

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155247	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/26/2025
NAME OF PROVIDER OR SUPPLIER  Majestic Care of Southport		STREET ADDRESS, CITY, STATE, ZIP CODE  8549 S Madison Ave Indianapolis, IN 46227	

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)
<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 a resident's transfer to the emergency department was documented in the medical record for 1 of 3 residents reviewed for documentation. (Resident B)</p> <p>Findings include:</p> <p>During an interview on 2/26/25 at 8:10 a.m., Resident B's daughter indicated, on 2/21/25 at approximately 3:00 p.m., she noticed Resident B was lethargic, so she called 911 to have Resident B sent to the emergency department.</p> <p>The clinical record for Resident B was reviewed on 2/26/25 at 8:20 a.m. The diagnoses included, but were not limited to, bladder cancer, asthma, and chronic atrial fibrillation.</p> <p>A hospital palliative care note, dated 2/23/25 at 2:19 p.m., indicated, on 2/21/25, Resident B presented to the emergency department with altered mental status and was admitted to hospital.</p> <p>During an interview on 2/26/25 at 9:10 a.m., the Director of Nursing indicated the nurse that was caring for Resident B, when she was transferred to the emergency department, should have documented a note in Resident B's record regarding the transfer.</p> <p>On 2/26/25 at 11:57 a.m., the Administrator provided a copy of facility policy, titled Transfer Discharge, dated 1/2/24, and indicated this was the current policy used by the facility. A review of the policy indicated document relevant information regarding the transfer in the medical record.</p> <p>This citation relates to Complaint IN00454230.</p> <p>3.1-50(a)(1)</p> <p>3.1-50(a)(2)</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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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