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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                 | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>155019 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                  | (X3) DATE SURVEY COMPLETED<br><br>01/23/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Majestic Care of Bloomington |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1100 S Curry Pk<br>Bloomington, IN 47403 |  |

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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |
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| <p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>44849</p> <p>Based on interview and record review, the facility failed to ensure resident records were complete and accurate for 3 of 3 residents reviewed for complete and accurate documentation. (Resident B, Resident C, Resident D)</p> <p>Findings include:</p> <p>1. The clinical record for Resident B was reviewed on 1/23/25 at 8:20 a.m. The diagnoses included, but were not limited to, osteomyelitis of vertebrae, peripheral vascular disease, neurogenic bladder, and diabetes.</p> <p>An Annual Minimum Data Set (MDS) assessment, dated 10/17/24, indicated Resident B was cognitively intact.</p> <p>The physician's order included, but were not limited to:</p> <ul style="list-style-type: none"> <li>- Cleanse coccyx (tailbone) wound with wound cleanser, apply wound vac (wound dressing that uses suction to remove drainage and encourage new tissue growth) to coccyx at 125 mmHg (millimeters of Mercury) on day shift every Monday, Wednesday, and Friday. Initiated on 12/16/24 and discontinued on 1/8/25.</li> <li>- Cleanse coccyx wound with wound cleanser, apply calcium alginate, apply kerlex, cover with absorbent dressing on day shift. Initiated on 1/9/25 and discontinued on 1/15/25.</li> <li>- Cleanse left hip wound with wound cleanser, apply medical grade honey, cover with bordered gauze on day shift, every day. Initiated on 1/9/25 and discontinued on 1/15/25.</li> <li>- Cleanse right scapula/flank wound with wound cleanser, apply calcium alginate to wound bed, cover with absorbent dressing on day shift, very day. Initiated on 1/9/25 and discontinued on 1/15/25.</li> </ul> <p>The December 2024 TAR (Treatment Administration Record) lacked documentation that the coccyx wound vac treatment was completed, on 12/18/24 and 12/27/24.</p> <p>The January 2025 TAR lacked documentation as follows:</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>- lacked documentation that the coccyx wound vac treatment was completed on 1/3/25, 1/6/25, and 1/8/25.</p> <p>- lacked documentation that the coccyx calcium alginate treatment was completed on 1/10/25, 1/12/25, and 1/15/25.</p> <p>- lacked documentation that the left hip medical grade honey treatment was completed on 1/10/25, 1/12/25, and 1/15/25.</p> <p>- lacked documentation that the right scapula/flank calcium alginate treatment was completed on 1/10/25, 1/11/25, 1/12/25, and 1/15/25.</p> <p>During an interview on 1/23/25 at 10:20 a.m., the Director of Nursing (DON) indicated the documentation for Resident B's treatments should have been completed.</p> <p>2. During an interview on 1/23/25 at 10:04 a.m., Resident C's indicated the nurses completed her wound dressing changes as the doctor had ordered. At that time, observed a dressing on Resident C's right heel. The dressing was clean, dry, and intact. The right heel dressing was initialed and dated 1/22/25.</p> <p>The clinical record for Resident C was reviewed on 1/23/25 at 10:30 a.m. The diagnoses included, but were not limited to, diabetes, dementia, and cancer.</p> <p>An Admission MDS assessment, dated 12/19/24, indicated Resident C was cognitively intact.</p> <p>The physician's orders included, but were not limited to:</p> <ul style="list-style-type: none"> <li>- Apply triad hydrophilic wound paste to sacrum every shift, initiated on 12/16/24.</li> <li>- Cleanse right heel with wound cleanser, apply hydrogel to wound and cover with bordered gauze, every shift. Initiated on 1/9/25 and discontinued on 1/13/25.</li> <li>- Cleanse right heel wound with wound cleanser, apply collagen to new tissue, cover entire wound with silver alginate, cover with bandage and secure with gauze on day shift every day, initiated on 1/14/25.</li> </ul> <p>The January 2025 TAR lacked documentation as follows:</p> <ul style="list-style-type: none"> <li>- lacked documentation that the sacrum hydrophilic wound paste treatment was completed on 1/17/25.</li> <li>- lacked documentation that the right heel hydrogel dressing was completed on day shift on 1/9/25 and 1/13/25.</li> <li>- lacked documentation that the right heel collagen dressing was completed on 1/14/25, 1/17/25, and 1/19/25.</li> </ul> <p>During an interview on 1/23/25 at 10:20 a.m., the Director of Nursing (DON) indicated the documentation for Resident C's treatments should have been completed.</p> <p>(continued on next page)</p> |   |  |

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| <p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>3. The clinical record for Resident D was reviewed on 1/23/25 at 10:45 a.m. The diagnoses included, but were not limited to, necrotizing fasciitis, diabetes, venous insufficiency.</p> <p>An Admission MDS assessment, dated 12/12/24, indicated Resident D was cognitively intact.</p> <p>The physician's orders included, but were not limited to:</p> <ul style="list-style-type: none"> <li>- Cleanse sacral/buttocks surgical wound with normal saline, pat dry with gauze, apply moistened hydrofera blue to wound bed, cover with bordered gauze every shift, initiated on 12/16/24.</li> <li>- Swab left great toe and left third toe venous ulcers with betadine and leave open to air on day shift every day. Initiated on 1/9/25 and discontinued on 1/13/25.</li> <li>- Cleanse left lateral plantar foot venous ulcer with wound cleanser, apply medical grade honey, cover with bordered gauze on day shift every day. Initiated on 1/9/25 and discontinued on 1/13/25.</li> <li>- Swab right lateral foot with betadine and leave open to air on day shift every day, initiated on 1/9/25.</li> </ul> <p>The January 2025 TAR lacked documentation as follows:</p> <ul style="list-style-type: none"> <li>- lacked documentation that the sacral/buttock hydrofera blue treatment was completed on day shift on 1/17/25.</li> <li>- lacked documentation that the left great toe and left third toe betadine treatment was completed on 1/10/25 and 1/13/25.</li> <li>- lacked documentation that the left lateral plantar foot honey treatment was completed on 1/10/25.</li> <li>- lacked documentation that the right lateral plantar foot betadine treatment was completed on 1/10/25 and 1/17/25.</li> </ul> <p>During an interview on 1/23/25 at 10:20 a.m., the Director of Nursing (DON) indicated the documentation for Resident C's treatments should have been completed.</p> <p>During an interview on 1/23/25 at 9:59 a.m., LPN 1 indicated documentation for wound care should have been completed in the medical record.</p> <p>On 1/23/25 at 12:00 p.m., the Administrator provided a copy of a facility policy, titled Documentation in the Medical Record, dated 1/2/24, and indicated this was the current policy used by the facility. A review of the policy indicated each resident's medical record shall contain complete, accurate, and timely documentation.</p> <p>This citation relates to Complaint IN00451705.</p> <p>3.1-50(a)(1)</p> <p>3.1-50(a)(2)</p> |   |  |