

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 12/04/2024
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>29081</p> <p>Based on interview and record review, the facility failed to ensure medications were available for resident use as directed by the physician for 1 of 1 residents reviewed. (Resident S)</p> <p>Findings include:</p> <p>In an interview on 12/4/24 at 9:05 AM, LPN 2 indicated when staff administered medications, they were to check the 5 rights of the resident to prevent medication errors. She indicated when a medication was not available staff were to call the pharmacy and get authorization to use the onsite medication dispensing machine. If the machine did not have the medication, the physician and family were to be notified for further direction.</p> <p>In an interview on 12/4/2024 at 2:10 PM, Resident S indicated the medication he was prescribed for weight loss (Ozempic) was not being given. Resident S indicated medication was to start in August, but had not been given as directed because the facility would not obtain the medication for him.</p> <p>Resident S's record review began on 12/4/24 at 3:58 PM. Diagnoses included diabetes and morbid obesity.</p> <p>Resident S's Physicians orders dated 8/8/24 indicated to give Ozempic 0.5 mg every Thursday between 8/8 and 8/31, then give 1 mg every Thursday between 9/1 and 9/30, then give 2 mg every Thursday thereafter.</p> <p>Resident S's Medication Administration Record (MAR) indicated the following:</p> <p>Dated August 2024 indicated there was no documentation the Ozempic was given on 8/15/24.</p> <p>Dated November 2024 indicated Ozempic had not been given on 11/7/24</p> <p>Progress notes dated 8/14/24 through 8/16/24 did not indicate the reason the Ozempic was not given, and did not include physician or family notification.</p> <p>Progress notes, dated 11/6/24 through 11/8/24, did not indicate the reason the Ozempic was not given, and did not include physician or family notification.</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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview, on 12/4/24 at 4:33 PM, the Director of Nursing indicated the pharmacy had supply issues with obtaining the Ozempic. She indicated the Endocrinologist had wanted the resident to only be on Ozempic, but the medication had been difficult to obtain. She indicated the facility tried to offer alternative medications suggested by the pharmacy, but the resident and physician refused the alternatives. She indicated the facility was able to finally receive a multi-dose/use pen and was administering Ozempic to the resident as prescribed. She was unable to provide documentation of the pharmacy supply issue.</p> <p>This Federal citation is related to complaint IN00447546.</p> <p>3.1-25(a)</p>		