

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 02/05/2026
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>Based on interview and record review, the facility failed to ensure physician orders for wound treatment were completed for 1 of 2 residents reviewed with pressure ulcers (Resident E). Findings include: On 2/4/26 at 11:36 A.M., Resident E's record was reviewed. Diagnoses included schizophrenia, dementia, anxiety disorder, and hip fracture. A significant change Minimum Data Set (MDS) assessment, dated 1/6/26, indicated a Brief Interview Mental Status (BIMS) of 9 indicating Resident E had moderately impaired cognition with delusions. She had 1 unstageable pressure ulcer and 2 unstageable pressure injuries. A care plan, dated 1/16/26, indicated Resident E had been re-admitted to the facility with an unstageable pressure ulcer to her sacrum/coccyx. Interventions included providing wound treatment as ordered. A physician order, dated 1/14/26, indicated to administer Dakins (1/4 strength) External Solution 0.125% (Sodium Hypochlorite)- Apply to coccyx every shift. Cleanse coccyx with Dakins dampened Kerlix, apply Therahoney to the sacrum and cover with Mepilex dressing. A Medication Administration Record (MAR), dated January 2026, indicated treatment to Resident D's coccyx wound was not completed, as ordered as evidenced by an absence of completion initials on 1/22, 1/24, and 1/25/26. On 2/5/26 at 1:19 P.M., Qualified Medication Aide (QMA) 2 was interviewed. She indicated documentation of medications or treatments was completed on the MAR, not initialed indicated the treatment had not been completed. On 2/5/26 at 1:22 P.M., Licensed Practical Nurse (LPN) 4 was interviewed. She indicated medications and treatments were to be completed as ordered by the physician and initialed on the MAR or treatment administration record (TAR), she indicated a lack of documentation on either record indicated the treatment had not been completed. On 2/5/26 at 2:15 p.m., the Administrator provided a current facility policy regarding completing care as ordered by the physician. The policy indicated care and services were to be provided as ordered by the physician. This Citation relates to Intake 2715286.3.1-40</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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