STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155019	A. Building B. Wing	09/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Majestic Care of Bloomington	1100 S Curry Pk 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 (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to ensure food was labeled with an open date for 1 of 2 kitchen observations. This had the potential to affect 99 out of 99 residents.Findings include:During an initial kitchen tour with the Dietary Manager (DM) on 9/2/25 at 10:05 a.m., an opened container of ranch dressing, an open container of salsa, an opened container of mustard, and an opened container of vanilla icing were observed without an opened date. The DM was observed to remove the items from the refrigerator, toss them, and he indicated the foods needed to have an open date. On 9/18/25 at 12:15 p.m., the Administrator provided the facility policy, LABELING & DATING GUIDELINES, revised on 12/12/23, and indicated it was the policy currently being used. A review of the policy indicated, All opened and leftover items will be labeled with the date of opening/date stored and discard/use-by date .3.1-21(i)(2)3.1-21(i)(3)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155019	A. Building B. Wing	09/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Majestic Care of Bloomington	1100 S Curry Pk 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 (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. Based on observation, interview, and record review, the facility failed to provide restorative nursing (nursing care designed to maintain functional ability of residents) of passive range of motion for 4 of 4 residents review for mobility. (Resident 3, Resident 25, Resident 70, and Resident 71) Findings include: 1.During an interview on 9/3/25 at 11:20 a.m., Resident 3 indicated she had a stroke and had limited range of motion (decreased ability to move a joint) of her left arm and hand. She did not get exercises anymore. At that time. Resident 3 was observed to have limited range of motion of her left arm and hand.On 9/8/25 at 10:20 a.m., CNA 1 was observed to provide morning care to Resident 3. At that time, no passive range of motion was provided. On 9/8/25 at 10:55 a.m., Resident 3's clinical record was reviewed. The diagnoses included, but were not limited to, hemiplegia (paralysis on one side) and dementia.The annual Minimum Data Set (MDS) assessment, dated 6/16/25, indicated Resident 3 was cognitively intact, had limited range of motion on one side of the upper and lower extremities, and had no days of passive range of motion.A care plan, initiated on 8/27/25, indicated Resident 3 would benefit from passive range of motion due to hemiplegia. The intervention was to provide 10 repetitions of passive range to left hand daily.The Restorative Nursing flow sheet indicated the following:-On 8/29/25 at 6:56 p.m., Resident 3 did not receive any minutes or repetitions.-On 8/30/25 at 2:03 p.m., Resident 3 did not receive any minutes or repetitions.-On 8/31/25 at 10:29 a.m., Resident 3 did not receive any minutes or repetitions.-On 9/1/25., Resident 3 did not receive any minutes or repetitions. -On 9/2/25., Resident 3 did not receive any minutes or repetitions.-On 9/3/25 at 1:12 p.m., Resident 3 did not receive any minutes or repetitions.-On 9/4/25 at 1:49 p.m., Resident 3 received 11 minutes and 8 repetitions of passive range of motion.-On 9/5/25, Resident 3 did not receive any minutes or repetitions.-On 9/6/25, Resident 3 did not receive any minutes or repetitions.-On 9/7/25, Resident 3 did not receive any minutes or repetitions.During an interview on 9/8/25 at 10:35 a.m., CNA 1 indicated she was unsure if Resident 3 received passive range of motion. If she did, the restorative aid would provide Resident 3's passive range of motion. She was unsure who would provide the passive range of motion if the restorative aid was not working.2. On 9/3/25 at 11:13 a.m., Resident 25 indicated she had hemiplegia and was unsure if she received any exercises for it. On 9/8/25 at 9:53 a.m., Resident 25's clinical record was reviewed. The diagnoses included, but were not limited to, hemiplegia and stroke.The annual MDS assessment, dated 7/13/25, indicated Resident 25 had moderate cognitive impairment, had limited range of motion on both sides of lower extremities, and had no days of passive range of motion.A care plan, initiated on 8/27/25, indicated Resident 25 would benefit from passive range of motion due to hemiplegia. The intervention was to provide 10 repetitions of passive range to left upper and lower extremities daily.The Restorative Nursing flow sheet indicated the following:-On 8/29/25 at 6:55 p.m., Resident 25 did not receive any minutes or repetitions.-On 8/30/25 at 2:02 p.m., Resident 25 did not receive any minutes or repetitions.-On 8/31/25 at 10:28 a.m., Resident 25 did not receive any minutes or repetitions.-On 9/1/25., Resident 25 did not receive any minutes or repetitions. -On 9/2/25., Resident 25 did not receive any minutes or repetitions.-On 9/3/25 at 1:11 p.m., Resident 25 did not receive any minutes or repetitions.-On 9/5/25, Resident 25 did not receive any minutes or repetitions.-On 9/6/25, Resident 25 did not receive any minutes or repetitions.-On 9/7/25, Resident 25 did not receive any minutes or repetitions.3. On 9/3/25 at 10:00 a.m., Resident 70 was observed to have right-sided hemiplegia. On 9/8/25 at 11:30 a.m., Resident 70 was observed to be sitting in her wheelchair, and her right hand was contracted. On 9/8/25 at 9:30 a.m., Resident 70's clinical record was reviewed. The diagnoses included, but were not limited to, hemiplegia on right side and dementia.The quarterly MDS assessment, dated 6/13/25, indicated Resident 70 had severe cognitive impairment, had limited range of motion on both sides of lower extremities and had limitation on one side of the upper extremity, and had no days of passive range of motion.A care plan, initiated on 7/1/25, indicated Resident 70 would (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155019	A. Building B. Wing	09/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Majestic Care of Bloomington	1100 S Curry Pk 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 (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	benefit from passive range of motion to right hand to prevent contracture due to hemiplegia. The intervention was to provide 10 repetitions of passive range to right hand daily.The Restorative Nursing flow sheet indicated the following:-On 8/29/25 at 6:53 p.m., Resident 70 did not receive any minutes or repetitions.-On 8/30/25 at 1:56 p.m., Resident 70 did not receive any minutes or repetitions.-On 8/31/25 at 10:24 a.m., Resident 70 did not receive any minutes or repetitions.-On 9/2/25 at 1:44 p.m., Resident 70 received 8 minutes and 4 repetitions of passive range of motion.-On 9/3/25 at 1:01 p.m., Resident 70 did not receive any minutes or repetitions.-On 9/4/25 at 1:48 p.m., Resident 70 received 11 minutes and 5 repetitions of passive range of motion.-On 9/5/25, Resident 70 did not receive any minutes or repetitions.-On 9/6/25, Resident 70 did not receive any minutes or repetitions.-On 9/7/25, Resident 70 did not receive any minutes or repetitions.4. On 9/2/25 at 2:11 p.m., Resident 71 was observed to be resting in bed. She was observed to have a right-hand contracture. On 9/5/25 at 9:22 a.m., Resident 71 was observed to be resting in bed. She was observed to have a right-hand contracture.On 9/8/25 at 9:20 a.m., Resident 71's clinical record was reviewed. The diagnoses included, but were not limited to, hemiplegia on right side and dementia.The quarterly MDS assessment, dated 8/13/25, indicated Resident 71 had severe cognitive impairment, had limited range of motion on both sides of lower extremities and had limitation on one side of the upper extremity, and had no days of passive range of motion.A care plan, initiated on 8/26/25, indicated Resident 71 would benefit from passive range of motion due to hemiplegia. The intervention was to provide 10 repetitions of passive range to bilateral upper and lower extremities daily.The Restorative Nursing flow sheet indicated the following:-On 8/29/25 at 1:55 p.m., Resident 71 did not receive any minutes or repetitions.-On 8/30/25, Resident 71 did not receive any minutes or repetitions.-On 8/31/25, Resident 71 did not receive any minutes or repetitions.-On 9/2/25, Resident 71 did not receive any minutes or repetitions.-On 9/4/25, Resident 71 did not receive any minutes or repetitions.-On 9/5/25 at 3:53 p.m., Resident 71 did not receive any minutes or repetitions.-On 9/6/25, Resident 71 did not receive any minutes or repetitions.-On 9/7/25, Resident 71 did not receive any minutes or repetitions.During an interview on 9/8/25 at 11:07 a.m., CNA 2 indicated she did restorative nursing Monday through Friday. CNA 3 did restorative nursing Wednesday through Sunday. She was the only restorative aide Mondays and Tuesdays. If they have one restorative aide, they did not have the time to get every resident restorative program completed.During an interview on 9/8/25 at 11:57 a.m., the MDS nurse indicated they had 2 restorative aides. On the days they had one restorative aide, it was hard to get all the passive range of motion restorative nursing done.During an interview on 9/8/25 at 1:40 p.m., the MDS nurse indicated if the date lacked documentation, the passive range of motion was not completed.On 9/8/25 at 2:23 p.m., the Administrator provided the facility policy, Restorative Nursing Program, dated 1/2/24, and indicated it was the policy currently being used by the facility. A review of the policy indicated, .6. Residents.will receive services from restorative aides when they are assessed to have a need for restorative nursing services. These services may include: a. Passive or active range of motion.3.1-42(a)(2)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155019	A. Building B. Wing	09/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Majestic Care of Bloomington	1100 S Curry Pk 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 (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. Based on record review and interview, the facility failed to ensure a resident who was administered psychotropic medications was monitored for adverse side effects for 1 of 5 residents reviewed for unnecessary medications. (Resident 61)Finding includes: On 9/4/25 at 11:10 a.m., Resident 61's clinical record was reviewed. The diagnoses included, but were not limited to, Alzheimer's Disease, major depression, and bipolar disorder. The Physician's orders included, but were not limited to:- Ability (antipsychotic medication), 10 mg (milligrams) daily, initiated 1/23/25.- Buproprion (antidepressant medication) 100 mg, twice daily, initiated 8/30/25.- Trazadone (antidepressant medication) 0.5 mg, daily, initiated 5/15/25.- Citalopram (antidepressant medication) 40 mg, twice daily, initiated 8/13/25. The clinical record lacked documentation of the monitoring of adverse side effects for an antipsychotic medication and antidepressant medications. During an interview on 9/8/25 at 2:10 p.m., the Director of Nursing indicated monitoring of adverse side effects were to be documented in the electronic Medication Administration Record, and there was a lack of documentation of the monitoring of adverse side effects for antipsychotic medication and antidepressant medications. 3.1-48(a)(3)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155019	A. Building B. Wing	09/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Majestic Care of Bloomington	1100 S Curry Pk 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 (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. Based on interview and record review, the facility failed to ensure the accuracy of the Minimum Data Set (MDS) assessment for 1 of 1 residents reviewed for behavior and mood. (Resident 35)Finding includes:On 9/4/25 at 9:49 a.m., Resident 35's clinical record was reviewed. The diagnoses included, but were not limited to, generalized anxiety disorder and major depressive disorder.A physicians order, dated 3/10/25, indicated Buspirone HCl Tablet (a medication used to treat anxiety disorder) 5 milligrams three times daily. The order was discontinued on 8/21/25.A physicians order, dated 3/11/25, indicated Escitalopram Oxalate Tablet (a medication used to treat depression and anxiety disorder) 20 milligrams daily.The Quarterly MDS assessment, dated 7/15/25, did not indicate the resident was on antidepressant or antianxiety medications.During an interview with the MDS Coordinator on 9/8/25 at 1:45 p.m., she indicated the resident was taking antianxiety and antidepressant medications during the ARD (Assessment Reference Date) window of the Quarterly MDS assessment, dated 7/15/25. The MDS Coordinator indicated the assessment should have been marked yes for antidepressant and antianxiety medications. The MDS coordinator indicated they used the RAI (Resident Assessment Instrument) manual to code the MDS assessments.A review of the RAI, Version 3.0 User's Manual, on 9/8/25 at 1:53 p.m., indicated .Item N0415, High-Risk Drug Classes: Use .N0415B1. Antianxiety: Check if an anxiolytic (an antianxiety or antidepressant medication) medication was taken by the resident at any time during the 7-day look-back period .N0415C1. Antidepressant: Check if an antidepressant medication was taken by the resident at any time during the 7-day look-back period . 3.1-31(d)