

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 155207	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/11/2020
NAME OF PROVIDER OF SUPPLIER MAJESTIC CARE OF NEW HAVEN		STREET ADDRESS, CITY, STATE, ZIP 1201 DALY DRIVE NEW HAVEN, IN 46774	
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)		
F 0773 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide or obtain laboratory tests/services when ordered and promptly tell the ordering practitioner of the results.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to ensure lab services were provided as ordered for 1 of 1 residents reviewed. Resident F Findings include: On 9/10/2020 at 3:00 p.m., the record of Resident F was reviewed. [DIAGNOSES REDACTED]. The admission Minimum Data Set (MDS) assessment, dated September 3, 2020 indicated the following: moderately impaired cognitive status; extensive assistance required for bed mobility, dressing, transfers (how resident moves between surfaces including to or from bed, chair, wheelchair, standing position), toilet use and personal hygiene; eating required limited assistance (resident highly involved in activity, staff provide guided maneuvering of limbs or other non-weight-bearing assistance); walking in room and corridor did not occur. A physician order, dated 8/28/2020 indicated to draw free testosterone, cbc (complete blood count), cmp (comprehensive metabolic panel), lipids, 8/31/2020 every night shift for labs. Review of the August and September 2020 Medication Administration Record [REDACTED]. A nurse note dated 9/5/2020 at 5:23 a.m. indicated the order of free testosterone, cbc (complete blood count), cmp (comprehensive metabolic panel), lipids, 8/31/2020 every night shift for labs had been discontinued. On 9/10/2020 at 4:20 p.m. the Regional Nurse Consultant was interviewed. She indicated she was unable to find any lab results for the physician order [REDACTED]. On 9/11/2020 at 9:00 a.m., Unit Manager 1 was interviewed. The Nurse indicated after having reviewed the August and September 2020 MAR, they were unable to find a lab result for 8/30/2020. No staff member had initiated the order as being completed for any day in August or September 2020 except as listed above. The Nurse indicated this lab order had not been completed. The Nurse indicated the lab order did not intend for the labs to be drawn nightly despite how the order had been entered into the computer. On 9/11/2020 at 12:00 p.m., the Unit Manager 1 was interviewed. The nurse indicated all physician orders [REDACTED]. This Federal tag relates to Complaint IN 879 3.1-49(f)(1)</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.