STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155322	A. Building B. Wing	05/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Majestic Care of West Allen	6050 S Cr 800 E 92 Fort Wayne, IN 46814

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46756 Based on observation, interview and record review the facility failed to ensure toenail care was provided for 1 of 7 residents reviewed (Resident 52). Findings include: During an interview, on 5/6/24 at 11:14 AM, Resident 52 indicated her toenails were very long and she feared they would curl under her toes. She indicated the podiatrist normally cut her toenails but had not for a long time due to his inability to come to the facility when scheduled. She indicated she had discussed her toenail concerns with the Social Service Director. She indicated her excessively long toenails caused walking to be painful. During an observation, on 5/6/25 at 11:24 AM, Resident 52 removed her shoes and socks revealing very long toenails. Her right great toe and the next two toes had thin toenails extending about 1/2 cm beyond the end of her toes with irregular edges. A callous, about 2 cm in diameter, raised about 1/2 cm was present on the ball of her right foot. Her left great toenail and second toenail were observed to be long and very thick. Resident 52's record was reviewed on 5/6/25 at 11:37 AM. Diagnoses included type 2 diabetes without complications and dementia. A review of Resident 52's current quarterly Minimum Data Set (MDS) dated [DATE] indicated her Basic Interview for Mental Status (BIMS) score was 12(mild cognitive impairment). A review of progress notes dated 4/1/25 to 5/6/25 did not contain any documentation of hygiene care refusal. Skin evaluations dated 4/14/25, 4/23/25 and 5/4/25 did not include documentation of long toenails. In an interview, on 5/6/25 at 11:25 AM, the Regional Nurse Consultant (RNC) indicated Resident 52's nails were excessively long and should have been trimmed. She indicated nails were observed during weekly skin checks by nurses, during care and showers by nurse aides. She indicated nurses were able to cut diabetic nails that were not excessively thick, requiring podiatry tools. She indicated the podiatrist had last seen Resident 52 in February and was not able to come to the facility for the visit due in April. (continued on next page)

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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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview, on 5/6/25 at 11:37 AM, the RNC indicated the podiatrist had last treated Resident 52 on 2/12/25. She indicated the podiatrist was unable to come to the facility on his regularly scheduled visit in April 2025. She indicated Certified Nurse Aides should have identified the long nails during showers and other daily care and reported it to the nurses. She indicated nurses should have identified the long nails during weekly skin assessments and provided any nailcare they were able to provide. Any nailcare they were unable to provide should have been reported to management to arrange a podiatry visit. A current policy titled Activities of Daily Living dated 1/2/24 provided by the RNC on 5/6/25 at 11:47 AM indicated a resident unable to provide any activity of daily living by themselves should be provided the necessary services to maintain good grooming. 3.1-38(a)(3)(E)

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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 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46756 Based on observation, interview, and record review the facility failed to ensure staff areas remained secure and smoking materials were secured for 1 of 12 residents reviewed. (Resident 53) Findings include: During an observation, on 5/4/25 at 10:14 AM, Resident 53 indicated he knew almost all the keypad door codes in the building. Resident 53 demonstrated entering the code and gaining access to the conference room, dementia unit, housekeeping closet, shower room and pantry room. Cleaning products were observed in the conference room and housekeeping closet. He verbalized he knew the door codes for in and out access to the smoking area, front doors and end of hallway doors to the outside of the building. During an interview, on 5/4/25 at 10:14 AM, Resident 53 indicated he was supposed to be supervised by staff when smoking and vaping outdoors, but he frequently went by himself. He indicated he vaped in his room at times although he had been told not to. He indicated he stored smoking materials in his safe in his room. He indicated he believed he should be able to vape inside if there was not any nicotine in his vape cartridge. During an interview, on 5/4/25 at 10:29 AM, Qualified Medicine Aide (QMA) 8 indicated Resident 53 knows the codes for most of the keypad entry doors. He indicated whenever the codes had been changed, Resident 53 learned the codes quickly. During an interview, on 5/4/25 at 10:35 AM, Certified Nurse Aide (CNA) 11 indicated Resident 53 knew all the door codes. She indicated staff could not do anything about Resident 53 knowing the codes because he learned the codes right away after they were changed. She indicated all residents in the facility should be supervised when smoking or vaping. During an interview, on 5/4/25 at 10:55 AM, Resident 53 entered the door code to the conference room, held up a Bic lighter indicating the lighter belonged to his roommate. He indicated he had an additional lighter and a lock picking kit locked in his safe in his room. QMA 8, CNA 9, and QMA 10 were present in the interview area. They did not intervene or ask Resident 53 to give them his smoking materials. During an interview, on 5/4/25 at 1:10 PM, Resident 53 indicated the Administrator went around the building and collected lighters and smoking materials from all the smokers when he arrived at work. Resident 53's record was reviewed on 5/4/25 at 1:10 PM. Diagnoses included schizoaffective disorder, antisocial personality disorder, attention deficit hyperactivity disorder, predominantly inattentive type, and anxiety disorder. A review of Resident 53's current quarterly Minimum Data Set (MDS) dated [DATE] indicated his Basic Interview for Mental Status (BIMS) score was 15 (cognitively intact). (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of Resident 53's current care plan titled Tobacco Use indicated Resident 53 had a problem of being a current tobacco user, with a goal date of 6/22/25. Interventions included supervising Resident 53 while smoking. A review of Resident 53's current care plan titled, known for non-compliance with smoking policy, indicated the Resident 53 had a problem of being a current tobacco user, with a goal date of 6/22/25. Interventions included notifying the charge nurse when Resident 53 violated the smoking policy. The care plan indicated Resident 53's smoking materials should be kept by facility staff. A review of a document titled Smokers, provided by the Administrator on 5/4/25 at 1:10 PM indicated 12 residents participated in smoking activities. A review of progress notes dated 4/1/25 to 5/7/25 did not contain any documentation of entry into restricted areas, possession of smoking materials or unsupervised smoking or vaping. A progress note dated 5/6/25 at 7:14 PM indicated Resident 53 had been attempting to pick locks in the building and was placed on direct supervision. In an interview, on 5/6/25 at 9:25 AM, the Social Services Director indicated smoking materials were kept locked in the medication room and accessed by the staff member supervising the smokers. The cigarettes were distributed to residents in the smoking area by the staff member who maintains possession of the case of materials throughout the process. She indicated all residents who smoke should be supervised every time they smoke. No resident may smoke or vape unsupervised. In an interview, on 5/7/25 at 8:15 AM, the Administrator indicated Resident 53 had been observed picking a lock and was placed on one-to-one supervision. The Administrator indicated residents should not be able to enter locked facility locations designated for staff only access. In an observation, on 5/7/24 at 8:17 AM, the Administrator presented a video on a cell phone showing Resident 53 using a plastic card, consistent with the size of a credit, debit or identification card, successfully opening the locked door of the pantry room. A current policy titled Smoking, dated 2/14/25, provided by the Administrator on 5/7/25 at 9:19 AM indicated smoking, including the use of electronic cigarettes, was prohibited in designated smoking areas. The policy indicated residents who require supervision while smoking should be supervised by a staff member, family member or volunteer while smoking. The policy indicated the care team maintains a storage system of smoking materials for supervised smoking. This citation is related to Complaint IN00458229. 3.1-45(a)(2)

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F 0692 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46756 Based on interview and record review the facility failed to ensure care plan interventions were implemented, weight losses were reported and addressed timely. This resulted in a significant weight loss of 6.6% in 30 days for 1 of 3 residents reviewed (Resident 37). Findings include: During an observation on 5/4/25 at 11:58 AM, Resident 37 was observed eating lunch independently. He was slow at consuming his meal and tired easily during eating. Resident 37's record was reviewed on 5/5/25 at 1:12 PM. Diagnoses included unspecified dementia, moderate protein-calorie malnutrition, and gastro-esophageal reflux. Resident 37's current Admission Minimum Data Set (MDS) assessment dated [DATE] indicated the resident was cognitively impaired. A Nursing Admission Evaluation, dated 4/2/25, indicated Resident 37 had dysphagia and missing teeth or dentures. The evaluation indicated Resident 37 needed assistance with eating. A current care plan titled potential for nutritional risk indicated the resident had a problem of risk for weight loss, with a goal date of 10/30/25. Interventions included notifying the physician of significant weight changes. A current care plan titled needs assistance with activities of daily living indicated the resident had a problem of requiring assistance, with a goal date of 10/30/25. Interventions included providing eating assistance. A review of Resident 37's care Kardex (guidelines for direct care staff to deliver care) indicated assistance was needed for eating activities. A review of Resident 37's weights indicated: On 4/2/25, 180.6 lbs. On 4/9/25, 173 lbs. On 4/16/25, 170 lbs. On 4/23/25, 167 lbs. On 4/30/25, 165 lbs. On 5/1/25, 168 lbs. This is a 6.6% loss in 30 days. (continued on next page)

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F 0692 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	No additional weights or reweights were available for review. A review of meal intakes indicated: On 4/8/25, the evening meal was refused. On 4/10/25, the evening meal was refused. On 4/11/25 the evening meal was refused. On 4/12/25, no documentation of the breakfast or lunch meal intake was available for review. On 4/14/25, less than 25% of the breakfast and lunch meals were consumed. On 4/16/25, the breakfast and lunch meals were refused. No documentation of the evening meal was available for review. On 4/18/25, less than 25% of the breakfast meal was consumed. The evening meal was refused. On 4/19/25, no documentation of the evening meal was available for review. On 4/21/25, the breakfast and lunch meals were refused. On 4/23/25, less than 25% of the breakfast meal was consumed. No documentation of the evening meal was available for review. On 4/24/25, less than 25% of the lunch and evening meals were consumed. On 4/25/25, less than 25% of the breakfast and lunch meals were consumed. On 4/26/25, less than 25% of the breakfast meal was consumed. On 4/28/25, less than 25% of the breakfast meal was consumed. No documentation of the evening meal was available for review. On 4/30/25, less than 25% of the lunch meal was consumed. No documentation of the evening meal was available for review. On 5/4/25, less than 25% of the breakfast meal was consumed. On 5/5/25, no documentation of the evening meal was consumed. No further meal intake documentation, record of meal replacement or supplement offering was available for review. Progress notes from 4/2/25 to 4/29/25 did not include any documentation of reweights or reporting weight loss to the physician. (continued on next page)

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F 0692 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	During an observation, on 5/7/25 at 10:48 AM, Resident 37 was observed indepndantly eating part of a snack during an activity. Resident 37 did not appear to be interested in consuming the rest of the snack. In an interview, on 5/6/25 at 10:53 AM, Certified Nurse Aide (CNA) 12 indicated CNA staff obtained weights and turned them in to the nurse on the unit. In an interview, on 5/6/25 at 10:54 AM, Qualified Medicine Aide (QMA) 8 indicated 7 residents on the unit were provided with eating assistance and provided their names. He indicated Resident 37 did not receive eating assistance. In an interview, on 5/6/25 at 10:58 AM, Licensed Practical Nurse (LPN) 13 indicated CNAs turned completed weight lists into the nurses who then turned them in to the Nurse Managers. Nurse managers then provided the nurses with reweight lists. She indicated Nurse Managers reported any weight changes to the doctor and families. In an interview, on 5/6/24 at 11:40 AM, the Regional Nurse Consultant (RNC) indicated staff should obtain a reweight when weight variances occur and weight losses of 5% or more should be reported to the physician and family. She indicated a reweight should have been obtained on 4/9/25, 4/16/25 and 4/23/25. She indicated eating assistance should have been provided, meal replacements and supplements should have been offered and recorded. A current policy titled Weight Monitoring, dated 1/2/24 provided by the RNC on 5/6/25 at 11:47 AM indicated weekly weights should be obtained for all newly admitted residents. The policy indicated reweights should be obtained when a weight variance of three pounds or more occurs. Significant weight changes of 5% or more in 30 days should be reported to the physician. 3.1-46(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 - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51881 Based on observation, interview and record review the facility failed to store and serve food and drinks to maintain food safety for 78 of 78 residents who consume food and drinks from the kitchen. Findings include: In a continuous observation of the kitchen on [DATE] from 10:13 AM to 11:30 AM, the following was observed: Three medication bottles were found in a open basket, on a counter, with an employee's name on one prescription bottle of Xarelto. The bottle contained tablets. Moisture was observed in 3 of 17 maroon bowls being filled with pudding. 2 of 17 bowls had small specks of white debris inside the bowls. The dishwasher unit had 5 small, black dead bugs and small brown, tan particles on the top surface. A ceiling vent above the freezer had a thick layer of dark gray, fuzzy substance coating the slats. Behind the first freezer, the wall had wavy brown to tan discoloration from the floor to about 1 foot in height. Underneath the shelves in the pantry, 7 round pieces of cereal, brown and white granules were found at the base of 3 out of 4 walls, 2 packets of sugar and 1 packet of salt were found on the floor. Onion peels were found on the floor, small peels and debris were found in the shelving unit. A bottle of lime juice with a use by date of [DATE] was found in the reach- in refrigerator. In the reach -in refrigerator, a pitcher labeled V8 juice, was not sealed and dated with an open date of [DATE]. A jug of chocolate milk had a best by date of [DATE]. An opened, single size milk was found on the top shelf of the refrigerator without a name or date label. In an interview, on [DATE] at 10:45 AM, [NAME] 6 indicated the V8 juice and milk were expired and shouldn't be in the refrigerator. The unlabeled milk should not be in this refrigerator. In an interview, on [DATE] at 11:00 AM, the Dietary Manager indicated staff medication should be locked in staff's lockers. She confirmed 3 bottles of medication including Xarelto, Naproxen, and a combination of acetaminophen, aspirin, and caffeine migraine medication had been unsecured. During an observation, on [DATE] at 11:04 AM, moisture drops were found in between two of 5 large pans. During an observation, on [DATE] at 11:21AM, in the main resident pantry, the following was found: (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Circular brown stains covered the wooden table top, next to the microwave. Inside the refrigerator, a pitcher of orange juice and red juice was not labled or dated. Milk had a use by date of [DATE]. Lactose free milk had a use by date of [DATE]. A container of French Onion Dip labeled room , d+[DATE], did not have an opened or use by date. A Pizza [NAME] container with food inside did not have a name or date label. A plasticware container contained a pudding like substance, but did not have a use by date. On the bottom floor of the refrigerator, dried red substance was observed. Inside the freezer, a package of frozen cheese sticks, 3 microwave meals, mozzarella cheese sticks, a package of buns, and a package of pizza rolls did not have a name or date labeled. In a closed shelving unit a carton of popcorn liquid expired on [DATE]. The interior stainless steel of the ice machine had a reddish brown shiny substance across the bottom. A plastic spoon, Milky Way wrapper, and a blue glove were on the floor against the back wall. A linen pillowcase was observed on top the freezer. In an interview, on [DATE] at 11:35 AM, the dietary manager indicated housekeeping staff cleaned the fridge and dietary staff checked for outdates. A current policy, regarding cleaning schedules, dated [DATE], indicated the cleaning schedules would be posted, followed and the Dietary Manager would make regular inspections. A current policy, regarding food storage, dated [DATE], indicated food items were placed into appropriate storage lactions consistent with Food Code Guidelines. Equipment and utensils would be cleaned and sanitized before each use. A current policy, regarding food brought into the kitchen, dated [DATE], indicated food brought into the facility by family or visitors would be labeled and stored with the resident's name and use by date. The nursing or dietary staff would discard food past use by or manufacture expiration dates. A review of current daily cleaning logs, dated [DATE]-[DATE], provided by the Dietary Manager, indicated staff was required to ensure dishes, mugs, bowls, and utensils were cleaned and stored properly. All table countertops and under shelving were cleaned and sanitized. The dish machine was cleaned inside and out. Ensure the dry storage area was organized and floor is mopped. This citation is related to Complaint IN00458229. 3XXX,d+[DATE](i) (3)

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F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many Note: The nursing home is disputing this citation.	Dispose of garbage and refuse properly. 51881 Based on observation, interview and record review, the facility failed to dispose of garbage and refuse properly for 3 of 3 dumpsters. Findings include: During an observation, on 5/4/25 at 1:32 PM, 3 of 3 dumpsters were not closed. The first dumpster lid was fully open. The second dumpster had white trash bags propping open the lids. The third dumpster, labeled cardboard, was overstuffed with cardboard propping open both lids. Plastic and trash were found on the ground surrounding the dumpsters and in the tree line to the north. During an observation, on 5/5/25 at 8:50 AM, 3 of 3 dumpsters were not closed. The first dumpster lid was fully open. The second dumpster had white trash bags propping open the lids. The third dumpster, labeled cardboard, was overstuffed with cardboard propping open both lids. Plastic and trash were found on the ground surrounding the dumpsters and in the tree line to the north. In an interview, on 05/08/25 at 09:52 AM, the Dietary Manager indicated, housekeeping, dietary, and nursing staff should make sure dumpster lids are closed and there should be no debris outside the dumpsters. A current policy, dated 12/12/2023, titled Disposal of Garbage and Refuse, indicated dumpsters would be kept closed and free of surrounding litter. 3.1-21(i)(5)

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51881 Based on observation, interview and record review, the facility failed to ensure the dining room, the 300 hall and one resident room was maintained. Findings include: During an observation, on 05/04/25 at 12:29 PM, the dining room had 4 small areas of the ceiling without paint to match the ceiling. The main doorway corner had a deep gouge approximately 2.5 inches in length by 0.75 inches wide in the drywall, approximately 3 feet from the floor. Drywall was missing in 3 smaller areas down the same corner of the doorway. During an observation, on 5/05/25 at 10:53 AM, heavy dust particles were found on the drop ceiling and metal supports outside room [ROOM NUMBER]. Two groups of three rectangle marks about 1 inch wide were found on the wall between rooms [ROOM NUMBERS], and outside the infection control office. During an observation, on 05/05/25 at 10:14 AM, a 5 foot long trim piece was found on the floor, underneath the headboard of the bedcin room [ROOM NUMBER]. 4 nails, approximately 1-2 inches long were pointing upwards. A review of maintenance logs, on 05/05/25 at 11:45 AM, indicated there were no written work requests for wall or trim damage within the last 6 months. In an interview, on 05/05/25 at 10:34 AM, CNA 2 indicated she would verbally tell maintenance about equipment malfunctions, cracked fire extinguisher covers, or anything that needed fixed. In an interview, on 05/05/25 at 11:23 AM, the Maintenance Director indicated he received verbal or maintenance request forms from staff. The trim piece in room [ROOM NUMBER] needed removed from the room. In an interview, on 5/5/25 at 11:30 AM, the Housekeeping Manager indicated paint repairs should get done the same day as they are reported. In an interview, on 05/08/25 at 9:28 AM, the Administrator indicated the dust on the ceiling and rectangular areas on the walls were something the facility would work on. A current policy, dated 12/12/2023, provided by administration, indicated work orders must be filled out and forwarded to the Maintenance Director. Work orders were to be picked up daily. Emergency requests would be given priority in making necessary repairs. This citation is related to Complaint IN00458229. 3.1-19(e)