

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155491	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 06/11/2021
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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 IN00355484. This visit was in conjunction with a Recertification and State Licensure Survey, and the Investigation of Complaints IN00352236, IN00354248, and IN00355329.</p> <p>Complaint IN00355484 - Substantiated. Federal/State deficiencies related to the allegations are cited at F677.</p> <p>Complaint IN00352236 - Substantiated. Federal/State deficiencies related to the allegations are cited at F677.</p> <p>Complaint IN00354248 - Substantiated. Federal/State deficiencies related to the allegations are cited at F684 and F686.</p> <p>Complaint IN00355329 - Unsubstantiated due to lack of evidence.</p> <p>Survey dates: June 7, 8, 9, 10, and 11, 2021</p> <p>Facility number: 000316 Provider number: 155491 AIM number: 100286370</p> <p>Census Bed Type: SNF/NF: 71 Total: 71</p> <p>Census Payor Type: Medicare: 3 Medicaid: 55 Other: 13 Total: 71</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</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 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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F 0677 SS=D Bldg. 00	<p>Quality review completed June 21, 2021</p> <p>483.24(a)(2) ADL Care Provided for Dependent Residents §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene;</p> <p>Based on observation, interview and record review, the facility failed to ensure residents who were dependent on nursing staff for activities of daily living (ADLs) received incontinent care timely and feeding assistance for 3 of 4 residents reviewed for ADLs. (Resident C, Resident P, and Resident R)</p> <p>Findings include:</p> <p>1. The clinical record for Resident C was reviewed on 6/10/21 at 6:06 p.m. The diagnoses included, but were not limited to, respiratory failure, obesity and congestive heart failure.</p> <p>An Admission Minimum Data Set (MDS) assessment, dated 5/26/21, noted Resident C to be cognitively intact with extensive staff assistance of two people for bed mobility, toilet use and personal hygiene. Resident C was marked occasionally incontinent of bowel and the use of an indwelling catheter.</p> <p>A progress note, dated 5/26/21, indicated the indwelling catheter was discontinued for Resident C.</p> <p>A care plan for ADLs, revised 6/8/21, indicated the following, "...[name of Resident C] needs</p>	F 0677	<p>F677 ADL Care Provided to Dependent Residents</p> <ol style="list-style-type: none"> Residents C, P and R provided care as needed upon awareness of need. Audit completed to ensure residents received a timely response for ADL needs with no negative findings. Staff re-educated on timely answering of call lights and importance of providing timely ADL care within their scope. DNS or designee to QA audit weekly x 4 weeks then monthly x 4 months to ensure resident ADL needs are met in a timely manner. Date of completion 7.1.21 	07/01/2021

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	<p>assistance with activities of daily living...Interventions...Toileting - staff assist of 2 to assist resident to toilet, ensuring that resident is clean and dry after every toileting episode...BED MOBILITY: Staff assistance of two to assist resident to turn and reposition in bed...."</p> <p>An interview conducted with Resident C, on 6/8/21 at 10:38 a.m., indicated the staff could be quicker at answering call lights. He has to wait over 30 minutes at times for staff to answer his call light. This had resulted in incontinence and he was continent.</p> <p>An interview conducted with Registered Nurse (RN) 6, on 6/11/21 at 12:00 p.m., indicated Resident C did have an indwelling catheter upon admission but it was discontinued. Resident C is continent of bowel and bladder but needs staff assistance to ensure proper placement of either the urinal or bedpan that was utilized. She has not observed Resident C being incontinent while she has cared for him.</p> <p>2. An observation was conducted of Resident P's call light being on starting on 6/8/21 at 8:56 a.m. Nurse 20 indicated that Resident P was incontinent and needed incontinent care. Nurse 20 was unsure where the Certified Nursing Assistant (CNA) was at that time. Nurse 20 continued to prepare and administer medications to other residents while Resident P's call light was on. Other staff members, Director of Nursing and MDS Coordinator, were observed asking Resident P what he needed, and Nurse 20 responded that he needed incontinent care. Nurse 20 proceeded to prepare and administer medications for the roommate of Resident P on 6/8/21 at 9:02 a.m., while reassuring Resident P</p>			

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	<p>someone would be in to assist him shortly. There were 2 CNAs, CNA 24 and CNA 26, observed coming from the 800/900 hallway and taking a mechanical lift into another resident's room. After CNA 24 and 26 assisted the resident in the other room they both entered Resident P's room to assist him at 9:26 a.m. Interview conducted with CNA 24 and she indicated herself and CNA 26 were busy on another hallway assisting other residents that needed 2 person staff assistance.</p> <p>The clinical record for Resident P was reviewed on 6/10/21 at 6:01 p.m. The diagnoses included, but was not limited to, cerebral infarction, urinary incontinence, muscle weakness and age-related physical debility.</p> <p>An Annual MDS assessment, dated 5/29/21, indicated Resident P had moderate cognitive impairment and the need for extensive assistance of one staff person for bed mobility, dressing, toilet use and personal hygiene.</p> <p>A care plan for ADLs, revised 8/10/20, indicated the following, "...[name of Resident P] needs assistance with activities of daily living...Interventions...Toileting - staff of one to assist with incontinent care/Toileting, ensuring that resident is clean and dry after every toileting episode...."</p> <p>3. An observation was conducted of Resident R's room on 6/10/21 at 5:13 p.m. There appeared to be a food tray on the bedside table on the right side of Resident R's bed but not in reach. The silverware was wrapped with a napkin and the lids were still present on the food as well as the 2 beverages located on the food tray. CNA 24 was in the process of passing out dinner trays and approached Resident R's room. She indicated</p>			

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	<p>Resident R needs constant cueing to continue to eat from staff during meals, but she did not feed Resident R lunch. The speech therapy staff fed Resident R his lunch that was still present on his bedside table.</p> <p>An interview conducted with Therapy Staff 11, on 6/11/21 at 12:07 p.m., indicated speech therapy evaluated Resident R on 6/1/21 but no further speech therapy notes were found in Resident R's clinical record. Therapy Staff 11 indicated he conducted physical therapy for Resident R on 6/10/21 but it was in the morning time. He wasn't in Resident R's room during lunch time.</p> <p>The clinical record for Resident R was reviewed on 6/11/21 at 12:25 p.m. The diagnoses included, but were not limited to, dementia with behavioral disturbance, conduct disorder and repeated falls.</p> <p>An Admission MDS assessment, in progress, indicated Resident R needed extensive assistance of 1 staff person for eating and had severe cognitive impairment.</p> <p>A care plan for ADLs, revised 5/28/21, indicted Resident R needed one staff person assistance at mealtimes by setting up tray, opening cartons and packages, cutting meats, encouraging resident to eat and hydrate, and to assist resident with feeding if and when necessary.</p> <p>A document titled "Response History", dated 6/11/21, was indicative of meal consumptions documented for Resident R. There was no documentation of Resident R consuming lunch on 6/10/21.</p> <p>There were no progress notes, dated 6/10/21,</p>			

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	<p>that indicated Resident R refused any meals.</p> <p>A policy titled "Activities of Daily Living", revised March of 2018, was provided by the Director of Nursing on 6/10/21 at 6:30 p.m. The policy indicated the following, "...Residents will provided [sic] with care, treatment and services as appropriate to maintain or improve their ability to carry out activities of daily living [ADLs]. Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene...2. Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident in accordance with the plan of care, including appropriate support and assistance with...a. Hygiene [bathing, dressing, grooming, and oral care]...c. Elimination [toileting]...d. Dining [meals and snacks]..."</p> <p>This Federal tag relates to Complaint IN00352236 and Complaint IN00355484.</p> <p>3.1-38(a)(3)</p>			