

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155491	X2) MULTIPLE CONSTRUCTION A. BUILDING -- _____ B. WING _____	X3) DATE SURVEY COMPLETED  05/05/2021
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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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E 0000  Bldg. --	<p>A Post Survey Revisit (PSR) to the Emergency Preparedness Survey conducted on 03/16/21 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 05/05/21</p> <p>Facility Number: 000316 Provider Number: 155491 AIM Number: 100286370</p> <p>At this PSR to the Emergency Preparedness survey, Majestic Care of Connorsville was found not in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73</p> <p>The facility has 166 certified beds. At the time of the survey, the census was 72.</p> <p>Quality Review completed on 05/06/21</p>	E 0000		
E 0006 SS=F Bldg. --	<p>403.748(a)(1)-(2), 416.54(a)(1)-(2), 418.113(a)(1)-(2), 441.184(a)(1)-(2), 482.15(a)(1)-(2), 483.475(a)(1)-(2), 483.73(a)(1)-(2), 484.102(a)(1)-(2), 485.625(a)(1)-(2), 485.68(a)(1)-(2), 485.727(a)(1)-(2), 485.920(a)(1)-(2), 486.360(a)(1)-(2), 491.12(a)(1)-(2), 494.62(a)(1)-(2)</p> <p>Plan Based on All Hazards Risk Assessment [(a) Emergency Plan. The [facility] must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least every 2 years. The plan must do the following:]</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>(1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.*</p> <p>(2) Include strategies for addressing emergency events identified by the risk assessment.</p> <p>*[For LTC facilities at §483.73(a)(1):] Emergency Plan. The LTC facility must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually. The plan must do the following: (1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach, including missing residents. (2) Include strategies for addressing emergency events identified by the risk assessment.</p> <p>*[For ICF/IIDs at §483.475(a)(1):] Emergency Plan. The ICF/IID must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least every 2 years. The plan must do the following: (1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach, including missing clients. (2) Include strategies for addressing emergency events identified by the risk assessment.</p> <p>* [For Hospices at §418.113(a)(2):] Emergency Plan. The Hospice must develop</p>			

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	<p>and maintain an emergency preparedness plan that must be reviewed, and updated at least every 2 years. The plan must do the following:</p> <p>(1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.</p> <p>(2) Include strategies for addressing emergency events identified by the risk assessment, including the management of the consequences of power failures, natural disasters, and other emergencies that would affect the hospice's ability to provide care.</p> <p>Based on record review and interview, the facility failed to maintain an emergency preparedness plan that was (1) based on and includes a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach, including missing residents and (2) included strategies for addressing emergency events identified by the risk assessment in accordance with 42 CFR 483.73(a) (1) and 42 CFR 483.73(a) (2). In the Survey &amp; Certification memo QSO: 19-06-ALL dated 02/01/19, the Centers for Medicare and Medicaid Services (CMS) updated Appendix Z of the State Operations Manual to reflect changes to add emerging infectious diseases to the definition of all-hazards approach and stated "Planning for using an all-hazards approach should also include emerging infectious disease (EID) threats. Examples of EIDs include Influenza, Ebola, Zika Virus and others". This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on review of the facility's "All Hazards Vulnerability Assessment" documentation with</p>	E 0006	<ol style="list-style-type: none"> <li>The allegation is that the facility failed to maintain a risk assessment and was not available for review.</li> <li>No residents were effected, but all residents had the potential to be affected by this deficient practice.</li> <li>The Administrator has completed an updated Risk Assessment utilizing an all hazards approach.</li> <li>To ensure compliance the Administrator or Designee will be responsible to complete the QA monitoring tool weekly for 4 weeks, then monthly for 4 months. Results of audit findings will be presented to the QA committee.</li> </ol>	05/10/2021

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K 0000  Bldg. 05	<p>the Executive Director and the Maintenance Director during record review from 12:00 p.m. to 1:20 p.m. on 05/05/21, a documented facility-based and community-based risk assessment, utilizing an all-hazards approach, was not available for review. The aforementioned documentation was guidance on how to perform a complete all-hazards approach risk assessment but it was not specific to all risks faced by the facility. Based on interview at the time of record review, the Executive Director agreed a documented facility-based and community-based risk assessment, utilizing an all-hazards approach, specific to Majestic Care of Connorsville was not available for review at the time of the survey.</p> <p>This finding was reviewed with the Executive Director and the Maintenance Director during the exit conference.</p> <p>This deficiency was cited on 03/16/21. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>A Post Survey Revisit (PSR) to the Life Safety Code Preoccupancy survey conducted on 03/16/21 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a). The renovation in Building 05 is for the remodeling resident rooms in the 400 and (formerly unlicensed) 500 wing of the East Building into a dedicated ventilator unit (four semi-private and six private resident rooms), to include the remodeling a former medication room into an oxygen storage room, a soiled holding room into a bathing room, an office into</p>	K 0000	N/A	

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	<p>a dining and activity room, a reception area and storage rooms into a nurse station and medication room, and three other rooms into a corridor, two laundry rooms (soiled and clean), and a mechanical room. Vent unit will be Rooms 401, 402, 409, and 410 each with two (2) licensed beds and rooms 403, 404, 405, 406, 407, and 408 each with one (1) licensed bed, for a total of fourteen (14) Vent beds. Remodeling in the 200 Wing of a medication room, a nurse station, and a closet into a resident lounge and a mechanical closet; a storage room and a linen closet into two mechanical rooms.</p> <p>Conversion of the 100 unit and portions of the 200 unit into a single locked unit; to include reconfiguring a common space for the south wing and a public lobby outside the units to connect the two corridors; converting a medications room, a soiled utility room, and a clean utility room into a reception desk; a clean utility room, a soiled utility room, and a mechanical closet. Also included is remodeling of a closet to enlarge a nurse station; a nurse station and an office into a staff breakroom; an entrance alcove into a receiving room and storage area; and adding a service counter to an existing dining room. There was also a reconfiguring of two bathing rooms and adjacent closet into mechanical rooms. Locked unit will be rooms 101-115, 201-213, 301-317. Renumbering of rooms in this building to accommodate construction changes. General remodeling of office and support areas, replacement of HVAC systems throughout, and replacement of the generator and automatic transfer switches to provide a Type-1 essential electrical system (EES) for the ventilator wing.</p> <p>Survey Date: 05/05/21</p>			

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K 9999  Bldg. 05	<p>Facility Number: 000316 Provider Number: 155491 AIM Number: 100286370</p> <p>At this PSR survey to the Preoccupancy survey, Majestic Care of Connerville was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies, and 410 IAC 16.2. The renovated portions of Building 05 were surveyed under Chapter 18 and 410 IAC 16.2.</p> <p>The facility consisted of two, one story buildings, the East Building and the West Building, which were determined to be of Type V (111) construction and are each fully sprinkled. Each building has a fire alarm system with smoke detection in the corridors and spaces open to the corridor. The facility has battery operated smoke detectors installed in resident sleeping rooms in the East Building. The facility has a capacity of 166 and had a census of 72 at the time of this survey.</p> <p>All areas where residents have customary access were sprinkled and all areas providing facility services were sprinklered.</p> <p>Quality Review completed on 05/06/21</p>	K 9999	N/A	05/10/2021