STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155143	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Majestic Care of Terre Haute	3150 N Seventh St Terre Haute, IN 47804

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to assess, prevent, and treat skin conditions for 1of 7 residents reviewed for daily care needs (Resident L). Findings include:On 2/4/26 at 2:40 p.m., observed Resident L sitting in the activity lounge participating in Bingo. The residents hair was uncombed and very disheveled. Her clothing was stained with food. A splint brace was on the right wrist and the resident indicated it was not hurting her. She moved her left arm and wrist freely and indicated she was not having pain in the wrist or arm. She was alert and answered questions appropriately. When asked if she had received a shower today she indicated she had received a shower the previous evening. On 2/4/26 at 10:30 a.m., the medical record of Resident L was reviewed. The resident was admitted to the facility on [DATE]. Admitting diagnosis included but was not limited to psychotic disorder (a serious mental illness that causes a person to lose touch with reality, making it hard for them to distinguish what is real from what is imagined), delusions (a strong, fixed, false belief that persists even when presented with clear evidence it's untrue), bipolar disorder (a chronic mental health condition characterized by severe, alternating mood swings between extreme emotional highs and lows), and hallucinations (seeing, hearing, smelling, tasting, or feeling something-that seems real but isn't actually present). A quarterly Minimum Data Set Assessment (MDS), dated [DATE], indicated the resident had cognitive limitations, and no behaviors of rejecting care had occurred. The MDS indicated the resident required assistance with ADL care needs. A care plan, dated 12/1/24, indicated the resident exhibits behavior symptoms of delusional thinking. Intervention included if resident becomes combative or resistive, postpone care/activity and allow resident to regain their composure, re-approach as needed. A care plan, dated 10/21/25, indicated the resident required assistance with activities of daily living. Interventions included but were not limited to Assist with ADL (activities of Daily Living) as needed bathing/showering nail care on bath day and as necessary. Report any changes to the nurse. Requires assistance from staff with dressing, requires assistance from staff with personal hygiene. The medical record lacked documentation of a specific care plan and interventions to address refusal of care. A quarterly MDS, dated [DATE], indicated no behaviors of rejecting care had occurred, and the resident required assistance for ADL care needs. A quarterly MDS, dated [DATE], indicated the resident had cognitive limitations. The MDS indicated no behaviors of rejecting care had occurred and the resident required assistance with ADL care needs. A change of condition MDS, dated [DATE], indicated the resident had cognitive limitations. The MDS indicated no behaviors of rejecting care had occurred and the resident required assistance with ADL care needs. A discharge MDS, dated [DATE], indicated the resident had cognitive limitations. The MDS indicated the resident required assistance from staff for ADL care needs and had exhibited rejection of care 1 to 3 times during the assessment period. The medical record indicated a skin assessment was completed for Resident L on the following dates: 1/1/26, 1/3/26, 1/17/26, 1/22/26, 1/24/26. Skin assessment indicated no (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155143	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/05/2026
NAME OF PROVIDER OR SUPPLIER Majestic Care of Terre Haute		STREET ADDRESS, CITY, STATE, ZIP CODE 3150 N Seventh St Terre Haute, IN 47804	

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	skin issues. A skin assessment, dated 1/9/26, indicated skin issue to right wrist. A skin assessment, dated 2/4/26, indicated redness under breasts. A nursing admission assessment, dated 2/4/26, indicated physical assist with bathing and redness under breasts. On 2/4/26, the Director of Nursing (DON) provided a copy of Resident L's shower sheets. An internal document used to record shower administration and identification of skin issues. The records indicated the resident received a shower on 1/16/26. The shower records did not include shower sheets for any other days other than when the resident refused a shower on 1/20/26 and again on 1/23/26. Review of the electronic medical record (POC) point of care, which was the documentation of bathing indicated, the resident was not provided a bath from 1/17/26 through 1/27/26. Documentation included refusal of care on 1/20/26 and 1/23/26. The resident was at a Behavior Center from the evening of 1/27/26 to 2/3/26. She returned to the facility on 2/3/26 A physician order, dated 2/4/26, indicated to administer Fluconazole 200 milligram (mg) tablet 1 tablet by mouth once daily for yeast under breasts. A physician order, dated 2/4/26, indicated to administer one doxycycline hyclate (antibiotic) 100 mg capsule by mouth once daily for urinary tract infection prophylaxis. A physician order, dated 2/4/26, indicated to administer antifungal powder to bilateral breasts every shift and as needed. The medical record lacked documentation in the nurses progress notes or the social services notes of resident refusing showers or bathing care. In addition, the medical record lacked documentation of notification being provided to the resident's family regarding refusal of care. On 2/4/26 at 12:00 p.m., during an interview Certified Nurse Aide (CNA) 2 indicated, the facility records showers on the facility shower sheets and in POC. If the resident refused a shower or bath she would approach later and try again. She indicated Resident L did not refuse showers as long as it was administered before dark. The CNA indicated if a resident had skin issues she would report it to the nurse and record it on the shower sheets. On 2/4/26 at 2:35 p.m., during an interview Certified Nurse Aide (CNA) 5 indicated the last shower Resident L received was on 1/16/26. She did not recall any skin issues on the resident's body. She indicated the resident often would not allow the staff to change her and she would only allow one person to assist her at times. She indicated if a resident had a wound or skin issue she would write it on the shower sheet and report it to the nurse. On 2/5/26 at 9:50 a.m., during a phone interview, the resident's POA indicated that the behavioral facility the resident was sent to notified her they had to cut her bra off because it was so tight it was cutting into her skin and they could not remove it. She indicated the resident had a rash in the past under her breasts and had a rash now. She indicated she was not aware of any issues with the resident not receiving a shower at the facility or refusing to take a shower. She indicated the facility often called her about the hallucinations, and the facility wanted to send her to the behavioral hospital for frequent psychiatric evaluations, but she had never been notified of refusal to shower or refusing a bath. The POA believed the hallucinations were due to the Parkinson's disease and she saw a neurologist for treatment. She indicated this was not new and she has had hallucinations for years. She indicated when she was at the facility visiting the resident on 2/4/26 as she was checking the resident's skin the nurse came in and informed her the other facility had not administered a shower to the resident while she was there. On 2/5/26 at 11:00 a.m., during an interview with The Director of Therapeutic Services at the Behavior Center, she indicated Resident L was admitted to their facility on 1/27/26. At the time of the admission the resident's skin was assessed. At the time of the assessment the resident was wearing a lace bralette. She indicated the nurse cut off the garment because it was too tight to remove. Once removed the resident was noted to have green and yellow pus under both breasts. The area was cleaned and a dry bandage was applied. She indicated the resident's heels were purple and reddened noted to have stage 1 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155143	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/05/2026
NAME OF PROVIDER OR SUPPLIER Majestic Care of Terre Haute		STREET ADDRESS, CITY, STATE, ZIP CODE 3150 N Seventh St Terre Haute, IN 47804	

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	(discoloration and non-broken skin) deep tissue injury (a serious form of pressure injury where soft tissue is damaged underneath intact skin, often appearing as a deep, non-blanchable purple or maroon bruised area). She indicated the behavioral center did not contact [NAME] Care of Terre Haute regarding their concerns, but they did contact the resident's daughter who was her POA. She indicated upon admission, the physician ordered the following medications to treat the areas under the breasts. Fluconazole 200 mg daily for yeast infection. Nystatin topical powder under the breast daily, and Bactroban topical ointment under the breasts twice daily for bacterial skin infection. Review of the medical records with the Behavioral Center's Facility Director indicated the resident arrived at the facility on 1/27/26 at 4:45 p.m. the Pt [Patient] was brought on the unit in WC (wheelchair) with personal belongings.Gown and non-skid socks placed on pt. Pt arrived wearing a white lace bralette. Bralette was cut off of patient due to garment being tight against the skin, appearing to cut into the underneath breast region. Bralette was saturated with green and yellow pus and had a foul odor.boggy left heel with discoloration. BIL (bilateral) under breast area excoriated and seeping yellow green pus.Under breast area was cleaned with wound cleanse, dried with non-woven gauze, ABD (abdominal pad) pads placed under both breasts to contain drainage. MD made aware. The skin assessment included wound diagram and wound measurements. Skin tear 1 cm [centimeter] x [by] 1 cm to right third toe. Stage 1 non-blanchable deep tissue injury 3 cm x 3 cm purple discolored stage 1 pressure injury, non-blanchable, boggy. Excoriated areas. The Director verified the records were completed by a Registered Nurse (RN). Review of the facility daily care record indicated the resident was administered a bath on 1/28/26, 1/29/26, and administered a shower on 1/30/26. On 2/5/26 at 1:00 p.m., during an interview Licensed Practical Nurse (LPN) 7 indicated, when she sent a resident to the hospital she would do a skin assessment prior to the resident leaving the facility. She indicated she was not aware of skin issues other than bruising to the right arm of Resident L. She indicated the resident had a little redness under her breasts. She indicated they were now applying Nystatin powder under breasts for redness. On 2/5/26 at 1:08 p.m., during an interview CNA 6 indicated Resident L required assistance to put on and take off her bra, upper and lower body clothing. She indicated she was not aware of any skin issues. On 2/5/26 at 1:10 p.m., during an interview the DON indicated she did not think it was a policy to do a skin assessment prior to discharge. She indicated she would not normally do a skin assessment prior to discharge. She indicated the facility does weekly skin checks and monthly skin sweeps. The DON indicated the resident did not have any skin issues at this time. On 2/5/26 at 1:20 p.m., during an interview the Administrator indicated the CNA who provided care for the resident on 1/27/26 provided bathing assistance to Resident L. The administrator indicated if a resident refused to be administered a shower the facility would contact the family and ask them to talk with the resident. In addition, they would attempt several times to administer a shower or bath to the resident. On 2/5/26 at 1:35 p.m., during an interview CNA 8 indicated on 1/27/26 she took care of Resident L. She indicated she did not administer a shower, but she administered a partial bath. She had some redness under the breast. She indicated the resident had a white bra and a [NAME] orange bra which is tight, but she could not remember which one she had on that day. She indicated she assisted the resident to wash under her breasts, her back and under arms. She indicated she removed the resident's bra while assisting with bath. In addition, she provided care to her an hour prior to discharge and helped her dress. She indicated there was nothing unusual about her skin at that time. Resident L's medical record lacked documentation of this partial bath on 1/27/26. On 2/5/26 at 1:38 p.m., the Administrator provided a document, titled, Activities of Daily Living, dated 12/12/23, and indicated it was the policy currently being used by the facility. The policy indicated, .Procedure.3. A (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155143	A. Building B. Wing	02/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Majestic Care of Terre Haute	3150 N Seventh St Terre Haute, IN 47804

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. On 2/5/26 at 1:38 p.m., the Administrator provided a document, titled, Wound Management Policy, dated 5/10/24, and indicated it was the policy currently being used by the facility. The policy indicated, .Promotion of treatment and healing of skin integrity impairment.It is the policy of this facility that those residents with impaired skin integrity are recognized by our care team, treated timely, and healing interventions are exhausted until the skin is healed. This citation relates to Intake 2731569. 3.1-37