

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>155322</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/16/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MAJESTIC CARE OF WEST ALLEN</b>		STREET ADDRESS, CITY, STATE, ZIP <b>6050 S CR 800 E 92 FORT WAYNE, IN 46814</b>	
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 0880  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observation, interview, and record review the facility failed to ensure 9 of 9 randomly observed residents were provided and encouraged to wear masks while outside of their rooms. Findings include: During an observation on 6/16/20 at 11:15 A.M., 2 residents were sitting at a table in the activity room. The residents were not wearing masks and were about 3 feet apart. During an observation on 6/16/20 at 11:45 A.M., 3 residents were in the hall outside of a resident room. The residents were about 3 feet apart talking and none of them were wearing masks. During an observation on 6/16/20 at 11:51 A.M., 4 residents were in the hallway without a mask on within 4 feet of each other. Registered Nurse (RN) 2 was interviewed on 6/16/20 at 10:50 A.M. During the interview RN 2 indicated she did not think residents were supposed to wear masks. Certified Nursing Assistant (CNA) 3 was interviewed on 6/16/20 at 11:31 A.M. During the interview CNA 3 indicated residents wear masks on the respiratory unit, but they do not in the rest of the facility. The Director of Nursing (DON) was interviewed on 6/16/20 at 12:30 P.M. During the interview the DON indicated the facility was following CDC and ISDH guidelines. She also indicated the only area in the facility were residents wore masks when outside of their room was on the respiratory unit. Residents not residing on the respiratory unit were not supplied masks unless they asked for them and only one resident had asked for a mask. Residents not residing on the respiratory unit were not encouraged to wear masks when they were out of their rooms in the facility. The Director of Nursing indicated there were 64 residents in the facility. 9 resided on the respiratory unit, and the other 55 resided on the other halls. One resident had been given a mask. The document Preparing for COVID-19 in Nursing Homes (May 19, 2020) was retrieved on 6/17/20 from the Centers of Disease Control (CDC) website. CDC guidance indicated Residents should wear a cloth face covering or facemask (if tolerated) whenever they leave their room, including for procedures outside the facility. Cloth face coverings should not be placed on anyone who has trouble breathing, or anyone who is unconscious, incapacitated, or otherwise unable to remove the mask without assistance. 3.1-18(a)</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.