

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155338	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/25/2025
NAME OF PROVIDER OR SUPPLIER  Majestic Care of Avon		STREET ADDRESS, CITY, STATE, ZIP CODE  445 S County Road 525 E Avon, IN 46123	

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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Based on observations and interview, the facility failed to serve food at an acceptable temperature to residents residing on the 600 hall. This deficiency had the potential to affect residents 14 of 14 residents who had their trays delivered to their rooms.</p> <p>Findings include:</p> <p>During an observation on 6/25/25 at 1:14 p.m., CNA 4 was passing lunch hall trays on the 600 hall by herself. She indicated she was by herself passing the 600 hall trays.</p> <p>A request was made to check the temperature of the lunch trays on the 600 hall cart.</p> <p>The temperatures were checked by [NAME] 6.</p> <p>The temperature of the chicken was 122 degrees.</p> <p>The temperature of the mashed potatoes was 122.7 degrees.</p> <p>The temperature of the mixed vegetables was 117.0.</p> <p>A policy was provided by the Executive Director (ED) on 6/25/25 at 1:25 p.m. It indicated, .Time/Temperature Control for Safety (TCS) hot food will be to a minimum temperature for 15 seconds, as follows: Poultry and stuffed foods 165 degrees F All foods will be held at appropriate temperature, greater than 135 degrees F (or as state regulation requires)</p> <p>This citation relates to Complaint IN00459625.</p> <p>3.1-21(a)(1)</p> <p>3.1-21(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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0808</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law.</p> <p>Based on observations, record review, and interview, the facility failed to serve a resident her diet as ordered for 1 of 3 residents reviewed for diets (Resident B).</p> <p>Findings include:</p> <p>On 6/25/25 at 11:03 a.m., a record review was completed for Resident B. She had the following diagnoses which included but were not limited to weakness, hypertension, and weight loss.</p> <p>She had orders for regular diet, ground meat, double portions with a magic cup at lunch.</p> <p>On 6/25/25 at 1:30 p.m., Resident B was observed receiving her lunch tray. She did not have double portions or a magic cup on her tray.</p> <p>CNA 8 confirmed she did not have double portions or a magic cup on her tray and went to retrieve those items.</p> <p>A policy was not provided at the time of exit.</p> <p>This citation relates to Complaint IN00459625.</p> <p>3.1-21(b)</p>		