

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155219	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/13/2023
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NAME OF PROVIDER OR SUPPLIER MAJESTIC CARE OF SOUTH BEND	STREET ADDRESS, CITY, STATE, ZIP COD 52654 N IRONWOOD RD SOUTH BEND, IN 46635
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00402382, IN00401464, IN00400135, IN00399728, IN00403393, and IN00403645.</p> <p>Complaint IN00402382 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00401464 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00400135 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00399728 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00403393 - Federal/state deficiencies related to the allegations are cited at F561.</p> <p>Complaint IN00403645 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: March 6,7,8,9,10 and 13, 2023</p> <p>Facility number: 000124 Provider number: 155219 AIM number: 100266730</p> <p>Census Bed Type: SNF/NF: 79 Total: 79</p> <p>Census Payor Type: Medicare: 12 Medicaid: 63 Other: 4 Total: 79</p>	F 0000	We do not submit this plan of correction as admittance or denial of the alleged incidents. Please accept the following as a request for a desk review in lieu of of an onsite Post Survey Revisit. All consideration for a desk review would be much appreciated. If there are any additional documents that are needed, please reach out right away.	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Franklin Eketé	Executive Director	03/29/2023

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 0561 SS=E Bldg. 00	<p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 3/14/23.</p> <p>483.10(f)(1)-(3)(8) Self-Determination §483.10(f) Self-determination. The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to the rights specified in paragraphs (f)(1) through (11) of this section.</p> <p>§483.10(f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part.</p> <p>§483.10(f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>§483.10(f)(3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility.</p> <p>§483.10(f)(8) The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility. Based on interview, and record review, the facility failed to ensure showers were received per</p>	F 0561	FF 561 Self Determination	03/24/2023

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	<p>resident choices for 5 of 6 residents reviewed for ADL's (activities of daily living). (Residents D, E, F, G, & H)</p> <p>Findings include:</p> <p>1. During an interview, on 3/9/2023 at 9:27 A.M., Resident D indicated he had 1 shower since admission. A clinical record review was completed on 3/9/2023 at 10:49 A.M. Resident D's diagnoses included, but were not limited to: depression, emphysema, obesity and obstructive and reflux uropathy.</p> <p>A Weekly Shower Schedule indicated Resident D was to receive showers on Mondays and Thursdays on the day shift.</p> <p>On 3/9/2023 at 11:17 A.M., the shower book was reviewed with QMA 5 with no shower sheets completed for Resident D. QMA 5 indicated the residents are to receive 2 showers a week.</p> <p>Shower documentation in the electronic medical record for showers indicated Resident D received a shower on 2/23, 2/24 and 3/8/2023.</p> <p>During an interview, on 3/9/2023 at 2:31 P.M., the Director of Nursing indicated there were no shower sheets completed for Resident D in February or March and the electronic shower documentation is wrong.</p> <p>2. During an interview with Resident E, on 3/9/2023 at 9:33 A.M., he indicated that he had not received a shower since admission. He did receive a bed bath once.</p> <p>A clinical record review for Resident E, completed on 3/9/2023 at 10:27 A.M., indicated an Admission</p>		<p>1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>a. Education of all nursing staff on self-determination for all residents especially regarding ADLs.</p> <p>b. Full facility audit of all residents' shower schedule and completion.</p> <p>c. Increased rounding by facility utilizing Daily Qapi tool.</p> <p>2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken;</p> <p>a. All residents have the potential to be affected by the deficient practice. The IDT team reviewed and audited all residents shower schedules and completion.</p> <p>3. What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur;</p> <p>a. IDT team and managers' daily rounds which will be reviewed and audited weekly x4, bimonthly x2, and monthly x4.</p> <p>4. How the corrective action(s) will be monitored to ensure the deficient practice</p>	

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	<p>MDS (Minimum Data Set) Assessment, dated 2/17/2023, included but was not limited to, a BIMS (Brief Interview for Mental Status) of 15, no impairment. Resident E had no refusals of care or other behaviors. Choosing method for bathing was somewhat important to him. He required extensive assist of 2 staff persons for bed mobility, transfers, and toileting, extensive assist of 1 staff person for dressing and eating. He was frequently incontinent of bowel and bladder.</p> <p>Diagnoses for Resident E included, but were not limited to: morbid obesity, type 2 diabetes mellitus with chronic kidney disease, and paroxysmal atrial fibrillation.</p> <p>A care plan for Resident E included, but was not limited to: a problem, dated 2/13/2023, that indicated the resident needed assistance with activities of daily living. Interventions included, but were not limited to, assist with incontinent care, staff assistance with personal hygiene, staff assistance with toilet use, and staff assistance with transfers, uses the Sara Lift.</p> <p>Facility shower schedule indicated Resident E's scheduled shower days were Tuesday and Friday evenings. Documentation on the Tasks section of the EMR (electronic medical record) indicated he refused a shower on 2/27/2023 but received a bed bath and received showers on 3/1/2023, 3/4/2023, 3/5/2023, and 3/9/2023. Bed baths were done on 2/11/2023, 2/13/2023, and 2/16/2023. No documentation of showers or bed baths from 2/16/2023 to 2/27/2023.</p> <p>During an interview, on 3/9/2023 at 10:13 A.M., CNA 6 indicated that Resident E is showered twice a week and they document showers on the shower sheet and keep the shower sheets in the</p>		<p>will not recur, i.e., what quality assurance program will be put into place;</p> <p>a. Weekly Qapi by the IDT team to review and audit weekly x4, bimonthly x2, and monthly x4.</p> <p>5. Who is the "Team" that will review and audit? Who will oversee that the "Team" is conducting the audits and reviews as pledged?</p> <p>a. All reviews and audits will be completed by the IDT team during morning meeting. The ED/DNS followed by the MDS, SSD, Therapy Director, and Unit Manager will ensure that all audits and reviews are completed accurately and promptly.</p> <p>6. By what date the systemic changes for each deficiency will be completed.</p> <p>a. 3/24/2023</p>	

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	<p>shower book.</p> <p>During an interview, on 3/9/2023 at 10:15 A.M., the DON (Director of Nursing) indicated that documentation in Point Click Care (the facility's EMR) is not accurate. The shower sheets are what they use to determine that a shower was given.</p> <p>During an interview, on 3/9/2023 at 2:45 P.M., the DON indicated that there are no shower sheets for Resident E for 2/10/2023 through 3/8/2023. There was a shower sheet for 3/9/2023.</p> <p>3. During an interview, on 3/9/2023 at 1:22 P.M., Resident F indicated that he had only received a shower once on 3/3/2023. He also indicated that he did refuse once when he and the staff could not coordinate a time that worked for him as he was going out with a friend.</p> <p>A clinical record review for Resident F completed, on 3/9/2023 at 1:55 P.M., indicated an Admission MDS Assessment, dated 2/22/2023, included, but was not limited to: a BIMS of 14, no impairment. He had no behaviors or refusals of care. Choosing between a shower, tub bath, or bed bath, was very important. He required extensive assist of 2 staff persons for bed mobility, limited assist of 1 staff person for transfers, dressing, eating, and toileting.</p> <p>Diagnoses for Resident F included, but were not limited to: bilateral primary osteoarthritis of hip, type 2 diabetes mellitus, benign prostatic hypertrophy, delusional disorder, hallucinations unspecified, and mild cognitive impairment of unknown etiology.</p> <p>A care plan for Resident F included, but was not limited to: a problem, dated 2/15/2023, that</p>			

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	<p>indicated the resident needed assistance with activities of daily living. Interventions included, but were not limited to, assist with incontinent care, staff assistance with personal hygiene, staff assistance with toilet use, and staff assistance with transfers.</p> <p>The facility shower schedule indicated Resident F's showers were scheduled for Monday and Thursday evenings. Documentation on the Tasks section of the EMR indicated Resident F received a shower on 2/19/2023. No showers were documented in the EMR from 2/19/2023 to 3/8/2023.</p> <p>During an interview, on 3/9/2023 at 10:15 A.M., the DON indicated that documentation in Point Click Care is not accurate. The shower sheets are what they use to determine that a shower was given.</p> <p>During an interview, on 3/9/2023 at 2:45 P.M., the DON indicated that there are no shower sheets for Resident F from 2/19/2023 to 3/8/2023.</p> <p>4. During an interview, on 3/9/2023 at 10:05 A.M. Resident G indicated she was waiting for a shower. The Director of Nursing was standing at the nurse's desk and provided a shower sheet, dated 3/7/2023, for Resident G and indicated the resident had a shower on 3/7/2023 per the shower sheet.</p> <p>A clinical record review was completed on 3/9/2023 at 10:33 A.M. Resident G's diagnoses included, but were not limited to: seizures, TBI (traumatic brain injury), Schizoaffective disorder, and insomnia.</p> <p>An Admission MDS (Minimum Data Set)</p>			

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	<p>assessment had not been completed at this time.</p> <p>A current care plan, dated 3/1/2023, indicated the resident required assistance with activities of daily living, related to TBI.</p> <p>The Weekly Shower Schedule indicted Resident G was to receive showers on Wednesdays and Saturdays on the evening shift. The shower book lacked the documentation of a shower being given on 3/1 and 3/4/2023. A shower sheet was provided by the Director of Nursing, dated 3/7/2023 (Tuesday).</p> <p>During an interview, on 3//9/2023 at 2:31 P.M., the Director of Nursing indicated there were no other shower sheets completed for Resident G for March, and there should have been.</p> <p>5. A clinical record review was completed on 3/9/2023 at 4:11 P.M. Resident H's diagnoses included, but were not limited to: Cerebral Palsy, cognitive impairment, protein calorie malnutrition, depression, and Cushing's Syndrome.</p> <p>An Admission MDS (Minimum Data Set) Assessment, dated 2/24/2023, indicated Resident H was unable to complete an interview for mental status score. The resident required extensive assist of 2 staff for bed mobility, transfers, toilet use and 1 staff for dressing and eating. Was very important to choose between tub bath, shower, or a bed bath.</p> <p>A current care plan, dated 2/17/2023, indicated Resident H needed assist with all activities of daily living related to decreased mobility, history of fractures and Cerebral Palsy.</p> <p>The Weekly Shower Schedule indicated Resident</p>			

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	<p>H was to receive showers on Mondays and Thursdays on the day shift.</p> <p>On 3/9/2023 at 2:31 P.M., the Director of Nursing provided 2 completed shower sheets dated 1/27/2023 and 3/9/2023 for Resident H.</p> <p>During an interview, on 3//9/2023 at 2:31 P.M., the Director of Nursing indicated there were no other shower sheets completed for Resident H for February or March, and there should have been.</p> <p>On 3/9/2023 at 4:38 P.M., the Director of Nursing provided the policy titled, " Activities of Daily Living (ADL's), Supporting", revised date of March 2018, and indicated the policy was the one currently being used by the facility. The policy indicated" ...2. Appropriate care and services will be provided for residents who are unable to carry out ADL's independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with: a. Hygiene (bathing, dressing, grooming, and oral care) ..."</p> <p>This Federal tag relates to Complaint: IN00403393.</p> <p>3.1-3(u)(1) 3.1-3(u)(3)</p>			