STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155446	A. Building B. Wing	11/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Majestic Care of Jefferson Pointe	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)
F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from the wrongful use of the resident's belongings or money. Based on interview and record review, the facility failed to ensure residents were free from exploitation related to personal funds for 1 of 1 resident reviewed (Resident E).Findings include:On 11/24/25 at 1:10 P.M., Resident E's record was reviewed. Diagnoses included diabetes, anxiety, and depression.A quarterly Minimum Data Set (MDS) assessment, dated 10/21/25, indicated Resident E was cognitively intact and able to make decisions.A Report of Concern, dated 10/12/25, indicated Resident E reported, Certified Nurse Aide (CNA) 5 had asked him to lend her money about 1 month prior. CNA 5 indicated she was short on funds and needed the money to pay bills. Resident E loaned her 400 dollars with the agreement the CNA would pay back. Since giving her the money, CNA 5 avoided him and didn't pay back any money.An investigation of the concern indicated CNA 5 was placed on suspension. While suspended, CNA 5 refused to take calls or be part of the investigation. An undated written note from CNA 5 to Resident E, indicated the CNA just got her paycheck, the check wouldn't cover bills due that day, and services could be disconnected. The CNA wrote she had been in her car crying because she hadn't known what to do. The note indicated 400 dollars was loaned to CNA 5.On 11/24/25 at 1:27 P.M., the Administrator was interviewed. He indicated the allegation was confirmed after reviewing Resident E's withdrawals of cash from his account approximately 1 month prior to the reported incident. Resident E had withdrawn 400 dollars. The Administrator indicated Resident E didn't wanted to report it, but the CNA didn't pay back the money and seemed to be avoiding him. The resident hadn't wanted the CNA to get in trouble, but he was getting ready to discharge from the facility and needed to purchase items for his new apartment. The Administrator indicated after the investigation was completed, the facility replaced the money and gave Resident E a check for 400 dollars.A current facility policy titled Abuse, Mistreatment, Neglect, Exploitation and Misappropriation was provided by the Administrator on 11/24/25 at 1:45 P.M. The policy indicated residents had a right to be free from exploitation, defined as taking advantage of a resident for personal gain through manipulation, intimidation, threats, or coercion. Residents had a right to be free from misappropriation of property, defined as deliberate misplacement, exploitation, or wrongful use of a resident's belongings or money without resident consent.This Citation relates to Intake 2641578.3.1-28(a)

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