

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155689	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/01/2024
NAME OF PROVIDER OR SUPPLIER  Majestic Care of Goshen		STREET ADDRESS, CITY, STATE, ZIP CODE 2400 College Ave Goshen, IN 46526	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47419</b></p> <p>Based on interview and record review, the facility failed to complete follow up assessments for changes in condition related to urinary tract infections for 3 of 3 residents reviewed for urinary tract infections. (Residents B, D, and E)</p> <p>Findings include:</p> <p>1. A record review was completed for Resident B on 7/31/2024 at 11:22 A.M. Diagnoses included, but were not limited to, acute cystitis with hematuria, urinary tract infection (UTI), multiple sclerosis, and chronic kidney disease.</p> <p>The resident was discharged to the hospital on 6/26/2024 due to hematuria and an UTI. She was readmitted to the facility on [DATE].</p> <p>A Discharge Minimum Data Set (MDS) assessment, dated 6/26/2024, indicated Resident B's short term memory recall was intact and she had modified independence for making decisions regarding daily life. Resident B was frequently incontinent of her bowel and bladder, required substantial to maximal staff assistance for toileting and was currently receiving both an antibiotic and a diuretic medication.</p> <p>The current Physician orders for Resident B included, but were not limited to:</p> <p>-7/4/2024 Solifenacin Succinate 5 milligrams (mg) give 1 tablet by mouth one time a day for overactive bladder.</p> <p>-7/4/2024 Xifaxan 550 mg give 1 tablet by mouth two times a day for infection.</p> <p>-7/5/2024 Furosemide 20 mg give 1 tablet by mouth one time a day every Monday, Wednesday, Friday. Alternate next week take on Tuesday, Thursday, and Saturday.</p> <p>The Nursing Progress Notes for Resident B included, but were not limited to:</p> <p>-6/11/2024 at 12:43 P.M. The resident complained of abdominal pain. New orders were noted to straight catheterize for a urine specimen. Minimal urine was obtained. The resident had no further complaints.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-6/17/2024 at 2:04 P.M. Focused charting for oral antibiotics, no complaints.</p> <p>-6/21/2024 at 2:00 P.M. Nurse Practioner (NP) ordered urinalysis (U/A) and culture &amp; sensitivity (C&amp;S) due to pain while urinating. Urine collected and called the laboratory to schedule for a pick-up of the specimen. Urine placed inside the bag and left in the pick-up box by the entrance.</p> <p>-6/26/2024 Physician/NP notified U/A, C&amp;S results indicated &gt;100,000 gram negative bacteria; and new order for ceftriaxone Inject 1 gram intramuscularly one time a day for 3 Days</p> <p>-6/26/2024 at 2:24 P.M. Resident symptomatic with hematuria (blood in the urine), sent to the emergency room per physician/NP order.</p> <p>The record lacked follow up of symptoms between 6/21/2024 and 6/26/2024.</p> <p>A Care Plan problem, initiated on 7/18/2024, indicated the resident had a urinary tract infection with hematuria. The Interventions included, but were not limited to:</p> <ul style="list-style-type: none"> <li>-Administer medication as ordered.</li> <li>-Observe for adverse side effects, notify MD Of abnormal findings.</li> <li>-Encourage fluids.</li> <li>-Observe for continued symptoms of infection - painful urination, back/abdominal pain, fever, change in mental status, discolored or foul smelling urine. Document abnormal findings and notify physician.</li> <li>-Assist with routine toileting, assist with incontinent and peri care as needed.</li> </ul> <p>2. A record review for Resident D was completed on 7/31/2024 at 2:09 P.M. Diagnoses included but were not limited to type 2 diabetes mellitus, overactive bladder, and urinary tract infection.</p> <p>A Quarterly Minimum Data Set assessment, dated 6/20/2024, indicated Resident D's cognition was moderately impaired. She was frequently incontinent of her bowel and bladder, required substantial to maximal staff assistance for toileting needs and was currently receiving antibiotic.</p> <p>The current Physician orders included, but were not limited to:</p> <ul style="list-style-type: none"> <li>-6/26/2024 Macrobid (an antibiotic)100 mg give 1 capsule by mouth two times a day for UTI for 10 Days.</li> <li>-6/18/2024 Ceftriaxone Sodium (an antibiotic) solution reconstituted 1 gram inject 1 gram intramuscularly every 24 hours for infection for 3 Days.</li> </ul> <p>The Nursing Progress Notes for Resident D included, but were not limited to:</p> <ul style="list-style-type: none"> <li>-6/17/2024 at 12:49 P.M. The resident had a witnessed fall.</li> </ul> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-6/18/2024 at 8:43 A.M. Increased confusion noted and refused meds.6/18/2024 12:05 P.M. Orders were noted for lab work, straight catheterize for U/A, C&amp;S and urine dipstick.</p> <p>-6/22/2024 7:00 A.M. Resident received ceftriaxone 1 gram intramuscularly injection in left deltoid, tolerated well for UTI infection. Has one more dose remaining. No adverse reactions noted from antibiotic.</p> <p>-6/25/2024 U/A, C&amp;S results showed &gt;100,000 gram negative growth.</p> <p>The record lacked follow up assessments between 6/18/2024 and 6/22/2024.</p> <p>A Care Plan problem, initiated on 6/27/2024, indicated the resident had a urinary tract infection. The Interventions included, but were not limited to:</p> <ul style="list-style-type: none"> <li>-Administer medication as ordered.</li> <li>-Observe for adverse side effects, notify physician of abnormal findings.</li> <li>-Encourage Fluids.</li> <li>-Observe for continued symptoms of infection - painful urination, back/abdominal pain, fever, change in mental status, discolored or foul smelling urine. Document abnormal findings and notify physician.</li> <li>-Assist with routine toileting and incontinent and peri care as needed.</li> </ul> <p>3. A record review for Resident E was completed on 8/1/2024 at 9:00 A.M. Diagnoses included, but were not limited to, multiple fracture of ribs and urinary tract infection.</p> <p>An Admission Minimum Data Set (MDS) assessment, dated 6/14/2024, indicated Resident E's cognition was moderately impaired. She was frequently incontinent of her bowel and bladder, required substantial to maximal assistance with toileting and was not taking any antibiotic or diuretic medications.</p> <p>The Physician orders included, but were not limited to:</p> <ul style="list-style-type: none"> <li>-7/23/2024 Macrobid (an antibiotic) 100 mg give 1 capsule by mouth two times a day for UTI for 7 Days.</li> <li>-7/24/2024 Macrobid 100 mg give 1 capsule by mouth two times a day for UTI for 7 Days</li> </ul> <p>The Nursing Progress Notes for Resident E included the following:</p> <ul style="list-style-type: none"> <li>-7/15/2024 7:09 A.M. Multiple episodes of unwitnessed falls by rolling out of bed; bolsters were put in place to provide boundaries.</li> <li>-7/17/2024 at 1:57 P.M. Order for U/A, C&amp;S due to confusion. Unable to obtain specimen.</li> <li>-7/18/2024 at 9:47 P.M. Urine specimen obtained.</li> </ul> <p>(continued on next page)</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-7/25/2024 (No time documented) Results of U/A, C&amp;S indicated &gt;100,000 gram negative growth.</p> <p>Focused Charting notes included the following, on 7/15/2024 the resident needed further assessment and treatment due to nausea/vomiting, increased confusion and/or behaviors.</p> <p>Results of u/a c&amp;s received on 7/22/2024 indicated &gt;100,000 gram negative growth.</p> <p>The record lacked clear documentation of Resident E's behaviors and confusion and an assessment of the resident's symptoms of a potential and/or actual urinary tract infection between 7/18/2024 and 7/22/2024.</p> <p>Th urine specimen was obtained on 7/18/2024 and the antibiotic was ordered on 7/23/2024.</p> <p>A Care Plan problem for Resident E, initiated on 7/25/2024, indicated the resident had a urinary tract infection.</p> <p>The Interventions included, but were not limited to:</p> <ul style="list-style-type: none"> <li>-Administer medication as ordered.</li> <li>-Observe for adverse side effects, notify physician of abnormal findings.</li> <li>-Encourage fluids.</li> <li>-Observe for continued symptoms of infection - painful urination, back/abdominal pain, fever, change in mental status, discolored or foul smelling urine. Document abnormal findings and notify physician.</li> <li>-Assist with routine toileting, assist with incontinent and peri care as needed.</li> </ul> <p>During an interview on 8/1/2024 at 9:49 A.M., the DON indicated when an UTI was suspected, the nurse should obtain an urine specimen, do a urine dip, and then follow up with the physician for orders for a U/A, C&amp;S. She indicated she would look for documentation of follow up assessments.</p> <p>The DON did not provide follow up documentation before the survey exit.</p> <p>On 8/1/2024 at 2:45 P.M., the Executive Director (ED) provided a current policy, dated October 2019 and titled, Change In Condition. The policy did not address follow up assessments when a change in condition was identified.</p> <p>This citation relates to Complaint IN00438045.</p> <p>3.1-37(a)</p>		