

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  04/10/2025
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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.</p> <p>45243</p> <p>Based on observation and interview the facility failed to ensure dignity was maintained for 1 of 18 residents reviewed. (Resident 38)</p> <p>Findings include:</p> <p>During an observation, on 4/7/25 at 12:33 PM, in the dining room on the men's memory unit, Certified Nursing Assistant (CNA) 2 was heard yelling from Resident 38's room. CNA 2 yelled down to other staff, I need a brief, pants, linens, and towels. I just don't want him walking down the hall.</p> <p>In an interview, on 4/7/25 at 12:50 PM, CNA 2 indicated I should have waved someone down to me. I was thinking safety over dignity. I didn't even think to use the call light. Yelling down the hall is a dignity issue.</p> <p>Resident 38's record review began on 4/8/25 at 8:47 AM. Diagnosis included Alzheimer's disease, unspecified.</p> <p>A current policy, titled Dignity dated 12/12/2024, indicated . 10. Speak respectfully to residents; avoid discussions about residents that may be overheard .12. Maintain resident privacy .</p> <p>3.1-3(a)</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 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>44531</p> <p>Based on observation, and interview, the facility failed to ensure the daily report of nursing staff directly responsible for resident care was accurately posted. This had the potential to effect 74 of 74 residents.</p> <p>Findings include:</p> <p>During an observation, on 4/6/25 at 9:01 AM, next to the front desk on the wall, visible to all. There was a plastic slot with several daily staffing postings inside. The date of the visible sheet was 4/3/25. The daily posting behind was dated for 4/2/25. The third one was dated 3/28/25. The last one was dated 3/6/25. There were several staff members observed to pass by the daily postings.</p> <p>In an interview, on 4/6/25 at 9:15 AM, the Maintenance Director indicated, he was not sure who was supposed to change the daily posts, he thought it might be the receptionist changed them every day she worked. The manager on duty was Medical Records.</p> <p>In an interview, on 4/6/25 at 9:31 AM, Medical Records indicated the scheduler changed the daily posting every day, she was in the building and would be asked to change the staffing posting.</p> <p>In an interview, on 4/6/25 at 11:21 AM, the scheduler indicated the postings were filled out, placed into a binder, and when she was not at the building, the staff were supposed to replace them. She did not indicate which staff were responsible for changing the postings.</p> <p>A current facility policy, Posting direct care daily staffing Numbers, dated 7/2016, was provided by the Regional Nurse Consultant on 4/9/25 at 8:27 AM. The policy indicated . Our facility will post, on a daily basis for each shift, the number of nursing personnel responsible for providing direct care to residents . 1. within two (2) hours of the beginning of each shift, the number of Licensed Nurses ( RNs, LPNs, and LVNs) and the number of unlicensed nursing personnel (CNAs) directly responsible for resident care will be posted in a prominent location ( accessible to residents and visitors) and in a clear and readable format</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45243</b></p> <p>Based on observation, record review, and interview, the facility failed to maintain sanitary conditions related to kitchen equipment, hand hygiene while serving a meal, and use proper labeling. 74 of 74 residents who resided in the facility ate food received from kitchen.</p> <p>Findings include:</p> <p>During an initial observation of the kitchen on 4/6/25 at 9:00 AM, the following was observed:</p> <p>At the handwashing sink, inside was brown and yellow food debris. The paper towel dispenser was broken at handwashing sink. No paper towels were available to dry staff hands.</p> <p>In the dry storage, there was a cardboard box of thicker open to air.</p> <p>On the kitchen floor, there were spills of red and yellow liquid. terry cloth Towels were observed on the floor. The floor was greasy, visible, were large and small debris of white, black and grey pieces of food on the ground.</p> <p>Inside the walk-in refrigerator, there was a metal can of mustard opened with seran wrap covering the entire open top. There were 3 containers of brown liquid with no label or date. There was fruit with a date of 10/20.</p> <p>Inside the walk-freezer, there was ice on the floor. Also visible were peas, cardboard, asparagus and smaller unidentifiable debris on the floor.</p> <p>The stoves, and the grill trap was full of hot unidentifiable liquid.</p> <p>There were tiles missing on the wall behind the stove.</p> <p>At the dish washing station, there were pans, bowls, plates turned facing upside, preventing protection from debris.</p> <p>One the garbage can was missing a lid.</p> <p>During a second observation of kitchen, on 04/06/25 11:08 AM, the Dietary Manager was preparing foods for 13 resident with special diets. The Dietary Manager was observed with ungloved hands, placing meat into the grinder, then wiping her hands on her pants.</p> <p>A review of the cleaning schedules, dated 2/16, 2/17, 2/18, 2/19, 2/20, 2/21, and 2/22/2025 indicated there were different stations to clean on AM and PM shifts. Only 2 dates (2/18 and 2/19/25) had initials all cleaning tasks were complete. On 2/20/25 only one initial for one task was completed. The rest of the dates, had no initials to indicate the tasks were completed.</p> <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The cleaning schedules dated 2/23, 2/24, 2/25, 2/26, 2/27, 2/28, and 3/1/25 indicted only one date (2/25) was initialed with one task completed. There were no other initials to indicate the tasks were completed.</p> <p>The cleaning schedules dated 3/2, 3/3, 3/4, 3/5, 3/6, 3/7, and 3/8/25 indicated there were no initials to indicate the tasks were completed.</p> <p>The cleaning schedules dated 3/9, 3/10, 3/11, 3/12, 3/13, 3/14, and 3/15/25 indicated there were no initials to indicate the tasks were completed.</p> <p>The cleaning schedules dated 3/16, 3/17, 3/18, 3/19, 3/20, 3/21, and 3/22/25 indicated there were no initials to indicate the tasks were completed.</p> <p>The cleaning schedules dated 3/23, 3/24, 3/25, 3/26, 3/27, 3/28, and 3/29/25 indicated there were no initials to indicate the tasks were completed.</p> <p>The cleaning schedules dated 3/30, 3/31, 4/1, 4/2, 4/3, 4/4, and 4/5/25 indicated there were no initials to indicate the tasks were completed.</p> <p>In an interview, on 04/07/25 at 09:18 AM, the Administrator indicated everyone residing in the facility [NAME] food prepared in the kitchen.</p> <p>A current facility policy, Environment, was provided by the Administrator on 4/7/25 at 9:32 AM. The policy indicated . All food preparation areas, food service areas, and dinning areas will be maintained in a clean and sanitary condition .The dinning services director will ensure that the kitchen is maintained in a clean and sanitary manner, including floors, walls, ceiling, lightings, and ventilation .The dinning services director will ensure that all employees are knowledgeable in the proper procedures for cleaning and sanitizing of all food service equipment and surfaces .All food contact surfaces will be cleaned and sanitized after each use .The dinning service director will ensure that a routine cleaning schedule is in place for all cooking equipment, food storage areas, and surfaces .All trash will be contained in covered, leak-proof containers that prevent cross contamination</p> <p>3.1-21(i)(1) and (3)</p>		