STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155207	A. Building B. Wing	01/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Majestic Care of New Haven	1201 Daly Drive New Haven, IN 46774

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44531 Based on observation, interview, and record review the facility failed to ensure labeling of opened medications on 1 of 2 medication carts reviewed. (Resident 55, Resident 9, and Resident 49) Findings include: During an observation on [DATE] at 10:27 AM, with Qualified Medical Assistant 4, in the 200 Hall medication cart, in the top drawer was the following: an inhaler of Trelegy Ellipta labeled for Resident 55 had an expiration date of [DATE] no open date. Resident 9's inhaler of Flucticsalme AER, had an open date of [DATE] and an expiration date of [DATE]. Resident 49's inhaler of Fluticsame Spr, had no open date and a expiration date of [DATE]. In an interview, on [DATE] at 10:32 AM, QMA 4 indicated the staff would usually go through the cart to make sure everything was labeled, then discard the medication that was not labeled or was expired. In an interview, on [DATE] at 11:30 AM, the Director of Nursing indicated she spoke to the pharmacy and the 3 inhalers should have been removed from the cart. 1. Resident 55's record review began on [DATE] at 11:13 AM. Resident 55's diagnoses included chronic obstructive pulmonary disease. Resident 55 had a physician order for Trelegy Ellipta Inhalation Aerosol Powder breath activate , d+[DATE]XXX,d+[DATE] microgram (mcg), directions were: 1 puff inhale orally one time a day related chronic obstructive pulmonary disease. Rinse mouth with water after use spit back into cup after use, with a start date of [DATE]. Resident 55's Medication Administration Record (MAR) for Trelegy Ellipta Inhalation Aerosol indicated resident received the medication on [DATE]. 2. Resident 9's record review began on [DATE] at 11:33 AM. Resident 9's diagnoses included asthma. (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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident 9 had a physician order for Advair Diskus inhalation Aerosol powder breath activated ,d+[DATE] mcg (fluticasone-Salmeterol), to be given 1 puff inhale orally two times a day related to acute and chronic respiratory failure. The resident was to rinse theri mouth with water after use. Start date was [DATE]. Resident 9's MAR for Advair Diskus inhalation Aerosol powder breath activated ,d+[DATE] mcg (fluticasone-Salmeterol) received the inhaler two times a day on [DATE], 14, 15, 16, 17, 18, 19, 20, and 21. 3. Resident 49's record review began on [DATE] at 12:13 PM. Resident 49's diagnoses included chronic obstructive pulmonary disease. Resident 49 had a physician order for Proventil HFA inhalation Aerosol Solution 108 (90 base) mcg. Directions were to take 2 puffs inhale orally every 4 hours as needed for short of breath. The resident may keep the medication at bedside. Start date was [DATE]. Resident 49's MAR for Proventil HFA inhalation Aerosol Solution 108 (90 base) mcg, indicated the medication had not been used. A policy titled, Medication Administration, dated [DATE] was received by the Regional Nurse Consultant on [DATE] at 11:13 AM. The policy indicated . Disposal of medication(s) should be completed for medication(s) that are without secure closure, outdate, contaminated and/or deteriorated .disposal needs to be timely . remove medication(s) immediately from stock . 3XXX,d+[DATE](j)(m)(n)