> <p>A progress note for Resident H, dated 8/14/21 at 7:37 p.m., indicated the resident was evaluated after a recent fall and there were no reported injuries. The note was electronically signed by the Nurse Practitioner (NP). This indicated the NP seen the resident 1 hour and 19 minutes after the resident received Norco 5-325 mg.</p> <p>A progress note for Resident H, dated 8/16/21 at 6:16 a.m., indicated the resident was requesting to go to the hospital and get an x-ray of her hip related to a previous fall. The resident stated, "I pretend to be ok but really I'm hurting and would like to go to the hospital". The nurse asked the resident if it would be ok to have a mobile x-ray done at the facility and the resident agreed. The nurse put a note in a communication binder for the Nurse Practitioner (NP) and Medical Doctor. The nurse would also pass it on in report to oncoming shift to reach out to the NP and Medical Doctor.</p>			

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	<p>The Medication Administration Record (MAR) for Resident H, dated August 2021, indicated the resident received Norco pain medication 5-325 mg on 8/16/21 at 9:02 a.m. for pain level of a 7, 8/17/21 at 3:29 p.m. for a pain level of 8, and 8/18/21 at 3:27 p.m. for a pain level of 10.</p> <p>A progress note for Resident H, dated 8/19/21 at 7:47 p.m., indicated the resident was ordered a STAT (immediately) x-ray of her bilateral hips and pelvis.</p> <p>During an interview with the DON on 8/19/21 at 11:18 a.m., indicated Resident H had requested an x-ray on 8/16/21 and the nurse had put the request in the physician's communication binder, and it did not get addressed. The DON indicated the resident did receive an x-ray on 8/18/21 and she did not have a fracture. The DON was unsure why the nurse had put the request in the communication binder instead of calling for an order for the x-ray.</p> <p>During an interview with the Unit Manager on 8/19/21 at 11:55 a.m., indicated the nurse that placed Resident H's request for an x-ray in the physician communication binder was not a regular facility nurse and was an agency nurse.</p> <p>The Radiology report for Resident H, dated 8/18/21 at 11:05 p.m., indicated the resident had an x-ray of her bilateral hips and pelvis due to pain. The findings were no acute fracture or dislocation. The conclusion was recommending a repeat x-ray or Computed Tomography (CT) scan in one week or sooner if symptoms had not resolved.</p> <p>The "acute condition changes" policy provided by the DON on 8/19/21 at 12:41 p.m., indicated the</p>			

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	nurse shall assess and document/report the following baseline information, "current level of pain, and any recent changes in pain level". This Federal tag relates to Complaint IN00359987. 3.1-37(a)				