STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155338	A. Building B. Wing	08/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Majestic Care of Avon	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)
F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. Based on observations, interviews, and record reviews, the facility failed to ensure sufficient staffing for the second quarter of 2025, sufficient staffing to prevent falls and to provide routine activities of daily living (ADLs), and sufficient staffing to address ongoing resident grievance concerns. This deficient practice had the potential to affect 80 of 80 residents who resided in the facility. Findings include:1. Based on the review of the Payroll Based Journal (PBJ) staffing data for the second quarter of 2025, the facility was identified by the Centers of Medicare and Medicaid Services (CMS) as triggering for excessively low weekend staffing. PBJ data showed staffing levels on weekends were significantly lower than weekday averages falling below required thresholds for nursing coverage. Insufficient weekend staffing had the potential to negatively impact residents by delaying assistance with activities of daily living, (such as toileting, bathing, and mobility) increased the risk for falls and skin breakdown due to reduced supervision and limiting timely responses to call lights and resident needs. Reduced availability of nursing staff on weekends had the potential to affect the accuracy of clinical assessments, medication administration, and monitoring of resident's health needs thereby placing residents at risk for avoidable decline in physical mental and psychosocial well-being. 2. Resident 80 sustained a fall with multiple major injuries during the evening shift on a Sunday in the triggered quarter, when weekend staffing was identified as insufficient, placing the resident at increased risk for harm due to limited staff availability for supervision and timely assistance. On 08/19/25 at 12:01 p.m., Resident 80's record was reviewed as a discharged closed record review. She had been a long-term care resident who resided on the secured memory care unit had had diagnoses which included, but were not limited to: unspecified dementia with moderate mood disturbance, psychotic disorder with delusion related to her know physiological condition and pseudobulbar affect. Her nursing progress notes were reviewed for the second quarter of 2025. She had multiple behaviors which included, but were not limited to, excessive wandering without purpose, excessive tearfulness, agitation, altercations with other residents and repeated falls. In April 2025 she had 5 falls. On 5/25/25 at 2:09 p.m., Resident 80 was given one of her as needed (PRN) medication due to agitation. Later that evening on 5/25/25 around dinnertime, Resident 80 had a fall and sustained a laceration to (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
	155338	A. Building B. Wing	08/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Majestic Care of Avon	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)
F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	the back of her head. A nursing progress note, dated 5/25/25 at 6:22 p.m., indicated a nurse was called from a separate unit to the secured memory care unit, after Resident 80 had an unwitnessed fall. Upon the nurse's assessment, Resident 80 was found to have bleeding from the back of her head with a laceration which would require further evaluation. The resident was restless, therefore her vitals were unable to be obtained, and 911 was called. Resident 80 was sent to the emergency department. A nursing progress note, dated 5/26/25 at 5:04 p.m., indicated Resident 80 had been admitted to a local trauma hospital with a subarachnoid hemorrhage and rib fractures. The schedule for 5/25/25 evening shift was reviewed and revealed, at the time of Resident 80's fall, during dinner service, there was only one Qualified Medication Aide (QMA) and two Certified Nursing Aides (CNAs). During an interview on 8/22/25 at 8:34 a.m., the Administrator (ADM) indicated when he first started employment at the facility in February of 2025, one of the first quality assurance and improvement plans (QAPI) was to address the rate of falls. Falls were identified as a systemic concern with the peak of falls taking place in March 2025. At the time of Resident 80's fall, the unit was staffed according to census. The facility could not do one-to-one because we aren't reimbursed for it, and with almost 30 residents back there we've adjusted our staffing since then, so now we have three aides on the secured unit during day and evening shift especially with behaviors and sundowning. 3. Continued sufficient staffing concerns were identified throughout the survey period as evidence by identified concerns related to ADLs specifically, observations, interviews and record reviews to address and meet resident needs for grooming, hydration and dignity. During multiple observations conducted from 8/17/25 through 8/21/25, residents in the Memory Care (MC) unit did not consistently have beverages available at bedside, in their rooms, or in common areas. During an interview on 8/21/25 at 9:15 a.m., the Director of Nursing (DON) indicated they did not typically do an Ice-Water pass for memory care, but utilized a system called Hydration Station, where staff were supposed to bring out various types of beverages like lemonade, or ice water with fresh fruit in it etc. The pitchers were kept at the nurses' station for residents to see and be able to help themselves or get staff assistance as needed to keep up with fluids and hydration needs. On 8/21/25 at 9:32 a.m., [NAME] 5 indicated, Hydration Station had not been provided that week due to staffing shortages, lack of pitchers, and confusion over whose responsibility it was to ensure the beverages were prepared and delivered. Cross reference F677 and F807. 4. Continued sufficient staffing concerns were identified related to repeat grievances regarding laundry issues, snacks not being provided in the evening, and nursing staff having poor attitudes with none or insufficient follow-up and resolutions. On 8/20/25 at 3:10 p.m. a Resident Council meeting was conducted. There were 10 Residents in attendance. Residents 11, 16, 18, 21, 24, 84, 65, 67, 77, and 12. They all agreed when grievances had (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155338	A. Building B. Wing	08/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Majestic Care of Avon	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)
F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	been filed in the past for these issues the facility didn't follow-up. All of the residents agreed there were still many times where they do not get snacks at the nurses' station or offered to them in the evenings. All of the residents agreed there were still issues with nursing staff having poor attitudes, being rude or mean and not providing proper care. Resident 12 indicated night shift nursing staff were mean, had poor attitudes and regularly told her, When I get there I'll get there. The residents indicated it took a long time for nursing staff to come when they would put their call light on. Resident 16 indicated she had gone up to the nurses' station to ask a question and she was told, go back to your room and put on your call light by nursing staff. During an interview on 8/22/25 at 10:38 a.m. the Administrator indicated when the grievance form got to him, he would look it over to see if everything was followed up on and make sure there was a resolution. If there wasn't a resolution, he would send it back to get more details. The Administrator indicated when residents had concerns about staff having poor attitudes or being rude to them, they would educate the staff and keep record of the education staff received in their employee files. Cross reference F565 On 8/21/25 at 10:00 a.m., the DON provided a copy of current facility policy titled, Activities of Daily Living (ADLs) dated 1/2/24. The policy indicated, . Care and services will be provided for the following activities of daily living: 1. Bathing, dressing, grooming and oral care. 3. Toileting. a resident who is unable to carry out activities of daily living will receive the necessary services to maintain food nutrition, grooming, and personal and oral hygiene. On 8/22/25 at 12:15 p.m. the DON provided a copy of a current facility policy titled, Incidents, Accidents & Supervision, dated 12/12/23. This policy indicated, . the resident environment will remain as free of accident hazards as possible. On 8/22/25 at 12:15 the DON provided a copy of a current facility policy titled, Grievances, dated 10/1/24. This policy indicated, .3. Definitions 'prompt efforts to resolve' include facility acknowledgement of a complaint/grievance and actively working towards resolution of that complaint/grievance.j. The facility will make prompt efforts to resolve grievances.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155338	A. Building B. Wing	08/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Majestic Care of Avon	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)
F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Keep all essential equipment working safely. Based on observations and interviews, the facility failed to ensure all kitchen equipment was in proper working order. This deficient practice had the potential to affect 80 of 80 residents who ate meals in the facility.Findings include:On 8/17/25 at 1:36 p.m. an initial tour of the kitchen was conducted. The freezer was observed; the walls, fans and ceiling of the freezer had drips of water that had been frozen over, and boxes that had been pushed up against the wall had water damage on the cardboard, ice on top of the boxes and some boxes were frozen together.During an interview on 8/17/25 at 2:20 p.m. the Maintenance Director indicated the company they used had come out to fix the freezer on 8/4/25, but he thought the problem now was a small missing piece of weather stripping that could be causing the freezer to thaw.On 8/19/25 at 2:05 p.m. the Maintenance Director indicated the company they used would be there 8/21/25 to fix the weather stripping.On 8/22/25 at 12:15 p.m. the DON provided a copy of a current facility policy titled, Equipment, dated 9/2017. This policy indicated, .All food service equipment will be clean, sanitary, and in proper working order.3.1-19(bb)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155338	A. Building B. Wing	08/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Majestic Care of Avon	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)
F 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to organize and participate in resident/family groups in the facility. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to appropriately follow up to grievances made by individual residents and as a group during resident council for 12 of 12 months of resident council minutes reviewed and for 2 of 2 meetings with residents observed. Findings include:On 8/19/25 at 2:00 p.m. the Activities Director provided copies of Resident Council meeting minutes going back to August 2024.A Resident Council Minutes form, dated 8/8/24, indicated under old business there were no snacks on the weekends. One grievance was filed.A Resident Council Minutes form, dated 9/20/24, indicated under old business there were no snacks on the weekends and under new business there were five residents with missing clothes from the laundry, and they still were not getting snacks on the weekends, among other concerns.A Resident Council Minutes form, dated 10/16/24, indicated under old business there were no snacks at the nurses' station and under new business there were two residents with missing clothes from the laundry.A Resident Council Minutes form, dated 11/20/24, indicated under old business there were missing clothes and under new business there were still missing clothes among other concerns. Two grievances were filed.A Resident Council Minutes form, dated 12/18/24, indicated under old business they spoke about the previous months filed grievances and under new business there were three residents with missing clothes and there were concerns with not having snacks at the nurses' station or being offered among other concerns. Five grievances were filed.A Resident Council Minutes form, dated 1/22/25, indicated under old business they spoke about the previous months filed grievances, lost items and snacks and under new business there were concerns of clothes coming back from the laundry stained. A grievance was filed.A grievance form, dated 1/22/25, received by the Activity Director indicated Resident 93 had received laundry back with marker stains on them. The laundry department head was notified and in the section for review and action taken, a marker or pen went through the wash. Nothing else found. was written. In the section for follow up, marker or paints was sent laundry. Nothing else found. was written. This grievance form was signed off by the Administrator.A grievance form, dated 1/22/25, received by the Activity Director indicated Resident 92 had received laundry back with marker stains on them. The laundry department head was notified and in the section for review and action taken, a pen or marker was sent through wash. Nothing else found. was written. In the section for follow up, pen or marker was sent through was. Nothing else found. was written. This grievance form was signed off by the Administrator.A grievance form, dated 1/22/25, received by the Activity Director indicated Resident 8 had received laundry back with marker stains on them. The laundry department head was notified and in the section for review and action taken, a possible marker was sent through the laundry or paint. Nothing else found. was written. In the section for follow up, a marker or paints got sent through laundry. Nothing else found. was written. This grievance form was signed off by the Administrator.A Resident Council Minutes form, dated 2/19/25, indicated under old business clothing stains were resolved because they found out there was a marker that had accidently gone through the washer and various concerns under new business.A Resident Council Minutes form, dated 3/19/25, indicated under old business they spoke about appropriateness in the activity room and under new business there were concerns of not having snacks at the nurses' station. One grievance was filed.A grievance form, dated 4/5/25, received by an unknown staff member indicated Resident 61 feared an unidentified Certified Nursing Assistant (CNA) because the CNA answered her call light and asked why she had her light on. The resident told the CNA she needed a dry brief, the CNA asked the resident now? and the resident told the CNA yes because she was wet. The CNA then turned the call light off and left the room and did not come back. Resident 11 put her call light on again and a different CNA assisted her. The Director of Nursing (DON) was notified and in the section for review and action taken, Team member wrote up for violating company policy for code of ethics. Educated on policy & standard of care. was written. This grievance (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155338	A. Building B. Wing	08/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Majestic Care of Avon	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)
F 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	form was signed off by the Administrator.A grievance form, dated 4/5/25, received by an unknown staff member indicated Resident 56 had concerns with an unidentified CNA on evening shift having a poor attitude and being mean to her. The Director of Nursing (DON) was notified and in the section for review and action taken, Team member wrote up for violating company policy for code of ethics. Educated on policy & standard of care. was written. This grievance form was signed off by the Administrator.A grievance form, dated 4/10/25, received by an unknown staff member indicated Resident 17 had concerns with an unidentified nurse being rude and making him feel like he was being treated as less than human. The resident indicated the nurse came in while he was eating to give his medications, eye drops, and do a dressing change. He indicated the nurse did not explain what she was doing before she did it and was just rude. The Director of Nursing (DON) was notified and in the section for review and action taken, nurse educated on code of ethics & [NAME] care standards. Nurse was educated regarding time management regarding medication administration was written. This grievance form was signed off by the Administrator.A grievance form, dated 4/11/25, received by Licensed Practical Nurse (LPN) 11 indicated Resident 8 had received laundry back with marker stains on them. The laundry department head was notified and in the section for review and action taken, It was discovered through an investigation the marks were a result of crayons getting washed which was causing permeant marks was written. In the section for follow up, Resident has asked for item be replaced. was written. This grievance form was signed off by the Administrator.A grievance form, dated 4/12/25, received by an unknown staff member indicated Resident 95 had concerns with night shift staff refusing to help him shift in the bed. The Director of Nursing (DON) was notified and in the section for review and action taken, CNA interviewed & educated on code of ethics & reiterated job duties assigned upon hire date was written. This grievance form was signed off by the Administrator.A Resident Council Minutes form, dated 4/16/25, indicated under old business they spoke about snack concerns that were still not resolved and under new business there were concerns with not having snacks at the nurses' station, staff eating the snacks, staff being rude on night shift and missing clothes among other concerns. Five grievances were filed.A grievance form, dated 5/14/25, received by an unknown staff member indicated Resident 12 had concerns with some of the night shift CNAs being rude and not holding a high standard of cleanliness. The Director of Nursing (DON) was notified and in the section for review and action taken, spoke with all staff during quarterly staff meetings regarding code of ethics and facilities handbook. Educated night [shift] regarding professionalism. was written. This grievance form was signed off by the Administrator.A grievance form, dated 5/14/25, received by CNA 12 indicated Resident 96 had concerns with an unidentified CNA because the CNA told her to have an incontinent episode instead of using the bedpan because the CNA claimed to be too busy to put the resident on the bedpan. The Director of Nursing (DON) was notified and in the section for review and action taken, staff member educated on code of ethics & gave corrective action regarding standards of care & CNA roles/expectations. Educated on time management skills/expectations was written. This grievance form was signed off by the Administrator.A Resident Council Minutes form, dated 5/21/25, indicated under old business they spoke about the previous months filed grievances and about no snacks at the nurses' station. Under new business there were concerns with receiving clothing from the laundry that wasn't theirs and still not having snacks at the nurse's station. Three grievances were filed.A Resident Council Minutes form, dated 6/18/25, indicated under old business they spoke about snacks still being unavailable most of the time and under new business the word none was written. One grievance was filed.A grievance form, dated 7/18/25, received by an unknown staff member indicated Resident 34's family member had concerns with the amount of staff available, she indicated the facility needed more help on the weekends. Resident 34's family member also indicated the staff that they did have were not well trained and she felt they ignored the falls of residents. The Director of Nursing (DON) was notified and in the section for department findings, spoke with mother explained same staffing ratio is on the weekends versus weekdays educated on MOD schedule & ability to report any issues to them (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155338	A. Building B. Wing	08/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Majestic Care of Avon	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)
F 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	as needed. was written. In the section for follow up and resolution, nothing was written. This grievance form was signed off by the Administrator.A grievance form, dated 8/5/25, received by an unknown therapy staff member indicated Residents 21 and 16 had concerns with only being allowed one cup of coffee in the morning. The head of the Dietary department was notified and in the section for department findings, first of all, they're allowed to have more than one coffee. Not my fault if they don't come back to the kitchen to get more. was written. In the section for follow up and resolution, nothing was written. This grievance form was signed off by the Administrator.On 8/18/25 at 10:37 a.m. Food council was conducted. Resident 16 had concerns regarding dietary not giving hall trays big coffee pots at breakfast, the staff say they don't have them. The Dietary Manager indicated she would educate staff on using proper coffee pots. Several residents indicated the nursing staff did not want to give them more coffee. Resident 16 indicated she was told we have 12 people on this hallway you can't have more coffee by one of the CNAs.On 8/20/25 at 3:10 p.m. a Resident Council meeting was conducted. There were 10 Residents in attendance. Residents 11, 16, 18, 21, 24, 84, 65, 67, 77, and 12. All of the residents agreed there were still major issues with the laundry. They were still missing items, getting other residents' items, and receiving stained or ruined items. They all agreed when grievances had been filed in the past for these issues the facility didn't follow-up. When they did follow-up, they offered to replace the item but it had been months and the items were still not replaced. Resident 16 indicated she had a pillowcase missing and the facility offered to replace it 3 months ago and it still had not been replaced. Resident 12 indicated she had a sweatshirt missing and the facility offered to replace it 4 months ago and it still had not been replaced. The residents indicated they had stopped complaining about it because they felt it took too long for the issue to get resolved. All of the residents agreed there were still many times where they do not get snacks at the nurses' station or offered to them in the evenings. All of the residents agreed there were still issues with nursing staff having poor attitudes, being rude or mean and not providing proper care. Resident 12 indicated night shift nursing staff were mean, had poor attitudes and regularly told her, When I get there I'll get there. The residents indicated it took a long time for nursing staff to come when they would put their call light on. Resident 16 indicated she had gone up to the nurses' station to ask a question and she was told, go back to your room and put on your call light by nursing staff.During an interview on 8/22/25 at 10:28 a.m. the Social Services Director (SSD) indicated the process for grievance follow-up was: the resident or staff member who received the grievance would give the grievance form to him, he would make a copy of it and would give it to the appropriate department head. After they reviewed it, they filled out their portion of the form and gave it back to him, and he would give it to the Administrator to sign it off. The SSD indicated after the form was complete, he then put a copy of it in the grievances binder. He indicated the department head that reviewed the grievance was responsible for doing the follow-up. The SSD indicated it usually took about two weeks from when they get the grievance to follow-up or replace missing or ruined items. He indicated he did not know what they did if they had repeat grievances. The SSD indicated the follow-ups were not great and weren't really solutions, but if the Administrator signed it he went with it.During an interview on 8/22/25 at 10:38 a.m. the Administrator indicated when the grievance form got to him, he would look it over to see if everything was followed up on and make sure there was a resolution. If there wasn't a resolution, he would send it back to get more details. He indicated he thought the follow-ups he had seen were sufficient. The Administrator indicated when residents had concerns about staff having poor attitudes or being rude to them, they would educate the staff and keep record of the education staff received in their employee files.On 8/22/25 at 12:15 the DON provided a copy of a current facility policy titled, Grievances, dated 10/1/24. This policy indicated, .3. Definitions ?prompt efforts to resolve' include facility acknowledgement of a complaint/grievance and actively working towards resolution of that complaint/grievance.j. The facility will make prompt efforts to resolve grievances.3.1-3(g)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155338	A. Building B. Wing	08/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Majestic Care of Avon	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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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** Based on observation, interview, and record review, the facility failed to ensure residents with dementia in the secured memory care unit received necessary assistance with activities of daily living (ADLs) for 11 of 20 residents who resided on the dementia unit (Residents 27, 14, 13, 76, 20, 9, 32, 59, 19, 51, and 64). Findings include:1. On 8/17/25 at 9:50 a.m., Resident 27 was initially observed with unshaven facial stubble, long fingernails, and his hair appeared greasy and unbrushed. Upon multiple observations from 8/17/25 through 8/20/25, Resident 27 remained unshaven, and appeared to have greasy, unbrushed hair and long fingernails. When his ADLs were inquired about, a certified nursing aide (CNA) took him to his room without resistance or refusals. When Resident 27 returned to the main activity room, his face was shaved, his nails were trimmed and his hair was neatly brushed back. Resident 27's shower sheets for the month of august were reviewed with one refusal on 8/16/25 but did not indicated if any redirections or follow up attempts were made. 2. On 8/17/25 at 9:51 a.m., Resident 14 was initially observed to have long fingernails, untrimmed sideburns, and days-old facial stubble. Upon multiple observations from 8/17/25 through 8/20/25, he continued with long nails and facial stubble. When his ADLs were inquired about, a certified nursing aide (CNA) took him to his room without resistance or refusals. When Resident 14 returned to the main activity room, his face was shaved and his hair was brushed, but his nailed remained untrimmed. 3. On 8/17/25 at 9:52 a.m., Resident 13 was initially observed to have long fingernails, long hair that was unbrushed and substantia facial stubble. Upon multiple observations from 8/17/25 through 8/20/25, he continued with long nails, facial stubble and unbrushed hair. On 8/19/25 at 10:21 a.m., Resident 13 was observed wearing fleece flannel patterned long pants, and a grey sweatshirt that appears to have green marked stains on it. There was a peeling piece of what appeared to be duct tape on the back right pocket of the pants as a label with his name. Upon multiple observations until the time of exit on 8/22/25, he remained in the same outfit. On 8/20/25 at 10:56 a.m., Resident 13's records was reviewed related to their ADL abilities and preferences. Resident 13's shower sheets for the month of August were reviewed. After 8/6/25, there was no documentation of an attempted shower until 8/18. The most recent Minimum Data Set (MDS) assessments for Resident 13 was considered severely cognitively impaired and required staff reminders, cues and assistance for personal hygiene and ADL care. The resident's Kardex (information pulled from their Facesheets and Care Plan Interventions) indicated, [Resident's name] needs staff assistance with personal hygiene that can fluctuate. The Care Plans lacked revisions to include and/or specify shaving and haircut preferences. 4. On 8/17/25 at 9:53 a.m., Resident 76 was initially observed to have long fingernails, day-old facial stubble, and unbrushed long hair. Upon multiple observations from 8/17/25 through 8/20/25, he was observed to remain unshaved and had unbrushed hair. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155338	A. Building B. Wing	08/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Majestic Care of Avon	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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	5. During an interview on 8/17/25 at 11:50 a.m., Resident 20's family member indicated it seemed like the facility staff relied on his family to continue to do all his ADL care. When Resident 20 first admitted , the family preferred to do most of his care while he transitioned into the new setting had adjusted to the unit, but now that he had been there for a while, it seemed like if the family didn't do his showers, or shaving, oral care etc. then it didn't get done at all. When the family visited that morning, it appeared he had not been shaved or had his clothes changed since the last time family had been in the week before. The family indicated Resident 20 had always been particular about his shaving and preference to stay clean shaven. During multiple observations from 8/17/25 through 8/19/25, Resident 20 was observed in the same outfit donned by his family on 8/17/25. Resident 20's shower sheets for the month of August were reviewed, and all indicated the family provided showers, except on 8/12/25 which indicated he refused. The refusal did not indicate if he refused family, staff, and/or if any redirection or follow up attempts were made. On 8/20/25 at 10:56 a.m., Resident 20's records were reviewed related to their ADL abilities and preferences. According to their most recent Minimum Data Set (MDS) assessments Resident 20 was all considered severely cognitively impaired and required staff reminders, cues and assistance for personal hygiene and ADL care. The resident's Kardex (information pulled from their Facesheets and Care Plan Interventions) indicated, [Resident's name] needs staff assistance with personal hygiene that can fluctuate. The resident's Care Plans lacked revisions to include and/or specify shaving and haircut preferences. 6. On 8/17/25 at 9:55 a.m., the bathroom in room [ROOM NUMBER] was observed with a soiled shirt and hospital gown left strown on the floor. On 8/17/25 at 9:56 a.m., room [ROOM NUMBER] was observed with dirty bundled up linen left piled on a chair and used gloves were discarded on the floor. 7. On 8/18/25 at 11:46 a.m., Resident 9 was observed. She wore a too-large yellow T-shirt with another resident's name, which was directly visible on the front collar of the shirt. She wore a pair of too-large pair of men's basketball shorts with Resident 27's name clearly visible on the leg of the pants. On 8/20/25 at 2:01 p.m., Resident 9 was observed wearing a too-large blue T-shirt labeled with another resident's name, which was directly visible on the front collar of the shirt. Again on 8/21/25 at 9:34 a.m., she was observed wearing the same blue shirt. 8. On 8/21/25 at 10:00 a.m. Resident 76 was observed in his room. He wore the same brown flannel long-sleeve shirt and jeans that he had been observed in for the previous three days. 9. On 8/18/25 at 11:02 a.m. Resident 51 was observed in the main activity room with several other of her peers. Her pants were observed pulled down to the middle of her thighs as if they had not been pulled all the way back up. When asked about her attire, three staff members approached her and (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155338	A. Building B. Wing	08/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Majestic Care of Avon	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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	loudly explained they needed to pull her pants up. They readjusted her in her seat and pulled her pants up in front of her peers instead of taking her somewhere more private. 10. On 8/18/25 at 10:28 a.m., Resident 64 repeatedly asked to go to the bathroom. The activity staff directed her to the nurse. The nurse was busy preparing medications and both aides were busy with other residents. Resident 64 waited over 20 minutes before she was assisted to the restroom. During an interview on 8/21/25 at 9:32 a.m., the Memory Care Unit Manager, (MC-UM) indicated, CNAs should complete resident's shaving needs as a part of their routine hygiene care and document if and when the resident refused and the same things would be true for resident clothing, hair and nail care. On 8/21/25 at 10:00 a.m., the DON provided a copy of current facility policy titled, Dementia Care dated 12/12/23. The policy indicated, It is the policy of this facility to provide appropriate treatment and services in relation to ADL care to residents on the dementia unit to ensure all ADL needs are met on a daily basis, while attaining or maintaining the dementia resident's highest practicable physical, mental and psychosocial well-being. 11. On 8/17/25 at 10:45 a.m. Resident 63 was observed lying in bed resting. The resident was wearing fleece pants, with a brief sticking out of the top of the pants and appeared to be unkempt. He had a long beard with hair that appeared unwashed. Resident 63 was not visibly soiled but a strong urine smell permeated the room getting stronger closer to the resident. On 8/18/25 at 12:01 p.m. Resident 63 was observed lying in bed watching TV. The resident was wearing a shirt and a brief but was mostly covered with a blanket. He had crumbs on his shirt and appeared unkempt with a long beard and hair that appeared to be unwashed. Resident 63 was not visibly soiled but a strong urine smell permeated the room getting stronger closer to the resident. On 8/20/25 at 2:44 p.m. Resident 63 was observed lying in bed resting with his eyes open, The Resident had on a shirt and was covered from the waist up by blankets. He appeared to be unkempt with a long beard and hair that appeared to be unwashed. Resident 63 was not visibly soiled but a strong urine smell permeated the room getting stronger closer to the Resident. On 8/20/25 at 11:40 a.m. Resident 63s medical record was reviewed. He was a long term care resident whose diagnoses included but were not limited to dementia and chronic Obstructive Pulmonary Disorder (COPD). A physicians note, dated 3/12/25, indicated Resident 63 was noted to have poor hygiene. A comprehensive encounter note, dated 5/19/25, indicated Resident 63 was incontinent of bladder and required encouragement to change his clothes. Resident 63s care plans were reviewed. An Activities of Daily Living (ADL) care plan, dated 7/25/25, indicated Resident 63 needed assistance with incontinent care and personal hygiene. An incontinence care plan, dated 4/12/23, indicated Resident 63 was incontinent of bowl and bladder and required routine checks for incontinence. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155338	A. Building B. Wing	08/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Majestic Care of Avon	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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 8/20/25 at 2:58 p.m. Certified Nursing Aide (CNA) 9 indicated Resident 63 would only shower once a week and would only shower if she took him. On 8/22/25 at 10:30 a.m. the Director of Nursing (DON) provided copies of shower sheets for Resident 63 from April 2025 to August 2025. Based on shower sheets, in the month of April Resident 63 received 2 showers. A shower sheet, dated 4/4/25, indicated Resident 63 refused his shower. In the blank labeled .If refused, name of 2nd CNA attempting approach. there were initials. The blank labeled .If refused x2, name of nurse attempting approach. had no response. The blank labeled .If refused x3, name of family/POA notified. had no response. A shower sheet, dated 4/11/25, indicated Resident 63 refused his shower with tomorrow in parenthesis. The blank labeled .If refused, name of 2nd CNA attempting approach. had no response. The blank labeled .If refused x2, name of nurse attempting approach. had no response. The blank labeled .If refused x3, name of family/POA notified. had no response. A shower sheet for Resident 63 dated 4/18/25 was reviewed. The blank labeled .If refused, name of 2nd CNA attempting approach. indicated this was the second offer and that the resident said tomorrow. The blank labeled .If refused x2, name of nurse attempting approach. had 2nd and 5:50 written on it with nonsensical markings. The blank labeled .If refused x3, name of family/POA notified. had no response. A shower sheet, dated 4/22/25, indicated Resident 63 refused his shower with Said he was dizzy. Nurse told written on it. The blank labeled .If refused, name of 2nd CNA attempting approach. had no response. The blank labeled .If refused x2, name of nurse attempting approach. had no response. The blank labeled .If refused x3, name of family/POA notified. had no response. A shower sheet, dated 4/11/25, indicated Resident 63 refused his shower with tomorrow in parenthesis. The blank labeled .If refused, name of 2nd CNA attempting approach. had no response. The blank labeled .If refused x2, name of nurse attempting approach. had no response. The blank labeled .If refused x3, name of family/POA notified. had no response. A shower sheet, dated 4/23/25, indicated Resident 63 received a shower. A shower sheet, dated 4/25/25, Indicated Resident 63 received a shower. Based on shower sheets from the month of May Resident 63 received 2 showers. A shower sheet, dated 5/6/25, indicated Resident 63 refused his shower. The blank labeled .If refused, name of 2nd CNA attempting approach. had no response. The blank labeled .If refused x2, name of nurse attempting approach. had no response. The blank labeled .If refused x3, name of family/POA notified. had no response. A shower sheet, dated 5/9/25, indicated Resident 63 refused his shower. The blank labeled .If refused, name of 2nd CNA attempting approach. had no response. The blank labeled .If refused x2, name of nurse attempting approach. had no response. The blank labeled .If refused x3, name of family/POA notified. had no response. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155338	A. Building B. Wing	08/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Majestic Care of Avon	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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A shower sheet, dated 5/12/25, indicated Resident 63 refused his shower with He says took one by himself this morning written on it. The blank labeled .If refused, name of 2nd CNA attempting approach. had no response. The blank labeled .If refused x2, name of nurse attempting approach. had no response. The blank labeled .If refused x3, name of family/POA notified. had no response. A shower sheet, dated 5/13/25, indicated Resident 63 received a shower. A shower sheet, dated 5/14/25, indicated Resident 63 received a shower. A shower sheet, dated 5/16/25, indicated Resident 63 refused his shower. The blank labeled .If refused, name of 2nd CNA attempting approach. had no response. The blank labeled .If refused x2, name of nurse attempting approach. had no response. The blank labeled .If refused x3, name of family/POA notified. had no response. A shower sheet, dated 5/20/25, only had Resident 63s name and the CNA and nurse signatures written on it. A shower sheet, dated 5/23/25, indicated Resident 63 refused his shower with Refused x2 written on it. The blank labeled .If refused, name of 2nd CNA attempting approach. had no response. The blank labeled .If refused x2, name of nurse attempting approach. had no response. The blank labeled .If refused x3, name of family/POA notified. had no response. Based on shower sheets from the month of June Resident 63 received 2 showers. A shower sheet, dated 6/6/25, indicated Resident 63 refused his shower with Refused x3 written on it. The blank labeled .If refused, name of 2nd CNA attempting approach. had a signature. The blank labeled .If refused x2, name of nurse attempting approach. had no response. The blank labeled .If refused x3, name of family/POA notified. had no response. A shower sheet, dated 6/11/25, indicated Resident 63 received a shower. A shower sheet, dated 6/13/25, indicated Resident 63 refused his shower with Bed bath written on it. The blank labeled .If refused, name of 2nd CNA attempting approach. had refused written on it. The blank labeled .If refused x2, name of nurse attempting approach. had refused written on it. The blank labeled .If refused x3, name of family/POA notified. had refused written on it. A shower sheet, dated 6/27/25, indicated Resident 63 refused his shower with Refused x3 written on it. The blank labeled .If refused, name of 2nd CNA attempting approach. had no response. The blank labeled .If refused x2, name of nurse attempting approach. had no response. The blank labeled .If refused x3, name of family/POA notified. had no response. Based on shower sheets from the month of July Resident 63 received 2 showers. A shower sheet, dated 7/1/25, indicated Resident 63 refused his shower with Told me he will at 8:30. I went & got him and he yelled at me to go away because he was 'asleep'. written on it. The blank labeled .If refused, name of 2nd CNA attempting approach. had no response. The blank labeled .If refused x2, name of nurse attempting approach. had no response. The blank labeled .If refused x3, name of family/POA notified. had no response. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155338	A. Building B. Wing	08/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Majestic Care of Avon	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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A shower sheet, dated 7/2/25, indicated Resident 63 received a shower. A shower sheet, dated 7/4/25, indicated Resident 63 refused his shower with Wants one tomorrow. written on it. The blank labeled .If refused, name of 2nd CNA attempting approach. had no response. The blank labeled .If refused x2, name of nurse attempting approach. had no response. The blank labeled .If refused x3, name of family/POA notified. had no response. A shower sheet, dated 7/11/25, indicated Resident 63 refused his shower. The blank labeled .If refused, name of 2nd CNA attempting approach. had no response. The blank labeled .If refused x2, name of nurse attempting approach. had no response. The blank labeled .If refused x3, name of family/POA notified. had no response. A shower sheet, dated 7/15/25, had N/A written on it. The blank labeled .If refused, name of 2nd CNA attempting approach. had no response. The blank labeled .If refused x2, name of nurse attempting approach. had no response. The blank labeled .If refused x3, name of family/POA notified. had no response. A shower sheet, dated 7/22/25, indicated Resident 63 refused his shower. The blank labeled .If refused, name of 2nd CNA attempting approach. had no response. The blank labeled .If refused x2, name of nurse attempting approach. had no response. The blank labeled .If refused x3, name of family/POA notified. had no response. A shower sheet, dated 7/24/25, indicated Resident 63 received a shower. A shower sheet, dated 7/25/25, indicated Resident 63 refused his shower. The blank labeled .If refused, name of 2nd CNA attempting approach. had no response. The blank labeled .If refused x2, name of nurse attempting approach. had no response. The blank labeled .If refused x3, name of family/POA notified. had no response. A shower sheet, dated 7/29/25, indicated Resident 63 refused his shower. The blank labeled .If refused, name of 2nd CNA attempting approach. had no response. The blank labeled .If refused x2, name of nurse attempting approach. had no response. The blank labeled .If refused x3, name of family/POA notified. had no response. Based on the shower sheets provided for August up to 8/22/25 Resident 63 had not received a shower. A shower sheet, dated 8/12/25, indicated Resident 63 refused his shower with Refused. Said he was dizzy. written on it. The blank labeled .If refused, name of 2nd CNA attempting approach. had no response. The blank labeled .If refused x2, name of nurse attempting approach. had no response. The blank labeled .If refused x3, name of family/POA notified. had no response. On 8/21/25 at 10:00 a.m., the DON provided a copy of current facility policy titled, Activities of Daily Living (ADLs) dated 1/2/24. The policy indicated, The facility will, based on the resident's comprehensive assessment and consistent with the resident's needs and choices, ensure a resident's abilities in ADLs do not deteriorate unless deterioration is unavoidable. Care and services will be provided for the following activities of daily living: 1. Bathing, dressing, grooming and oral care. 3. Toileting. a resident who is unable to carry out activities of daily living will receive the necessary services to maintain food nutrition, grooming, and personal and oral hygiene. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155338	A. Building B. Wing	08/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Majestic Care of Avon	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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	3.1-38(a)(3)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155338	A. Building B. Wing	08/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Majestic Care of Avon	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)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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** Based on observation and interview, the facility failed to date pharmaceuticals, remove expired eye drops from the medication cart, and stored anti-itch topical cream with eye drops and oral tablets together for 3 of 3 medication carts observed.Findings include: On [DATE] at 11:21 a.m., the 600 hall medication cart was observed. Resident 77 had a vial of fluphenazine (Prolixin, used to treat schizophrenia) without a date to indicate when it was opened.Resident 47 had a bottle of refresh tears eye drops with no date to indicate when it was opened.Resident 75 had an albuterol inhaler without a date to indicate when it was opened.Resident 55 had an albuterol inhaler without a date to indicate when it was opened. RN 37 validated items were not dated and removed items from the medication cart.On [DATE] at 11:35 a.m., the 800 hall medication cart was observed. Anti-itch topical cream was stored beside eye drops and oral medications.On [DATE] at 11:50 a.m., the [DATE] medication cart was observed. Resident 42 had an albuterol inhaler (two of them) with no date to indicate when it was opened.Resident 64 had latanoprost eye drops (used to treat glaucoma) that was opened on [DATE] and expired.Resident 25 had incruse elpt inhaler 62.5mg with no date to indicate when it was opened.Resident 23 had atropine sulfate solution 1% with no date to indicate when it was opened. A policy titled Medication Storage was provided by the Director of Nursing (DON) on [DATE] at 11:04 a.m. It indicated, .External products: disinfectants and drugs for external use are stored separately from internal and injectable medications.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155338	A. Building B. Wing	08/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Majestic Care of Avon	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)
F 0807 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives and the facility provides drinks consistent with resident needs and preferences and sufficient to maintain resident hydration. Based on observation, interview, and record review, the facility failed to ensure residents in the Memory Care unit had sufficient and accessible fluids made available throughout the day for 5 of 5 days observed on the Memory Care unit. This deficient practice had the potential to affect 20 of 20 residents residing on the Memory Care unit (Residents 32, 27, 59, 10, 19, 70, 28, 64, 74, 20, and 39). Findings include:During multiple observations conducted from 8/17/25 through 8/21/25, residents in the Memory Care (MC) unit did not consistently have beverages available at bedside, in their rooms, or in common areas. On 8/18/25 at 1:33 p.m., Resident 32 was observed. She approached the nurses' station, got a plastic cup from a stack on top of the cart, and used the pitcher of water designated for medication administration to pour herself a cup of water. She drank it all at once. She placed the cup and pitched back on the cart. On 8/18/25 at 1:37 p.m., Resident 27 approached the nurses' station and asked for water several times, before the nurse on the cart returned, and poured him a small plastic cup of water from the pitcher, which he drank all at one time. During an interview on 8/19/25 at 10:17 a.m., Resident 27 was at the nurses' station and requested a cup of water. On 8/19/25 between 10:17-10:56 a.m., multiple resident rooms were observed without fresh water at bedside. Resident 59's room contained multiple uncovered cups with old liquids and gnats on the rims. Resident 10 approached the nurses' station and asked repeatedly for a cup of ice. On 8/19/25 at 11:02 a.m., a family friend of Resident 19 came to the nurses' station and asked if residents were not allowed to have ice water in their rooms. He requested a cup of ice and a pen to get Resident 19 some water for his room. During an interview on 8/21/25 at 9:15 a.m., the Director of Nursing (DON) indicated they did not typically do an Ice-Water pass for memory care, but utilized a system called Hydration Station, where staff were supposed to bring out various types of beverages like lemonade, or ice water with fresh fruit in it etc. The pitchers were kept at the nurses' station for residents to see and be able to help themselves or get staff assistance as needed to keep up with fluids and hydration needs. On 8/19/25 at 10:42 a.m., random room checks revealed, Residents 59, 70, 28, 64, 32 and 27 had no fresh water in their rooms. There were no communal hydration options available at that time. On 8/19/25 at 10:21 a.m., random room checks revealed, Residents 59, 70, 28, 64 and 74 had no fresh water in their rooms. There were no communal hydration options available at that time. On 8/20/25 at 10:53 a.m., random room checks revealed, Residents 20, 28, 39, 27 and 32 had no fresh water in their rooms. There were no communal hydration options at that time. On 8/21/25 at 9:32 a.m., [NAME] 5 indicated, Hydration Station had not been provided that week due to staffing shortages, lack of pitchers, and confusion over whose responsibility it was to ensure the beverages were prepared and delivered. On 8/21/25 at 10:00 a.m., the DON provided a copy of current facility policy titled, Dementia Care dated 12/12/23. The policy indicated, It is the policy of this facility to provide appropriate treatment and services in relation to ADL care to residents on the dementia unit to ensure all ADL needs are met on a daily basis, while attaining or maintaining the dementia resident's highest practicable physical, mental and psychosocial well-being. 3.1-46(b)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155338	A. Building B. Wing	08/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Majestic Care of Avon	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)
F 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. Based on record review and interview, the facility failed to ensure a resident (Resident 89) received timely notification that his Medicare coverage was ending for 1 of 3 residents reviewed for Notice of Medicare Noncoverage (NOMNC). Findings include: On 8/18/25 at 11:25 a.m., Resident 89's NOMNC notice was reviewed.The NOMNC was dated 5/1/24 (sic, meant to be 2025). The form was signed by Resident 89's wife and legal representative the same day that his services ended.During an interview on 8/18/25 at 11:49 a.m., the Social Service Director (SSD) indicated NOMNCs should be issued at least two days before services end, so that residents had the opportunity to appeal if needed. Resident 89's representative requested that he be discharged on 5/2/25.Even at the resident/representative's request to discharge on a certain date, his services were coming to an end on 5/1/25 and should have received notice as late as 4/29/25.On 8/18/25 at 12:07 p.m., the Administrator (ADM) provided a copy of current facility policy titled, Notice of Medicare Non-Coverage (NOMNC) revised 6/30/25. The policy indicated, To ensure that residents/patients are notified and properly informed when Medicare-covered services are terminating and to explain their rights to an appeal process. the NOMNC must be issues to the resident/patient at least two calendar days before the termination of services. This allows residents/patients sufficient time to understand the notice and take any necessary actions.3.1-4(f)(3)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155338	A. Building B. Wing	08/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Majestic Care of Avon	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)
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. Based on observation and interview, the facility failed to prevent the potential for accidents related to staff leaving personal items with unknown smoking substances in a resident's room who wore oxygen for 1 of 5 residents reviewed for the potential for accidents (Resident 35).Findings include:On 8/17/25 at 10:45 a.m. Resident 35 was observed as she lay in bed resting, there was an oxygen concentrator next to the bed that was running with oxygen tubing connected and draped on the bed next to the resident. The resident indicated she could not find her cellphone; upon observation of her room a cell phone was found plugged into a charging cable on the empty bed next to Resident 35. The Resident indicated the cell phone was not hers, it was Certified Nursing Aide (CNA) 7s. There was also a backpack sitting on a guest chair, the resident indicated she thought it was her daughter's and wanted to look inside to see if it was. When Resident 35 looked inside, she indicated there was a strong odor of marijuana omitting from the bag. The resident took out a notebook, and upon observation the notebook had CNA 7s name in it. All items were immediately placed back in the bag and the bag was placed back on the chair.During an interview on 8/17/25 at 2:00 p.m. the Director of Nursing (DON) indicated it would not be appropriate for staff to store their personal items in a resident's room. The DON indicated CNA 7 had been suspended pending a drug test.During an interview on 8/22/25 at 10:38 a.m. the Administrator indicated he and another staff member went into Resident 35's room to ask her about the incident with CNA 7 storing her personal belongings in her room. When they spoke to the resident they found a vaporized smoking device with unknown substances inside of it on the resident's chest.On 8/22/25 at 12:15 p.m. the DON provided a copy of a current facility policy titled, Incidents, Accidents & Supervision, dated 12/12/23. This policy indicated, . the resident environment will remain as free of accident hazards as possible.3.1-45(a)