

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155376	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/03/2025
NAME OF PROVIDER OR SUPPLIER Majestic Care of Sheridan		STREET ADDRESS, CITY, STATE, ZIP CODE 803 S Hamilton St Sheridan, IN 46069	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>50901</p> <p>Based on interview and record review, the facility failed to ensure physician's orders were followed, medications were held, and the physician was notified when vital signs were below the ordered parameters for 1 of 5 residents reviewed for quality of care. (Resident 42)</p> <p>Findings include:</p> <p>The clinical record for Resident 42 was reviewed on 3/31/25 at 2:00 p.m. The diagnoses included, but were not limited to, hypertension, hypotension, and atrial fibrillation.</p> <p>A physician's order, dated 11/4/24, indicated to administer diltiazem (a medication used to treat high blood pressure) 30 mg (milligram), three (3) times a day with instructions to hold the medication if the systolic blood pressure was below 90 or the heart rate was below 60 and to notify the physician if the systolic blood pressure was below 80.</p> <p>The Medication Administration Record (MAR), dated February 2025, indicated the diltiazem was administered three (3) times with the systolic blood pressure below the physician's ordered hold parameter.</p> <p>The MAR, dated March 2025, indicated the diltiazem was administered three (3) times with the systolic blood pressure below the physician's ordered hold parameter.</p> <p>A physician's order, with a discontinued date of 3/27/25, indicated to administer midodrine (a medication used to treat low blood pressure) 5 mg, three (3) times a day with instructions to hold the medication if the systolic blood pressure was above 120.</p> <p>The MAR, dated February 2025, indicated the midodrine was administered one (1) time with the systolic blood pressure above the physician's ordered hold parameter.</p> <p>The MAR, dated February 2025, indicated Resident 42's systolic blood pressure was below 80 on 2/1/25. The nurse documented n for physician notification which indicated the physician was not notified.</p> <p>The MAR, dated March 2025, indicated Resident 42's systolic blood pressure was below 80 for two (2) of the three (3) medication administrations on 3/25/25. The nurse's documented n/a for physician notification which indicated the physician was not notified.</p> <p>(continued on next page)</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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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview, on 4/1/25 at 1:19 p.m., Licensed Practical Nurse (LPN) 4 indicated the check marks documented on the MAR meant the medication had been administered and both medications had been administered with systolic blood pressure below and above the physician's ordered hold parameters.</p> <p>During an interview, on 4/1/25 at 2:50 p.m., the Clinical Support Nurse indicated a check mark on the MAR indicated the medications were administered.</p> <p>During an interview, on 4/1/25 at 1:56 p.m., the Administrator indicated the diltiazem and midodrine were both administered with the systolic blood pressure below and above the physician's ordered hold parameters and the physician was not notified of the systolic blood pressures below 80.</p> <p>A current facility policy, titled MEDICATION ADMINISTRATION, dated 1/2/2024 and received from the Administrator on 4/1/25 at 2:21 p.m., indicated .Medications are administered by licensed nurses, or other staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice .Obtain and record vital signs, when applicable or per physician orders. When applicable, hold medications for those vital signs outside the physician's prescribed parameters . Report and document any adverse side effects, omissions, or refusals</p> <p>3.1-37(a)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>38872</p> <p>Based on observation, interview and record review, the facility failed to ensure quarterly smoking assessments were completed for 2 of 2 residents reviewed for accident hazards related to smoking. (Resident 4 and 67)</p> <p>Findings include:</p> <p>During an observation, on 3/30/25 at 10:38 a.m., Resident 4 and Resident 67 were observed to be smoking in the assigned smoking area.</p> <p>1. The clinical record for Resident 4 was reviewed on 4/1/25 at 9:25 a.m. The diagnoses included, but were not limited to, chronic obstructive pulmonary disease, malignant neoplasm of the laryngeal cartilage, and encounter for attention to tracheostomy.</p> <p>A care plan, dated 2/14/20, indicated Resident 4 was at risk for injury related to smoking and to complete the smoking assessment quarterly and as needed.</p> <p>A smoking assessment was completed on 11/20/24. There were no current smoking assessments found in the record at the time of the record review.</p> <p>A current smoking assessment was requested on 4/1/24 at 1:02 p.m. The facility was unable to provide a current smoking assessment which had been completed after 11/20/24 and prior to 4/1/25.</p> <p>2. The clinical record for Resident 67 was reviewed on 4/1/25 at 11:01 a.m. The diagnoses included, but were not limited to, lack of coordination, tobacco use, and alcohol dependence with alcohol induced persisting dementia.</p> <p>A care plan, dated 4/22/24, indicated Resident 67 was at risk for injury related to smoking and to complete the smoking assessment quarterly and as needed.</p> <p>A smoking assessment was completed on 11/1/24. There were no current smoking assessments found in the record at the time of the record review.</p> <p>A current smoking assessment was requested on 4/1/25 at 1:02 p.m. The facility was unable to provide a current smoking assessment which had been completed after 11/1/24 and prior to 4/1/25.</p> <p>During an interview, on 4/2/25 at 10:17 a.m., the Executive Director indicated smoking assessments were to be completed quarterly.</p> <p>A current facility policy, titled Smoking, dated as effective 2/19/25 and received from LPN 5 on 4/2/25 at 10:37 a.m., indicated .Each resident/patient who smokes must have a smoking assessment completed . quarterly</p> <p>3.1-45(a)(1)</p>		