

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 03/23/2026
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 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>Based on interview and record review, the facility failed to ensure a neurological evaluation was completed after a blow to the eye for 1 of 3 residents reviewed. (Resident 55) Findings Include: A progress note, dated 3/10/2026 at 10:19 PM, indicated Resident 55 was sitting on their bed. The progress note indicated Resident 55 stated another resident hit him near his eye and upon assessment, Resident 55 was noted to have bruising to their left eye and a scratch under his right eye. A progress note dated 3/11/2026 at 5:18 PM, indicated the Interdisciplinary Team (IDT) met to review the incident on 3/10/2026 around 10 PM. The progress note indicated Resident 55 was in his room sitting on his bed when a nurse was called to the unit, as another resident had made contact with Resident 55 in the face. A 15-minute check on 3/13/2026 at 10:50 AM indicated Resident 55 was resting in bed with left eye bruising/swelling. A 15-minute charting on 3/15/2026 at 11:50 AM indicated Resident 55's bruising continued to heal. A 15-minute charting on 3/16/2026 at 1:02 PM indicated Resident 55's bruising continued to heal. A 15-minute charting on 3/18/2026 at 12:14 PM indicated Resident 55's bruising continued to heal. A 15-minute charting on 3/19/2026 at 11:23 AM indicated Resident 55's bruising continued to heal. In an interview, on 03/18/2026 at 1:48 PM, the Regional [NAME] President of Operations (RVPO) indicated the facility did not complete neurological checks. In an interview, on 03/20/2026 at 11:20 AM, the Regional Nurse Consultant (RNC) indicated the facility did not complete a neurological assessment. A current policy titled Head Injury, dated 1/2/2024, provided by the RNC indicated, Assess resident following a known, suspected or verbalized head injury. The assessment shall include at a minimum: . Neurological evaluation for changes in: physical function, behavior, cognition, level of consciousness, dizziness, nausea, irritability, slurred speech or slow to answer question. perform neuro checks as indicated or specified by the physician. This citation is related to intake 2802197410 IAC (Indiana Administrative Code) 16.2-3.1-45 (a)(1)</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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