

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155219	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/04/2024
NAME OF PROVIDER OR SUPPLIER Majestic Care of South Bend		STREET ADDRESS, CITY, STATE, ZIP CODE 52654 N Ironwood Rd South Bend, IN 46635	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>44111</p> <p>Based on observation and record review, the facility failed to provide a dependent resident an assistive device for 1 of 1 residents reviewed for accommodation of needs. (Resident 3)</p> <p>Finding includes:</p> <p>During a family interview on 9/30/2024 at 2:25 P.M., the responsible party for Resident 3 indicated he was concerned Resident 3 did not have a wheelchair to get out of bed. The family member indicated Resident 3 was always in bed when he visited and did not see a wheelchair in his room. Resident 3's family member indicated he would like him to get out of the bed.</p> <p>During an observation on 10/1/2024 at 9:53 A.M., 10/2/2024 at 9:45 A.M., 10/2/2024 at 2:24 P.M., 10/3/2024 at 9:09 A.M., 10/3/2024 at 11:57 A.M., and 10/4/2024 at 1:29 P.M. Resident 7 was in bed and no wheelchair was in the room.</p> <p>A record review was completed on 10/2/2024 at 1:37 P.M., for Resident 3. Diagnoses included, but not limited to: hemiplegia, unspecified affecting left dominant side, vascular dementia, unspecified severity, with other behavioral disturbance, and acquired absence of right leg below knee.</p> <p>A Quarterly Minimum Data Set (MDS) assessment, dated 9/25/2024, indicated Resident 3 had severe cognitive impairment and was dependent on two staff for transfers.</p> <p>The current Care Plans and Nursing Progress Notes were reviewed and there was no indication Resident 3 had refused to get out of bed.</p> <p>During an interview on 10/2/2024 at 2:34 P.M., QMA 3 indicated Resident 3 did not get up from bed because he did not have a chair. She had taken care of Resident 3 a couple of weeks ago and had gotten him up out of bed. She had gone down to therapy and asked for a wheelchair. She indicated she had returned it when she was done. She had asked the therapy department why Resident 3 did not have a wheelchair and they told her there was a process to getting a chair.</p> <p>During an interview on 10/4/2024 at 10:07 A.M., CNA 12 indicated she had worked at this facility for about four years and had taken care of Resident 3 frequently. CNA 12 indicated Resident 3 did not get up and did not have a chair. Although she was aware Resident 3 had been assisted out of bed by QMA 3 a few weeks ago, she did not offer to get him out of bed when she cared for him.</p> <p>(continued on next page)</p>		

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 155219
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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/4/2024 at 10:19 A.M., the Director of Rehab indicated the last time he was in physical therapy (PT) and occupational therapy (OT) was in 2022. She indicated Resident 3 did not know why he did not have a chair, but he should have had one. She indicated some residents preferred to stay in bed.</p> <p>An OT Discharge Summary, dated 8/15/2022-9/8/2022, indicated that he owned a Broda chair (a high back reclining chair with adjustable supports).</p> <p>On 10/4/2024 at 1:41 P.M., the Administrator indicated the facility did not have a policy related to accommodation of resident's needs.</p> <p>3.1-3(v)(1)</p>		

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<p>F 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>49994</p> <p>Based on interview and record review, the facility failed to ensure a SNF-ABN (Skilled Nursing Facility-Advanced Beneficiary Notice) Form was provided following the end of Medicare skilled services for 1 of 1 resident who discharged from Medicare services and remained in the facility. (Resident 45)</p> <p>Finding includes:</p> <p>During a review of Beneficiary Notification forms, conducted on 10/4/2024 at 8:45 A.M., a Notice of Medicare Non-Coverage (NOMNC) form had been provided to Resident 45 on 6/26/2024 and indicated the resident's Medicare coverage was ending on 6/28/2024. There was no SNF-ABN (a form that informs a beneficiary that medicare may not pay for a service or item they intend to receive) provided to Resident 45.</p> <p>During an interview on 1/4/2024 at 8:54 A.M., the SNF (Skilled Nursing Facility) Beneficiary Protection Notification Review Forms were reviewed. The form was blank in response to whether Resident 45 received the SNF-ABN form. Resident 45 was provided a Notice of Medicare Non-Coverage (NOMNC) Form which indicated Resident 45's Medicare coverage would end on 6/28/2024.</p> <p>On 10/4/2024 at 9:52 A.M., the Social Services Director indicated Resident 45 remained in the facility and did not receive a SNF-ABN form.</p> <p>On 10/4/2024 at 11:10 A.M., the Administrator provided the policy titled Beneficiary Liability Protection Notices ABN, dated 7/2018, and indicated it was the one currently being used by the facility. The policy did not indicate when a SNF-ABN form should have been provided to the resident.</p> <p>3.1-4(f)(2)</p>		

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>47419</p> <p>Based on interview and record review, the facility failed to provide the resident, or the resident's representative, with a notice of transfer form for 2 of 2 residents reviewed for hospitalization . (Residents 8 and 59)</p> <p>Findings include:</p> <p>1. A record review was completed on 10/3/2024 at 2:47 A.M. for Resident 8. Diagnoses included type 2 diabetes mellitus with neuropathy, bladder cancer, anxiety and depression.</p> <p>A Quarterly Minimum Data Set (MDS) assessment, dated 7/10/2024, indicated Resident 8's cognition was intact.</p> <p>During an interview on 9/30/2024 at 2:30 P.M., Resident 8 indicated he had been hospitalized a few months ago but did not remember the specific date.</p> <p>Resident 8 had been sent to the emergency room and was admitted to the hospital on the following dates:</p> <p>-2/21/2024.</p> <p>-3/11/2024.</p> <p>-8/12/2024.</p> <p>The record lacked documentation the facility had provided Resident 8 a Notice of Transfer/Discharge for any of the hospitalization s.</p> <p>During an interview on 10/3/2024 at 2:35 P.M., the Executive Director (ED) indicated there was no documentation the Notice of Transfer/Discharge form was provided to Resident 8.</p> <p>2. A record review was completed on 10/02/2024 at 1:34 P.M. for Resident 59. Diagnoses included, but were not limited to: end stage renal disease, chronic obstructive pulmonary disease and type 1 diabetes with neuropathy.</p> <p>A Quarterly Minimum Data Set (MDS) assessment for Resident 59 indicated his cognition was intact.</p> <p>During an interview on 10/01/2024 at 9:07 A.M. Resident 59 indicated he had been hospitalized several times but did not know the dates.</p> <p>Resident 59 was sent to the emergency room and hospitalized on the following dates:</p> <p>-6/10/24</p> <p>(continued on next page)</p>		

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-7/1/24</p> <p>-7/31/24</p> <p>-9/10/24.</p> <p>The record lacked documentation the facility had provided Resident 59 a Notice of Transfer/Discharge form for any of the hospitalization s.</p> <p>During an interview on 10/3/2024 at 2:35 P.M., the ED indicated there was no documentation the Notice of Transfer/Discharge form was provided to Resident 59.</p> <p>On 10/4/2024 at 2:21 P.M. the ED provided a current policy, dated 12/12/23 and titled, Transfer & Discharge. The policy indicated, .Emergency Transfer/Discharge - initiated by the facility for medical reasons to an acute care setting such as a hospital, for the immediate safety and welfare of a resident (nursing responsibilities unless otherwise specified) .Provide a notice of transfer and the facilities bed hold policy to the resident and representative as indicated</p> <p>3.1-12(8)(D)</p>

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<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>47419</p> <p>Based on interview and record review, the facility failed to provide the resident, or the resident's representative, with a copy of the Bed Hold Policy when sent to the hospital for 2 of 2 residents reviewed for hospitalization . (Residents 8 and 59)</p> <p>Findings include:</p> <p>1. A record review was completed on 10/3/2024 at 2:47 A.M. for Resident 8. Diagnoses included type 2 diabetes mellitus with neuropathy, bladder cancer, anxiety and depression.</p> <p>A Quarterly Minimum Data Set (MDS) assessment, dated 7/10/2024, indicated Resident 8's cognition was intact.</p> <p>During an interview on 9/30/2024 at 2:30 P.M., Resident 8 indicated he had been hospitalized a few months ago but did not remember the specific date.</p> <p>Resident 8 was sent to the emergency room and admitted to the hospital on the following dates:</p> <p>-2/21/2024.</p> <p>-3/11/2024.</p> <p>-8/12/2024.</p> <p>The record lacked documentation the facility provided Resident 8 a copy of the Bed Hold Policy for any of the hospitalization s.</p> <p>During an interview on 10/3/2024 at 2:35 P.M., the Executive Director (ED) indicated there was no documentation a copy of the facility Bed Hold Policy was provided to Resident 8.</p> <p>2. A record review was completed on 10/02/2024 at 1:34 P.M. for Resident 59. Diagnoses included, but were not limited to: end stage renal disease, chronic obstructive pulmonary disease and type 1 diabetes with neuropathy.</p> <p>A Quarterly Minimum Data Set (MDS) assessment for Resident 59 indicated his cognition was intact.</p> <p>During an interview on 10/01/2024 at 9:07 A.M. Resident 59 indicated he had been hospitalized several times but did not know the dates.</p> <p>Resident 59 had been sent to the emergency room and hospitalized on the following dates:</p> <p>-6/10/24</p> <p>-7/1/24</p> <p>(continued on next page)</p>		

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<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-7/31/24</p> <p>-9/10/24.</p> <p>The record lacked documentation the facility provided Resident 59 a copy of the Bed Hold Policy for any of the hospitalization s.</p> <p>During an interview on 10/3/2024 at 2:35 P.M., the Executive Director (ED) indicated there was no documentation a copy of the Bed Hold Policy was provided to Resident 59.</p> <p>On 10/4/2024 at 2:21 P.M. the ED provided a current policy, dated 12/12/2023 and titled, Bed Hold. The policy indicated, .In the event of an emergency transfer of the resident, the facility will provide within 24 hours written notice of the facility's bed-hold policies, as stipulated on the State's plan</p> <p>3.1-12(a)(25)(26)</p>

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>47419</p> <p>Based on interview and record review, the facility failed to develop a person-centered care plan regarding fluid needs for 1 of 18 residents whose care plans were reviewed. (Resident 8)</p> <p>Finding includes:</p> <p>A record review was completed on 10/01/2024 at 2:25 P.M. for Resident 8. Diagnoses included type 2 diabetes mellitus with neuropathy and congestive heart failure.</p> <p>A Quarterly Minimum Data Set (MDS) assessment, dated 7/10/2024, indicated Resident 8's cognition was intact.</p> <p>Physician's Orders for Resident 8 included, but were not limited to:</p> <p>-6/28/2024 2000 milliliter (ml) daily fluid restriction for edema and congestive heart failure.</p> <p>-4/3/2024 Furosemide 40 milligrams (mg) by mouth two times a day related to hypertensive heart disease and congestive heart failure.</p> <p>A current Care Plan, initiated on 9/12/2022, indicated Resident 8 was at risk for a fluid imbalance related to acute kidney failure and diuretic use. Interventions included, but were not limited to: staff was to educate the resident and family on the importance of the fluid restriction, as well as the risks and the potential negative outcomes of not adhering to the recommended fluid restrictions. There were no specific instructions regarding the amount of fluids each shift and department were allotted to maintain the ordered fluid restrictions.</p> <p>During an interview on 10/04/2024 at 9:42 A.M., the Unit Manager indicated the fluid restriction should have been broken down as to how much each shift and department had available per day, and the care plan should have included this information.</p> <p>3.1-35(d)(1)(2)(A)(B)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49994</p> <p>Based on record review and interview, the facility failed to ensure care plan conferences were completed every quarter for 4 of 4 residents reviewed for care plans. (Residents 13, 8, 59 & 26)</p> <p>Findings include:</p> <p>1. During an interview on 9/30/2024 at 2:21 P.M., the family of Resident 13 indicated the resident had not had a care plan conference for the [AGE] year.</p> <p>On 10/3/2024 at 9:05 A.M., a record review was completed for Resident 13. The record indicated the resident had been admitted to the facility on [DATE] and a care conference was completed on 4/14/2023. The record lacked documentation a care plan conference had been completed for the [AGE] year.</p> <p>44111</p> <p>2. During an interview on 10/1/2024 at 11:04 A.M., Resident 26 indicated she had not had a care plan meeting.</p> <p>A record review was completed on 10/1/2024 at 11:40 P.M., for Resident 26. Diagnoses included, but not limited to: end stage renal disease and peripheral vascular disease.</p> <p>During an interview on 10/3/2024 at 1:59 P.M., the Social Service Director indicated care plan meetings were documented under the evaluation tab titled, IDT care plan conference summary. She indicated Resident 26 should have had a care plan conference in June or July (of 2024).</p> <p>47419</p> <p>3. During an interview on 9/30/2024 at 2:25 P.M. Resident 8 indicated he had not been to a Care Conference.</p> <p>A record review for Resident 8 was completed on 10/01/2024 at 2:25 P.M. Diagnoses included type 2 diabetes mellitus with neuropathy, bladder cancer, anxiety and depression.</p> <p>A Quarterly Minimum Data Set (MDS) assessment, dated 7/10/2024, indicated Resident 8's cognition was intact and the resident had participated in planning and goal setting.</p> <p>An IDT Care Conference Summary, dated 1/22/2024, indicated a conference had been held and the resident was in attendance. The record lacked any further meetings or care conferences since that date.</p> <p>During an interview on 10/4/2024 at 2:51 P.M., the Unit Manager indicated Care Conferences had not taken place for Resident 8 as required.</p> <p>4. During an interview on 10/1/2024 at 8:55 A.M., Resident 59 indicated he did not think he had ever been invited to a Care Conference.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A record review was completed on 10/02/2024 at 1:34 P.M. for Resident 59. Diagnoses included, but were not limited to: end stage renal disease, chronic obstructive pulmonary disease and type 1 diabetes with neuropathy.</p> <p>A Quarterly Minimum Data Set (MDS) assessment for Resident 59 indicated his cognition was intact. The assessment indicated the resident had participated in the assessment and goal setting. On a Significant Change MDS assessment, dated 5/7/2024, Resident 59 had indicated it was very important to have a relative or friend involved in discussions about his care.</p> <p>On 9/5/2024 there was documentation a care plan meeting had taken place and Resident 59 had attended. The record lacked any documentation care plan meetings had taken place between 9/1/2023 and 9/5/2024.</p> <p>During an interview on 10/4/2024 at 2:51 P.M., the Unit Manager indicated Care Conferences had not taken place for Resident 59 as required.</p> <p>On 10/4/2024 at 2:51 P.M. the Unit Manager provided a current policy, dated 12/12/2023 and titled, Comprehensive Care Plan. The policy indicated, .The comprehensive care plan will be prepared by an interdisciplinary team, that includes, but is not limited to: The resident and the resident's representative, to the extent practicable .</p> <p>3.1-35(e)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>44111</p> <p>Based on observation, interview and record review, the facility failed to ensure resident were assisted with personal hygiene and showers for 3 of 4 records reviewed for Activities of Daily Living (ADL). (Resident 3 & 24)</p> <p>Findings include:</p> <p>1. During a family interview on 9/30/2024 at 3:08 P.M., the responsible party indicated he did not think Resident 3 had been getting up out of bed to be given a shower.</p> <p>During an observation on 10/1/2024 at 9:53 A.M., 10/3/2024 at 9:09 A.M. and on 10/4/2024 at 9:03 A.M., Resident 3 had long finger nails with a brown substance under them.</p> <p>A record review was completed on 10/2/2024 at 1:37 P.M., for Resident 3. Diagnoses were included, but not limited to: hemiplegia, unspecified affecting left dominant side, vascular dementia, unspecified severity, with other behavioral disturbance and acquired absence of right leg below knee.</p> <p>A Quarterly Minimum Data Set (MDS) assessment, dated 9/25/2024, indicated Resident 3 had severe cognitive impairment, had limited range of motion to one side of his body and bathing and personal hygiene needs were not documented on the assessment.</p> <p>A current Care Plan, dated 6/23/2019, titled Activities of DailyLiving, had interventions including bathing/showering and nail care on bath day, bathing/showering staff to provide assist.</p> <p>A current Care Plan, initiated on 8/17/2021, titled At Risk for Adverse Consequences: Refused Hygiene after Bathing. Interventions included, but were not limited to: document behaviors and if resident becomes combative or resistive, postpone care/activity and allow resident to regain their composure and reapproach as needed.</p> <p>Resident 3 was scheduled every Monday and Thursday evening for a shower.</p> <p>A review of recent Nursing Progress Notes did not indicate he had refused care.</p> <p>The documentation for showers for Resident 3, from 9/1/2024 - 10/1/2024, indicated he had not received a shower. Refusal of care/showers was not documented. The bathing section indicated he was dependent for bathing.</p> <p>A review of behavior charting indicated there had been no documentation of rejection of care or any behaviors for the past 30 days, 9/1/2024 - 10/1/2024.</p> <p>A review of bathing/bed bath, dated 9/1/2024 -10/2/2024, indicated Resident 3 had received five complete bed baths, on 9/2/2024, 9/5/2024, 9/19/2024, 9/23/2024 and 9/30/2024.</p> <p>A review of shower sheets indicated he had received a bed bath on 9/19/2024.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/2/2024 at 2:34 P.M., QMA 3 indicated when she performed morning care she washed the residents face, underarms and peri area, let the resident pick out their outfit then dressed the resident, set the resident up for oral care and changed the sheets.</p> <p>During an interview on 10/4/2024 at 10:07 A.M., CNA 12 indicated when she provided morning care, she assisted with washing the residents up for the day and dressed them. She indicated she had provided Resident 3 a shave, washed his face and peri area, pulled him up in bed and assisted him with his breakfast. She had not looked at his nails and had not seen the dirt or long length of his nails. She indicated if a resident refused a shower, she documented it in the point of care (POC) and informed the nurse. She indicated Resident 3 had not had any behaviors or refusals.</p> <p>During an interview on 10/4/2024 at 11:12 A.M., the DON indicated refusals should be documented in the POC or in the progress notes. She indicated she did not see documentation for bathing on 9/9/2024, 9/12/2024, 9/16/2024 and 9/26/2024 and he should have been offered bathing. Every resident should be offered two showers a week. She would have expected the plan of care to reflect his preference and it did not.</p> <p>On 10/3/2024 at 10:54 A.M., the Unit Manager provided a policy titled, Interdisciplinary Team (IDT) Risk Review Meeting, dated 1/2/2024, and indicated the policy was the one currently used by the facility. The policy indicated, 3. Routine cleaning and inspection of nails will be provided during ADL care on an ongoing basis. 4. Routine nail care, to include trimming and filing, will be provided on a regular schedule. Nail care will be provided between scheduled occasions as the need arises .</p> <p>48145</p> <p>2. During an observation on 9/30/2024 at 2:15 P.M., Resident 24 was in the hallway by the Activities room and her bottom teeth had a build-up of a thick white substance.</p> <p>During an observation on 10/1/2024 at 9:04 A.M., Resident 24 had a brown substance around her mouth and her bottom teeth had a build-up of a thick white substance.</p> <p>During an observation on 10/2/2024 at 2:23 P.M., Resident 24's bottom teeth had a build-up of a thick white substance.</p> <p>Resident 24's record review was completed on 10/2/2024 at 2:45 P.M. Diagnoses included, but were not limited to: hemiplegia and hemiparesis affecting right side, aphasia, dysphagia, vascular dementia, major depressive disorder and generalized anxiety disorder.</p> <p>A Quarterly MDS (Minimum Data Set) assessment, dated 8/28/2024, indicated Resident 24 had severe cognitive impairment, was rarely able to make herself understood, sometimes understood others and required supervision or assistance with oral care.</p> <p>A current Care Plan, initiated on 11/21/2021 and revised on 1/11/2023, indicated Resident 24 needed assistance with activities of daily living related to a personal history of a cerebrovascular accident resulting in right sided hemiplegia. The Care Plan included a goal for the resident to have her daily care needs met with the assistance of staff. Interventions included, but were not limited to: Staff to assist/encourage oral care twice daily and as needed. Notify nurse of any redness, irritation or complaints of oral pain.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155219	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/04/2024
NAME OF PROVIDER OR SUPPLIER Majestic Care of South Bend		STREET ADDRESS, CITY, STATE, ZIP CODE 52654 N Ironwood Rd South Bend, IN 46635	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A current Care Plan, initiated on 8/1/2021, indicated Resident 24 had oral/dental health problems related to missing teeth. The goal of the Care Plan was for the resident to be free of infection, pain or bleeding in the oral cavity. Interventions to the Care Plan included, but were not limited to: Provide mouth care or encourage resident to perform oral care twice daily and as needed.</p> <p>Documentation of oral care for Resident 24, for the past month indicated oral care had only been offered once a day for the following dates: 9/6/2024, 9/7/2024, 9/8/2024, 9/9/2024, 9/10/2024, 9/12/2024, 9/13/2024, 9/14/2024, 9/22/2024, 9/23/2024, 9/24/2024, 9/25/2024, 9/30/2024 and 10/1/2024.</p> <p>There was no documentation Resident 24 had refused oral care.</p> <p>During an interview on 10/3/2024 at 2:34 P.M., QMA (Qualified Medication Aid) 3 indicated oral care was part of AM (morning) and PM (evening) care. She indicated Resident 24 was not able to brush her own teeth without encouragement and most days, the resident required the staff to manually brush her teeth for her. QMA 3 indicated the resident's teeth appeared like they had not been brushed due to the amount of build-up on the resident's bottom teeth.</p> <p>On 10/3/2024 at 2:52 P.M., the Unit Manager provided an undated policy titled, Oral Care, and indicated it was the policy used by the facility. The policy indicated, It is the practice of this facility to provide oral care to residents in order to prevent and control plaque-associated oral diseases</p> <p>3.1-38 (a)(2)(A)</p> <p>3.1-38 (a)(3)(C)</p> <p>3.1-38 (a)(3)(E)</p>		

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>48145</p> <p>Based on interview, observation and record review, the facility failed to follow the Physician's orders related to flushing a G-tube (gastrointestinal tube) and changing the tubing for 2 of 2 residents who were reviewed for a G-tube. (Resident 222 & 7)</p> <p>Findings include:</p> <p>1. During an interview on 10/1/2024 at 9:57 A.M., Resident 222 indicated his G-tube was not being used for nutrition or medications but it was supposed to be flushed twice a day. He indicated his G-tube had only been flushed once since his admission on 9/24/2024.</p> <p>During an interview on 10/2/2024 at 10:40 A.M., Resident 222 indicated his G-tube had not been flushed the last two days.</p> <p>During an observation on 10/2/2024 at 10:41 A.M., no medical equipment for flushing a G-tube was located in the residents room, bathroom or trash can.</p> <p>Resident 222's record review was completed on 10/2/2024 at 11:45 A.M. Diagnoses included, but were not limited to: paraplegia, fusion of lumbar spine, neurogenic bowel and neuromuscular dysfunction of bladder.</p> <p>A current Physician's order, dated 9/26/2024, indicated the resident's G-tube was to be flushed with 60 milliliters of water every shift.</p> <p>A current Care Plan, initiated on 9/26/2024, indicated the resident was at risk of complications of tube feeding and had a goal of being free from complications of G-tube flushes. Interventions included, but were not limited to: Check for tube placement and gastric contents/residual volume per facility protocol and record, and provide water flushes per Physician's orders.</p> <p>Resident 222's record lacked the documentation he had refused any G-tube flushes.</p> <p>The October 2024 TAR (Treatment Administration Record) indicated Resident 222's G-tube had been flushed twice on 10/1/2024 and once on 10/2/2024.</p> <p>During an interview on 10/02/2024 at 11:50 A.M., Resident 222 indicated staff had not flushed his G-tube in the past two days.</p> <p>During an interview on 10/2/2024 at 11:55 A.M., LPN 2 indicated she had flushed Resident 222's G-tube earlier in the morning. However, she was unable to locate the equipment she had used after the flush. She then indicated she had not flushed his G-tube that morning and marked the documentation complete by mistake. She indicated treatments should not be documented as completed in the medical record until after the task had been completed.</p> <p>(continued on next page)</p>		

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/2/2024 at 11:57 A.M., the Unit Manager indicated she knew the resident's G-tube had been flushed yesterday because she was the one that had flushed his G-tube during the second shift. When asked if it was her initials on the October 2024 TAR for the October 1st second shift G-tube flush, she indicated it was not her initials and she had not signed off on the TAR. She indicated treatments should be signed off in the medical record after the treatment was performed and by the staff member who completed the treatment.</p> <p>44111</p> <p>2. During an observation on 10/1/2024 at 9:09 A.M., there was a bottle of tube feeding formula for Resident 7 hanging with a date of 10/1 and time of 0500 in red marker on the side of the bottle. The rest of the label to indicate the resident's name, room number, rate of infusion and nurse's initials were left blank. There was also a bag of clear liquid, dated 10/1 at 0500 hanging on the pole.</p> <p>During an observation on 10/2/2024 at 9:00 A.M., the bag with clear liquid dated 10/1 with a time of 0500 in red marker and a bottle of tube feeding formula dated 10/2 with a time of 2 A.M. were noted hanging. A package with a syringe was dated 6/21/2024 without a name.</p> <p>A record review was completed on 10/2/2024 at 9:39 A.M., for Resident 7. Diagnoses included, but were not limited to: hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left non-dominant side and vascular dementia.</p> <p>A Physician's Order, dated 3/28/2024, indicated to change the container, G-tube tubing and syringe every 24 hours, every night and to label with the resident's name and date.</p> <p>During an interview on 10/2/2024 at 9:39 A.M., RN 11 indicated the tube feeding formula and the bag of clear liquid had different dates and the system should have been changed daily with labels filled out and on the syringe. She indicated the syringe was just opened this morning and she did not put the resident's name or date on the syringe. She indicated she had not see the 6/21/24 date.</p> <p>On 10/2/2024 at 12:19 P.M., the Unit Manager provided an undated policy, titled, Documentation in the Medical Record and indicated it was the policy used by the facility. The policy indicated, .Licensed staff and interdisciplinary team members shall document all assessments, observations, and services provided in the resident's medical record in accordance with state law and facility policy .b. Documentation shall be accurate, relevant, and complete, containing sufficient details about the resident's care and/or responses to care</p> <p>On 10/2/2024 at 12:19 P.M., the Unit Manager provided a policy titled, Enteral Feeding, dated 1/2/2024, and indicated the policy was the one currently used by the facility. The policy indicated .It is a policy of this facility to utilize feeding tubes in accordance with current clinical standards of practice, with interventions to prevent complications to the extent possible .</p> <p>3.1-44</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>44111</p> <p>Based on observation, record review and interview, the facility failed to ensure it was free of a medication error rate of greater than 5 percent for 2 of 4 residents (Resident 28 & 35) observed during medication pass. There were 25 opportunities observed with 2 medication errors, resulting in a medication error rate of 8 percent.</p> <p>Findings include:</p> <p>1. During an observation and interview on 10/2/2024 at 9:15 A.M., RN 11 did not have Resident 28's fluticasone propionate available to administer and indicated she would call the pharmacy.</p> <p>A record review was completed on 10/2/2024 at 10:00 A.M., for Resident 28. Diagnoses included but were not limited to: chronic pain syndrome and allergies.</p> <p>A Physician's Order, dated 3/28/2024, indicated Fluticasone Propionate suspension 50 micrograms (MCG) one spray in each nostril one time a day for allergies.</p> <p>2. During an observation and interview on 10/2/2024 at 10:11 A.M., for Resident 35, RN 11 indicated she did not know why there were two inhalers in the opened bag in the medication drawer. She indicated neither inhaler had an opened date on them, she was not going to administer the medication. She indicated she would notify pharmacy to send a new one.</p> <p>A record review was completed on 10/2/2024 at 10:05 A.M., for Resident 35. Diagnoses included but were not limited to: chronic obstructive pulmonary disease.</p> <p>A Physician's Order, dated 8/9/2023, indicated Albuterol Sulfate 90 mcg, give two puffs three times a day.</p> <p>During an interview on 10/3/2024 at 2:28 P.M., the DON indicated the Albuterol was available in the emergency kit (EDK) located in the medication room. If a medication was not available in the EDK, the nurse should notify the pharmacy. The DON indicated their back up pharmacy was (name of two local pharmacies) and medications could be provided in about four hours.</p> <p>On 10/4/2024 at 11:22 A.M., the DON provided a policy titled, Medication Administration, dated 1/2/2024, and indicated the policy was the one currently used by the facility. The policy indicated .Procedure: 21. Medications that are not readily available for administration will be obtained from the Emergency Kit, drop shipped from the pharmacy, or obtained from an alternative pharmacy .</p> <p>3.1-48(c)(1)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48145</p> <p>Based on observation, interview and record review the facility failed store and prepare food in a sanitary manner related to labeling and dating of opened food in the walk-in cooler and disposing of expired spices in 1 of 1 kitchens observed. This had the potential to effect 72 of 74 residents who received their meals from the kitchen.</p> <p>Finding includes:</p> <p>1. During the initial kitchen tour with the DM (Dietary Manager) on [DATE] at 9:44 A.M., the following food items were observed in the walk-in cooler:</p> <ul style="list-style-type: none"> -Eight single serve cheese cups did not have a made on or use by date. -Half a bag of salad mix was open but did not have an opened on or use by date. -A bag of celery was open and did not have an opened on or use by date. -7 bowls of salad with clear cellophane wrap did not have a made on or use by date. <p>2. During the initial kitchen tour with the DM on [DATE] at 9:52 A.M., the following food items were observed in the dry storage areas:</p> <ul style="list-style-type: none"> - Whole celery seed was opened [DATE] and had an expiration date of [DATE]. - Poultry seasoning was opened but had no opened on date and had an expiration date of [DATE]. - Cayenne pepper was opened but had no opened on date and had an expiration date of [DATE]. - [NAME] sprinkles was opened but had no opened on date and had an expiration date of [DATE]. <p>During an interview on [DATE] at 9:54 A.M., the DM indicated the bag of salad mix and bag of celery should have been labeled with an opened on and a discard date. The 8 cheese cups and 7 bowls of salad should have been labeled with the made on and discard date. All of the spices should have been discarded by the expiration date on the package.</p> <p>During an interview on [DATE] at 1:30 P.M., the DDM (District Dietary Manager) indicated dry spices were good for three years after opening, but spices were not used past the manufactures expiration dates. The DM indicated the facility did not have a policy specific to spices.</p> <p>On [DATE] at 2:52 P.M., the DM provided an undated policy titled, Food Preparation, and indicated it was the policy currently used by the facility. The policy indicated, . 17. All refrigerated, ready-to-eat Time/Temperature Control for Safety prepared foods that are to be held for more than 24 hours at a temperature of 41 degrees Fahrenheit or less, will be labeled and dated with a prepared date (Day 1) and a use by date (Day 7)</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3XXX,d+[DATE](i)(3)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>44111</p> <p>Based on observation, interview and record review, the facility failed to ensure infection control practices were carried out appropriately for the storage of respiratory equipment, catheter care, blood sugar monitoring and cleaning of a glucometer for 3 of 3 residents observed for infection control. (Resident 13, 21 & 26)</p> <p>Findings include:</p> <p>1. During an observation on 10/1/2024 at 11:14 A.M., QMA 14 cleaned Resident 26's finger with an alcohol wipe then fanned the area with her hand. When she returned to the medication cart, she placed the unsanitized glucometer in a basket on top of supplies used for blood sugar monitoring and walked away.</p> <p>During an interview on 10/1/2024 at 11:18 A.M., QMA 14 indicated she was not sure if she could wave her hand over the finger and cleaning of the glucometer with a bleach wipe should have occurred after returning to the cart.</p> <p>49994</p> <p>2. On 10/3/2024 at 9:05 A.M., a record review was completed for Resident 13. Diagnoses included, but were not limited to: urinary tract infection, human immunodeficiency virus, and obstructive reflux uropathy.</p> <p>A review of the Physician's Orders indicated Resident 13 had orders for Enhanced Barrier Precautions when engaging in high contact resident care activities and to cleanse the supra-pubic catheter site every shift with soap and water.</p> <p>During an observation of catheter care for Resident 13, on 10/3/2024 at 9:44 A.M., the Unit Manager and CNA 4 put on a gown, gloves, mask and face shield prior to entering Resident 13's room. The Unit Manager and CNA 4 rolled the resident to his right side to perform incontinence care prior to performing catheter care. A soiled bed pad was removed from under the resident and the residents' brief was partially removed. CNA 4 and the Unit Manager washed their hands and put on a clean pair of gloves. The Unit Manager removed cleansing wipes from a bag and began cleaning up the residents stool. A clean bed pad and brief were then placed on the resident with the staff wearing the same gloves used to clean up the resident's stool.</p> <p>During an interview on 10/3/2024 at 10:11 A.M., the Unit Manager indicated she changed her gloves twice during the observation and did not believe she had forgotten to change her gloves prior to placing a clean bed pad and brief on the resident.</p> <p>3. During an observation on 9/30/2024 at 10:12 A.M. and on 10/3/2024 at 10:24 A.M., Resident 21's bipap mask was laying on his bed without a bag and with a brown substance surrounding the inside seal of the mask.</p> <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation on 10/2/2024 at 1:18 P.M., Resident 21's bipap mask was laying on the floor, next to his bed without a bag.</p> <p>During an interview on 10/2/2024 at 2:31 P.M., CNA 8 indicated the nurses were responsible for cleaning the resident's bipap mask and the mask should have been stored in a plastic bag.</p> <p>During an interview on 10/4/2024 at 2:07 P.M., the Unit Manager indicated all respiratory equipment, including oxygen tubing and masks were to be stored in a bag.</p> <p>On 10/2/2024 at 11:37 A.M., the DON provided a policy titled, Blood Glucose Monitoring, dated 1/2/2024, and indicated the policy was the one currently used by the facility. The policy indicated .Procedure: 7. Clean the intended site with an alcohol pad and allow to dry completely .</p> <p>On 10/2/2024 at 11:37 A.M., the DON provided a policy titled, Glucometer Disinfection, undated, and indicated the policy was the one currently used by the facility. The policy indicated, .Procedure: i. Retrieve (2) disinfectant wipes from container. j. Using first wipe, clean first to remove heavy soil, blood and/or other contaminants left on the surface of the glucometer thoroughly with the disinfectant wipe following the manufacturer's instructions. Allow the glucometer to air dry .</p> <p>On 10/3/2024 at 11:48 A.M., the Unit Manager provided the policy titled, Enhanced Barrier Precautions, undated, and indicated it was the policy currently being used by the facility. The policy indicated, It is the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms</p> <p>On 10/2/2024 at 2:48 P.M., a policy regarding bipap mask storage was requested but one was not provided prior to the survey exit.</p> <p>3.1-18(l)</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48145</p> <p>Based on observation, interview and record review, the facility failed to maintain a safe and sanitary environment related to monitoring personal refrigerator temperatures and disposing of expired food in personal refrigerators for 3 of 3 residents who used personal refrigerators. (Residents 21, 44 & 45)</p> <p>Findings include:</p> <p>1. During an observation on [DATE] at 10:13 A.M., Resident 21's personal refrigerator had a temperature log form with the month labeled as August and no temperatures were recorded for any of the dates.</p> <p>During an observation on [DATE] at 2:00 P.M., Resident 44's personal refrigerator had a temperature log form with the month labeled as August and no temperatures were recorded for any of the dates.</p> <p>During an observation on [DATE] at 2:19 P.M., Resident 45's personal refrigerator had a temperature log form with the month labeled as July and had temperatures recorded only on [DATE], [DATE], [DATE], [DATE] and [DATE].</p> <p>2. During an observation on [DATE] at 2:19 P.M., Resident 45's personal refrigerator contained the following expired food:</p> <ul style="list-style-type: none"> - A pre-made salad with an expiration date of [DATE]. -Honey ham lunch meat with an expiration date of [DATE]. -Two chocolate pudding cups with an expiration date of [DATE]. -A squeeze bottle of Miracle Whip with an expiration of [DATE]. <p>During an interview on [DATE] at 8:41 A.M., the Social Services Director indicated the personal refrigerators were checked by Magic Makers. Magic Makers was a system used by the facility that split all of the residents up into small groups and each group was assigned someone from management to check in on the resident. While the staff member was checking in on the resident, they were also to record the refrigerator temperatures and remove expired food. The refrigerator temperature log forms were kept on the refrigerator.</p> <p>During an interview on [DATE] at 10:28 A.M., the IED (Interim Executive Director) supplied the temperature log sheets for the month of September for Residents 21, 44 and 45, and indicated there were no other temperature log sheets for any other months. The ED indicated nursing staff were responsible for checking the temperatures and cleaning out any spills and throwing away expired food during the weekdays and Housekeeping checked the temperatures on the weekend. The IED indicated the temperature log forms were kept at the nurse's station.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Majestic Care of South Bend		STREET ADDRESS, CITY, STATE, ZIP CODE 52654 N Ironwood Rd South Bend, IN 46635	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on [DATE] at 2:44 P.M. the Maintenance Director indicated maintenance did not check the temperatures of personal refrigerators. The rooms were split up through the management team and those members of staff checked the temperature. The log sheets were located on the refrigerators and he was not aware of there being a time when the temperature log sheets were stored at the nurse's station.</p> <p>During an interview on [DATE] 10:00 A.M., the Environment Services Director indicated housekeeping does not clean or record the temperatures of personal refrigerators.</p> <p>During an interview on [DATE] at 10:50 A.M., the Unit Manager indicated the Magic Makers took the temperature of the personal refrigerators and cleaned out expired food. The current month's temperature log were kept on the refrigerators and then stored in the Unit Managers office when the month was over. The Unit Manager indicated Resident 45 did have expired food in her refrigerator and should not have had.</p> <p>On [DATE] at 10:27 A.M., the IED supplied an undated policy title, Resident Refrigerators and indicated it was the policy currently used by the facility. The policy indicated, . 2. Maintenance staff shall record refrigerator temperatures weekly on a temperature log attached to the refrigerator . 4 . c. Foods with use-by dates shall be discarded accordingly.</p> <p>3XXX,d+[DATE] (f)</p>		