

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155670	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/19/2024
NAME OF PROVIDER OR SUPPLIER Majestic Care of Newburgh		STREET ADDRESS, CITY, STATE, ZIP CODE 5233 Rosebud Lane Newburgh, IN 47630	

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 0659</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care by qualified persons according to each resident's written plan of care.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35733</p> <p>Based on interview and record review, the facility failed to ensure physician orders were followed for 1 of 3 residents reviewed. A resident was given a straw to drink with, and hand splints were not applied. (Resident B)</p> <p>Findings include:</p> <p>On 7/15/24 at 10:30 a.m., an observation of wound dressing changes were observed for Resident B. Resident B's hand's were contracted, no hand splints were observed on. A sign was observed above the bed indicating no straws to be used.</p> <p>On 7/15/24 at 10:53 a.m., observation of morning care was observed on Resident B, no hand splints were applied.</p> <p>On 7/15/24 at 1:18 p.m., Resident B's clinical record was reviewed. Diagnoses included, but were not limited to, hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, unspecified osteoarthritis unspecified site. A Quarterly MDS (Minimum Data Set) assessment dated [DATE], indicated Resident B's cognition was intact, functional limitations in range of motion, upper and lower extremities, impairment both sides, self- care- eating, dependent.</p> <p>Care plans included, but were not limited to:</p> <p>(Resident B) needs assistance with activities of daily living r/t left hemiplegia, wounds.</p> <p>Interventions included, but were not limited to: Per therapy recommendation: apply resting hand splints to bilateral wrist/hand in the morning for up to 4 hours and afternoon for up to 4 hours. Remove splints during meals and at bedtime. Check skin for any redness every shift. Wife noted to be non-compliant with diet, thickened fluids, and recommendation no straws be used; education provided r/t risks of adverse reactions to non-compliance. Wife noted to use PEG tube for feeding at times as she did at home; Nursing provided education r/t proper technique. Date Initiated: 2/14/2024, revision on: 2/27/2024</p> <p>Current physician orders for July 2024 were reviewed and included, but were not limited to:</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
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<p>F 0659</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Per therapy recommendation: Apply resting hand splints to bilateral wrist/hand in the morning for up to 4 hours and afternoon for up to 4 hours. remove splints during meals and at bedtime. Check skin for any redness, every shift, order date 3/22/24.</p> <p>Regular diet, Dys(dysphagia) puree texture, nectar thickened liquids consistency, no straws, order date 2/13/24.</p> <p>The July 2024 EMAR (Electronic Medication Administration Record) was reviewed. July 1- 19th were signed by the nursing staff as done for the hand splints. No refusals were observed in the clinical record.</p> <p>On 7/17/24 at 8:17 a.m., RN 1 was observed to administer Resident B his medications. RN 1 was observed to put a straw in a cup of orange juice and give to Resident B to swallow his medications. A sign was observed above Resident B's bed that indicated no straws to be used. No hand splints were observed on.</p> <p>On 7/17/24 at 1:41 p.m., Resident B was observed in the dining room sitting in a wheelchair, no hand splints were observed on and no meal was being served.</p> <p>On 7/19/24 at 8:04 a.m., a cup of water was observed on the bedside table with a lid and straw in the lid. A cup with an amber liquid was observed with no lid, a straw was in the cup. Both liquids were not thickened. The table was not in reach of Resident B at the time of observation.</p> <p>On 7/19/24 at 9:10 a.m., RN 1 indicated Resident B's diet order was puree food, thickened liquids, regular diet. She was unaware there was an order for no straws, she had noticed liquids sitting on Resident B's bedside table that were not thickened.</p> <p>On 7/19/24 at 11:44 a.m., Resident B was observed up in a wheelchair being propelled down the hallway by a staff member, no hand splints were observed on and no meal was being served at that time.</p> <p>On 7/19/24 at 11:45 a.m., CNA 1 indicated Resident B had hand splints on in the past, it was not on the current CNA assignment sheet, she had not observed hand splints on Resident B recently and not applied them when she provided care.</p> <p>On 7/19/24 at 11:48 a.m., RN 1 indicated she worked on the unit Monday, Wednesday, and Friday, and was not aware Resident B had an order for hand splints.</p> <p>7/19/24 at 11:58 a.m., RN 1 indicated Resident B's hand splints were in a drawer in his room, herself and a CNA had just tried to apply the splints and Resident B shook his head no for refusal.</p> <p>On 7/19/24 at 11:55 a.m., the Administrator provided the current policy on comprehensive care plans with an effective date of 1/2/24. The policy included, but was not limited to: .7. Qualified staff responsible for carrying out interventions specified in the care plan will be notified of their roles and responsibilities for carrying out the interventions, initially and when changes are made .</p> <p>The facility did not provide a policy on following physicians orders.</p> <p>This citation relates to Complaint IN00434521 and IN00437811.</p> <p>(continued on next page)</p>		

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<p>F 0659</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>3.1-35(g)(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 - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>35733</p> <p>Based on observation, interview, and record review, the facility failed to ensure food was stored, and served in a sanitary manner for 2 of 2 kitchen observations. The kitchen floors had debris build up, and equipment was soiled. (Kitchen)</p> <p>Findings include:</p> <p>On 7/15/24 at 8:55 a.m., the kitchen was observed to have the following:</p> <ol style="list-style-type: none"> 1. Floor debris build up, including along the edges of the the walls, under storage racks and tables, behind the stove, and warmers, under the dish machine, three compartment sink, under the steam table. The dry pantry floor had debris build up on floors, under racks, condiment packets observed on the floor and under the food racks. 2. Debris build up on the sides of the stove, the shelf above the stove, shelves on the stainless steel table the steamer was sitting on, top of steamer. <p>The same was observed on 7/16/24 at 11:40 a.m.</p> <p>On 7/16/24 at 2:00 p.m., kitchen cleaning schedules were reviewed and included, but were not limited to:</p> <p>AM cook: 3 compartment sink- please clean outside and the floor underneath.</p> <p>AM cook : stove top & stove- clean stove top, backslash, and side of stove, clean gas ovens.</p> <p>PM cook & servers: floor/walls- clean and sanitize shelves, walls, and floors.</p> <p>On 7/10/24 at 12:04 p.m., the District Dietary Manager indicated daily the floor is swept and spot mopped during the day, every night the floor is fully swept and mopped.</p> <p>On 7/19/24 at 11:35 p.m., the Administrator provided the current policy on food environment for the kitchen, with a revision date of 2/23. The policy included, but was not limited to: All food preparation areas, food service areas, and dining areas will be maintained in a clean and sanitary condition. Procedures: 1. The Dining Service Director will ensure that the kitchen is maintained in a clean and sanitary manner, including floors, walls, ceilings, lighting, and ventilation .4. The Dining Services Director will ensure that a routine cleaning schedule is in place for all cooking equipment, food storage areas, and surfaces .</p> <p>This citation relates to Complaint IN00435625.</p> <p>3.1-21(i)(2)</p> <p>3.1-21(i)(3)</p>		