

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155446	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/24/2024
NAME OF PROVIDER OR SUPPLIER Majestic Care of Jefferson Pointe		STREET ADDRESS, CITY, STATE, ZIP CODE 5700 Wilkie Dr Fort Wayne, IN 46804	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>44531</p> <p>Based on interview and record review, the facility failed to ensure a resident was treated with respect and dignity for 1 of 3 residents reviewed. (Resident F)</p> <p>Findings include:</p> <p>A record review began on 5/22/24 at 10:30 AM of an incident that occurred between Resident F and Certified Nurses Aide 6 (CNA). On 4/18/24, no time specified, CNA 6 was observed having a disagreement with Resident F. Resident F was also on the phone with a family member at the time. CNA 6, heard the resident mention something regarding CNA 6 to the family member. Then CNA 6 put their middle finger up and gestured toward the resident. The immediate action from facility: CNA 6 was immediately suspended pending investigation. Physician, Pysch services, and family were notified.</p> <p>On 5/22/24 at 10:45 AM, Resident F's record was reviewed. Diagnoses included, Chronic Obstructive Pulmonary disease with acute exacerbation. A quarterly MDS (Minimum Data Set) assessment, dated 4/12/24, brief mental status interview indicated Resident F had no cognitive impairment.</p> <p>In an interview on 05/22/24 at 2:08 PM, Resident F indicated CNA 6 put a finger in their face. The resident indicated she had never been scared of her and wasn't then. The resident was beyond pissed off, not intimidated, scared, or fearful. The resident was so mad she hung up the phone on her niece who called right back.</p> <p>In an interview on 05/23/24 at 7:59 AM, the Executive Director indicated CNA 6 was employed by the facility 26 yrs with no prior incidents or issues and was well liked. Resident F showed no signs of distress following the incident with no further complaints. The Executive Director confirmed the incident did apparently happen regarding Resident F being flipped off. The employee was terminated.</p> <p>A current facility policy, Resident's Right, date 10/19 was provided by the Regional Clinical Nurse on 5/23/24 at 12:30 PM. The policy indicated . All care team members recognize the rights of residents at all times and residents assume their responsibilities to enable dignity, respect, and proper delivery of care</p> <p>This Federal citation is related to complaint IN00432880.</p> <p>3.1-3(a)</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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