STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155491	A. BUILDING 00 B. WING	08/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MAJESTIC CARE OF CONNERSVILLE	1029 E 5TH STREET CONNERSVILLE, IN 47331

(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		F 0000		

This visit was for the Investigation of Complaint IN00415628.

This visit was in conjunction with a Recertification and State Licensure Survey and Investigation of Complaints IN00407259, IN00414292, and IN00414446.

Complaint IN00415628 - Federal/state deficiencies related to the allegation are cited at F689.

Complaint IN00407259 - Federal/state deficiencies related to the allegations are cited at F584 and F686.

Complaint IN00414292 - No deficiency due to lack of evidence.

Complaint IN00414446 - Federal/state deficiencies related to the allegations are cited at F584

Survey dates: August 16, 17, 18, 21, 22, 23, and 24, 2023

Facility number: 000316
Provider number: 155491
AIM number: 100286370

Census Bed Type:
SNF/NF: 93
Total: 93

Census Payor Type:
Medicaid: 70
Other: 23
Total: 93

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Benjamin Meier	Executive Director	09/11/2023

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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	155491	A. BUILDING 00 B. WING	08/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MAJESTIC CARE OF CONNERSVILLE	1029 E 5TH STREET CONNERSVILLE, IN 47331

(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
	These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on August 29, 2023			
F 0689 SS=D Bldg. 00	483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. Based on interview, observation, and record review, the facility failed to implement the fall interventions for Resident K for 1 of 3 residents reviewed for falls. Findings include: The clinical record for Resident K was reviewed on 8/22/2023 at 3:35 p.m. The medical diagnoses included bipolar disorder and acquired absence of the left and right leg. A Quarterly minimum data set assessment, dated for 6/20/2023, indicated Resident K was cognitively intact. A fall risk assessment, dated for 11/14/2022, indicated Resident K was a high risk for falls. A nursing progress note, dated for 3/9/2023, indicated Resident K had attempted to self-transfer back to bed, resulting in a fall.	F 0689	DON/Designee assessed Resident K with no observed negative outcomes from deficiency as cited by 9/15/23. DON/Designee ensured Resident K had care plan reviewed, revised, and their Kardex updated to ensure communication of preventative fall interventions with the care team by 9/15/23. DON/Designee reviewed residents who fell within the last 30 days to ensure fall interventions were implemented following the fall, care plan was reviewed, revised, and their Kardex was updated to ensure communication of preventative fall interventions with the care team by 9/15/23. DON/Designee re-educated licensed nurses and nurse aides on the Fall Management policy	09/15/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155491	A. BUILDING 00 B. WING	08/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MAJESTIC CARE OF CONNERSVILLE	1029 E 5TH STREET CONNERSVILLE, IN 47331

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	An intradisciplinary team note, dated for 3/16/2023, indicated the team reviewed Resident K's fall from 3/9/2023 and would implement an intervention of assisting Resident K back to bed after smoke breaks. During an interview with Resident K on 8/21/2023 at 1:29 p.m., she indicated staff does not always offer to assist her back to bed after smoking. During an interview with CNA 8 on 8/22/2023 at 1:45 p.m., she indicated she was not aware to offer to assist Resident K back to bed after smoking. During an observation and interview on 8/22/2023 at 2:40 p.m., Resident K indicated she transferred herself back to be via slide board and staff does not offer to assist her back to bed. During an interview with the DON on 8/22/2023 at 2:52 p.m., she verified that the care plan had not been updated to reflect Resident K's intervention after the 3/9/2023. A policy entitled, "Fall Management", was provided by the DON on 8/22/2023 at 10:30 a.m. The policy indicated, " ...The resident specific care requirements will be communicated to the assigned care team members utilizing the Kardex ...The nurse will implement an intervention following the fall ...The care plan will be reviewed and updated, as necessary ..." This Federal tag relates to Complaint IN00415628. 3.1-45(a)(2)		including to ensure fall interventions are implemented following a fall, care plans are reviewed, revised, and Kardex is updated to ensure communication of preventative fall interventions with the care team by 9/15/23. DON/Designee will audit three residents who fell weekly x4 to ensure fall interventions are implemented following a fall, care plans are reviewed, revised, and Kardex is updated to ensure communication of preventative fall interventions with the care team, then as determined by the QAA Committee.	