STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155100	A. Building B. Wing	03/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Majestic Care of Bedford	2111 Norton LN Bedford, IN 47421

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 50647 Based on interview and record review, the facility failed to document and implement new interventions to prevent falls for 1 of 5 residents reviewed for accidents. (Resident 31) Findings include: On 3/27/25 at 11:20 a.m., Resident 31's clinical record was reviewed. The diagnoses included, but were not limited to, dementia, rheumatoid arthritis, and peripheral neuropathy (weakness, numbness, and pain from nerve damage). The Quarterly MDS (Minimum Data Set) assessment, dated 2/24/25, indicated Resident 31 had severe cognitive impairment and had no falls since the prior assessment. The Care Plans included, but were not limited to: - At Risk for Falls, initiated on 10/30/24. The interventions included but were not limited to: Dycem between cushion and chair, dated 2/26/25. Encourage to go to dining room for meals, dated 2/10/25. Bed against the wall, dated 1/31/25. Mat between bed and wall, dated 1/31/25. Touch pad call light, dated 1/31/25. Encourage resident to sleep in bed at night, dated 12/26/24. If resident prefers to sleep in recliner staff will assist with raising foot of chair, dated 12/26/24. Non-skid strips to be placed in front of recliner, dated 12/13/24. Therapy to evaluate and treat as appropriate, dated 12/12/24. (continued on next page)

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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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Encourage and assist to wear non-skid footwear, dated 10/30/24. Encourage to participate in activities that promote exercise and physical activity, dated 10/30/24. Follow facility fall protocol, dated 10/30/24. Keep call light and frequently used personal items within reach, dated 10/30/24. Therapy to screen quarterly and as needed, notify therapy of changes in gait or balance, dated 10/30/24. - Resident exhibits behavior symptoms of not asking for help when needing assistance, initiated on 3/24/25. The interventions included, but were not limited to: Assess residents needs, dated 3/24/25. Maintain a safe environment, dated 3/24/25. Provide positive feedback for good behaviors, dated 3/24/25. The nursing progress notes indicated the following: - On 3/16/25 at 8:33 p.m., Resident continues on neurological checks post fall this morning. Neurological checks within normal limits. Denies pain or discomfort. Has been in room all day. No distress noted. - On 3/17/25 at 10:42 a.m., resident continues with neurological checks due to fall on 3/16/25, vital signs within normal limits, no signs, symptoms, or complaints of pain at this time. - On 3/18/25 at 6:39 p.m., resident continues with neurological checks due to fall on 3/16/25, vital signs within normal limits, no signs, symptoms, or complaints of pain at this time. - On 3/19/25 at 6:26 p.m., resident continues on neurological checks this shift. Neurological checks within normal limits. Resident denies pain or discomfort. Walked to dining room for lunch and dinner. No distress. The clinical record for Resident 31 lacked documentation and new interventions for the fall on 3/16/25 until 3/24/25. During an interview with the DON on 3/27/25 at 2:15 p.m., she indicated that the fall was not documented in record and was not reported to her at that time. The DON indicated there was no IDT (interdisciplinary team) meeting completed until today, 3/27/25. During an interview with Resident 31's daughter on 3/27/25 at 3:00 p.m., she indicated she was notified on 3/16/25 of resident's fall. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 3/28/25 at 3:20 p.m., the DON provided the facility policy, Fall Prevention, dated 1/2/24, and indicated it was the policy currently being used by the facility. A review of the policy indicated, .When any resident experiences a fall, the facility will: a. Assess the resident b. Complete a post-fall assessment c. Complete an incident report . d. Notify the physician and family. e. Review the resident's care plan and update as indicated. f. Document all assessments and actions . 3.1-45(a)(1)

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(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 - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 50647 Based on observation, interview, and record review, the facility failed to ensure food was stored in a sanitary manner for 1 of 2 kitchen observations. Food was not discarded by the discard date and food was stored under the condenser fan. This had the potential to affect 85 of 102 residents who were served food from the kitchen. Findings include: On 3/28/25 at 10:30 a.m., during a follow-up tour of the kitchen with the Dietary Manager (DM), the following was observed: - The walk in refrigerator had a container of liquid salad dressing with an open date of 1/12/25 and a discard date of 2/12/25. - The walk in freezer had an open box of cheddar biscuits directly under the condenser fan, there was ice accumulation noted on the fan directly above the box of food. The biscuits were covered in a plastic bag inside of opened box. During an interview with the DM on 3/28/25 at 10:30 a.m., she indicated that all containers opened were good for 30 days, after 30 days they were to be discarded. The DM indicated that the container of salad dressing should have been discarded on 2/12/25. The DM indicated that food should not be stored directly under the condenser fan to allow for proper circulation and to protect food from contamination if the fan would leak. On 3/28/25 at 3:10 p.m., the Corporate Nurse Consultant provided the facility's policy, Safe Food Handling, dated 3/1/25, and indicated it was the policy currently being used by the facility. A review of the policy indicated .a. Food items are placed into appropriate storage locations consistent with Food Code Guidelines and protected from contamination. b. Leftover foods will be protected, labeled and dated with date of original preparation and date of discard . 3.1-21(i)(2) 3.1-21(i)(3)