

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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>45243</p> <p>Based on observation, interview, and record review the facility failed to ensure labeling of open date for 1 of 3 carts reviewed affecting 3 residents. (Resident 9, Resident 14, Resident 92).</p> <p>Findings include:</p> <p>During an observation with interview on 05/21/24 at 9:33 AM on [NAME] Hall with QMA 3 (Qualified Medical Assistant), the medication room and medication cart was well labeled. QMA 3 indicated all meds were to be labeled with an open date when opened and a discard or expiration date.</p> <p>During an observation with interview on 05/22/24 at 01:12 PM in the East Hall medication room and medication cart. The East Hall cart had three opened medications without an open date. The medications were as follows:</p> <p>Resident 9 cough syrup liquid the silver seal was punctured.</p> <p>Resident 14 polyethylene glycol powder the seal was removed; about a half a bottle remained.</p> <p>Resident 92 milk of magnesia the seal was removed.</p> <p>QMA 4 was labeling Resident 14's and Resident 92's medication bottles with the date 5/15/24. QMA 4 indicated one of the 2 residents was a recent admit and she was aware the other resident's meds came near the same time.</p> <p>1) Resident 9's record was reviewed on 5/23/24 at 9:03AM. Her diagnosis included lung disease and muscle weakness. Resident 9' s MAR (Medication Administration Record) indicated cough syrup was not administered in the month of May 2024. The bottle of cough syrup was labeled during observation with an open date of 5/15/24. The order for cough syrup was as needed every 4 hours.</p> <p>2) Resident 14's record was reviewed on 5/23/24 at 9:32AM. His diagnosis included chronic kidney disease and constipation. An order for polyethylene glycol powder was dated 4/29/23. The polyethylene glycol powder for constipation was last administered 5/22/24.</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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>3)Resident 92's record was reviewed on 5/23/24 at 9:40AM. Her diagnosis included adult failure to thrive and cognitive impairment. An order for milk of magnesia every 24 hours as needed for constipation if no bowel movement for 3 days; was dated 4/26/24. Milk of Magnesia was not administered from May 1 to May 22, 2024, according to a review of the May MAR (Medication Administration Record). The bottle of Milk of Magnesia should not have been opened on 5/15/24 as Resident 92 record indicated she was not administered the medication on 5/15/24.</p> <p>In an interview on 5/23/24 at 10:07AM the Regional Nurse Consultant indicated they were doing quality measures with cart audits. A review of the cart audits indicated ongoing issues of medications without dates from February, March, and April 2024. The May audit was not available for review.</p> <p>A policy titled, Medication Storage, was not dated. The policy did not indicate the labeling of medications in the cart in multiple use packaging. Including labeling with open and discard date. No other policy was made available at the time of exit.</p> <p>3.1-25(j)(m)(n)</p>		