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	03/23/2026

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 0692 Level of Harm - Actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. Based on interview and record review, the facility failed to ensure appropriate weight management interventions were implemented, including follow-up for identified weight loss and notification of the physician regarding significant weight changes for 2 of 3 residents reviewed (Resident 11 and Resident 50). This resulted in severe unintended resident weight loss for Resident 11 and Resident 50. Findings include:1. Resident 11's record was reviewed on 3/17/2026 at 11:55 AM. Diagnoses included dehydration, urinary tract infection (UTI), acute kidney failure and severe sepsis without septic shock.A review of Resident 11's weights indicated on 2/10/26, Resident 11 weighed 110 pounds. On 2/16/2026, Resident 11 weighed 110.0 pounds. On 2/17/2926 Resident 11 weighed 103 pounds, a loss of 7 pounds and 6.3%. On 2/25/2026, Resident 11 weighed 103 pounds. On 3/2/2026, Resident 11 weighed 104 pounds. On 3/9/2026, Resident 11 weighed 102.2 pounds, an additional loss of 1.8 pounds for a total loss of 8.8 pounds or 7.26% in 1 month.The facility could provide no documentation to indicate the severe weight loss had been identified or any interventions were put into place between 2/17/26 and 3/11/26 when the dietician identified the weight loss. Resident 11's current care plan indicated the resident had a problem of potential nutritional risk related to a diagnosis of dehydration, UTI, acute kidney failure and severe sepsis, with a goal Resident 11 would not exhibit significant weight loss through the next review, with a goal date of 5/20/2026. Interventions included registered dietitian (RD) to evaluate and make diet change recommendations as needed, weights as ordered/indicated and notify medical doctor (MD) of significant weight changes.Physician orders dated, 2/9/2026 at 6:05 PM, indicated Resident 11 had a regular diet order, regular texture and thin consistency. The order indicated Resident 11 was to receive fortified cereal at breakfast.Resident 11's record indicated from 2/16/2026, when Resident 11 weighed 110.0 pounds, to 2/17/2926 and 2/25/2026, when Resident 11 weighed 103 pounds, the facility did not implement or identify any interventions in response to the weight loss. A progress note, dated 3/11/2026 at 3:26 PM, by Dietary indicated Resident 11 was reviewed for significant weight. The progress note indicated the root cause for Resident 11's weight loss was unknown, as meal intakes were recorded at 76-100%. The progress note indicated Resident 11 received fortified cereal at breakfast for calorie support. The progress note indicated the weight loss was not desired, as body mass index (BMI) was underweight. The progress note indicated a recommendation to start Ensure plus HP 237mililiters daily. Resident 11's breakfast meal ticket, dated3/18/2026, indicated Resident 11 received juice of choice, pumpkin spice oatmeal, sausage gravy, scrambled egg, biscuit, margarine, 2% milk and coffee. The meal ticket indicated Resident 11 had a diet of regular, regular texture, and thin consistency. The meal ticket did not indicate Resident 11 received fortified cereal.A review of Resident 11's physician orders was completed on 03/17/2026 and no orders for Ensure plus HP 237 milliliters were located.A review of Resident 11's progress notes was completed on 3/18/2026 and no documentation indicating the MD was notified regarding Resident 11's weight was located.A review of Resident 11's progress notes was completed on 3/18/2026 and no additional documentation regarding Resident 11's weight loss or implementation of interventions was located.In an interview on, 03/18/2026 at 11:03 AM, Unit Manager (UM 11) indicated she had just called and notified Resident 11's family of the weight loss and had entered a progress note. UM 11 indicated she had also just called the MD and notified them of (continued on next page)

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

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	03/23/2026

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 0692 Level of Harm - Actual harm Residents Affected - Few	Resident 11's weight loss and the recommendation from the RD to begin Ensure. UM 11 indicated the NP had not been notified of the weight loss or recommendation for Ensure prior to the call on 3/18/2026. UM 11 indicated the NP would be putting in an order for Ensure. UM 11 indicated Resident 11 was being reviewed weekly however, there were no IDT or progress notes provided to show that Resident 11's weight was being reviewed.In an interview, on 03/19/2026 at 9:40 AM, the Dietary Manager indicated Resident 11's meal ticket did not have fortified cereal however, indicated they had a fortified list the resident was on.In an interview, on 03/19/2026 at 9:53 AM, the Dietary Manager indicated they were unsure if Resident 11 received fortified cereal that morning, as it was not on the meal ticket.In an interview, on 03/19/2026 at 10:00 AM, Registered Nurse (RN) 12 and Certified Nursing Assistant (CNA) 13 indicated Resident 11 did not receive cereal with her breakfast.2. Resident 50's record was reviewed on 3/17/2026 at 1:08 PM. Diagnosis included psychotic disorder with delusions, unspecified dementia severe, depression and alcohol dependence.Resident 50's weights indicated on 12/5/2025, Resident 50 weighed 176 pounds. On 1/8/2026, Resident 50 weighed 170 pounds. On 2/5/2026, Resident 50 weighed 168 pounds. On 3/12/2026, Resident 50 weighed 157.2 pounds. Resident 50 experienced a weight loss of -10.68% from 12/5/2025 to 3/12/2026.Resident 50's current care plan indicated Resident 50 had a problem of potential for nutritional risk related to elevated BMI due to a diagnosis of psychosis, dementia, depression, and alcohol abuse, with a goal Resident 50 would not exhibit significant weight loss through the next review, with a goal date of 4/8/2026. Interventions included RD to evaluate and make diet change recommendations as needed, weights as ordered/indicated and notify MD of significant weight changes.A progress note dated, 2/2/2026 at 7:36 AM, by Nursing indicated the interdisciplinary team (IDT) monitored the resident for weight loss during a risk management meeting. The progress note indicated restorative staff were to obtain monthly weights and if weight loss was noted, the writer would follow up with RD for supplements.A review of Resident 50's progress notes was completed on 3/19/2026 and no additional documentation regarding Resident 50's weight loss or implementation of interventions was located.A review of Resident 50's progress notes was completed on 3/19/2026 and no documentation indicating the MD was notified regarding Resident 50's weight was located.In an interview, on 03/20/2026 at 9:45 AM, RNCD indicated they were unable to locate any additional weight loss progress notes or interventions for Resident 50.In an interview, on 03/20/2026 at 11:20 AM, RNCD indicated they were unable to find any documentation that the physician was notified of Resident 50's weight loss.A current policy titled Change in Condition/ Physician Notification, dated 4/1/2025, provided by RNCD indicated, The nurse will notify the physician/NP/PA and the resident/resident representative when abnormal labs, weight or vital signs. Notification will be attempted within 24 hours unless in the case of an emergency.If a significant change in condition occurs, a comprehensive assessment of the resident's/patient's condition will be conducted as outlined in the MDS RAI Instruction Manual.410 IAC (Indiana Administrative Code) 16.2-3.1-46 (a)(1)410 IAC (Indiana Administrative Code) 16.2-3.1-46 (a)(2)

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	03/23/2026

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 - Some	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 resident pain medication was secured to prevent misappropriation for 4 of 16 residents reviewed. (Resident 2, Resident 53, Resident 64, and Resident 92)Findings include: 1) Resident 2's record review began on 3/20/26 at 10:06am. Resident 2's diagnosis included necrotizing fasciitis, end stage renal disease, and heart disease. Resident 2's physician order, dated 2/25/26, indicated to give oxycodone 10mg one tablet every 6 hours for pain management. A review of Resident 2's March Medication Administration Record (MAR) compared with his controlled count sheet determined the following dates and times Oxycodone 10mg tabs were taken from Resident 2's controlled substance supply and not documented on the MAR or progress notes as administered to Resident 2:3/2/26 at 7:30 (am or pm was not specified)3/3/26 at 8:10 (am or pm was not specified)3/4/26 at 8:30 (am or pm was not specified)3/6/26 at 7:35 (am or pm was not specified)3/7/26 at 8:15 (am or pm was not specified)3/7/26 at 11:27 (am or pm was not specified)3/8/26 at 8:35 (am or pm was not specified)3/9/26 at 6:55am3/11/26 at 8:10am3/12/26 at 8:00am3/13/26 at 7:13am3/15/26 at 7:12am3/16/26 at 7:15am3/17/26 at 8:05amA total of 14 Oxycodone tablets taken from Resident 2's controlled substance supply was not documented on the MAR or progress notes as administered to Resident 2. 2) Resident 53's record review began on 3/20/26 at 9:26AM. Resident 53's diagnosis included end stage renal disease, diabetes, and heart disease. Resident 53's physician order, dated 3/5/26, indicated to give hydrocodone/APAP 5/325 one tablet as needed every 8 hours for pain. Resident 53's March controlled count sheets in comparison to his March MAR indicated the following dates and times hydrocodone/APAP 5/325 was taken from Resident 53's controlled substance supply but not documented in MAR or progress notes as administered to the resident:3/11/26 7:30 (am or pm was not specified)3/12/26 10:00am3/13/26 1:30am3/13/26 7:30am3/13/26 3:30 (am or pm was not specified)3/16/26 4:00am3/17/26 12:26am3/17/26 8:30amA total of 8 doses of hydrocodone/APAP 5/325 was taken from Resident 53's controlled substance supply and not documented on the MAR or progress notes as administered to Resident 53. 3) Resident 64's record was reviewed on 3/20/26 at 10:32AM. Resident 64's diagnosis included respiratory failure, diabetes, and fibromyalgia. Resident 64's physician's order, dated 8/1/25, indicated to give hydromorphone 8mg tablet 1 tablet every 4 hours as needed for chronic pain. A review of Resident 64's March MAR compared to her controlled substance count sheet determined the following dates and times medications were removed from her controlled substance supply and not documented in MAR or progress notes as administered to Resident 64:3/13/26 9:30 (am or pm not specified)3/13/26 1:30 (am or pm not specified) 3/13/26 6:00pm3/16/26 10:00am3/16/26 2:00pm3/16/26 4:22pm3/17/26 2:25am3/17/26 5:55am3/17/26 9:20amA total of 9 hydromorphone 8mg tablets were taken from Resident 64's controlled substance supply were not documented on the MAR or in the progress notes as administered to her. 4) Resident 92's record review began on 03/18/2026 at 9:52AM. Diagnosis included end stage renal disease, diabetes, and heart disease.Resident 92 had the following orders for Dilaudid (hydromorphone) 4mg tablets. 1) Hydromorphone HCL oral tablet give 1 tablet every 4 hours as needed for pain above a 5 dated 12/4/26 through 1/22/26.2) Hydromorphone HCL oral tablet give 1 tablet every 4 hours as needed for pain. dated 2/8/26-2/27/26.3) Dilaudid (Hydromorphone) 4mg tablet every 4 hours for pain 2/27/26-3/9/26. Resident 92's controlled count sheets compared with the MARs, dated January and February 2026, indicated the following dates and times were signed out without being accounted for on the MAR's in the months dated January and February 2026:1/9/26 at 11:15AM1/10/26 at 9:00 (did not indicate am or pm)1/11/26 at 10:50 (did not indicate am or pm)1/12/26 at 11:00 (did not indicate am or pm) 1/13/26 at 8:15AM 1/13/26 at 5;30PM2/9/26 at 2:31PM2/9/26 at 8:30PM2/10/26 at 7:30AM2/10/26 at 7:00PM2/11/26 at 4:10AM2/11/26 at 12:00PM2/13/26 at 2:13 PM2/14/26 at 9:00AM2/15/26 at 6:00am2/15/26 at 11:00am2/15/26 at 6:00pm2/16/26 at 7:35am2/16/26 at 11:40am2/17/26 at 5:21am2/18/26 at 7:00am2/18/26 at 11:00am2/19/26 at 7:15am2/19/26 at (continued on next page)

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	03/23/2026

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 - Some	4:00pm2/20/26 at 7:30am2/20/26 at 8:10pm2/21/26 at 12:00am2/21/26 at 4:00am2/21/26 at 8:00am2/21/26 at 12:00pm2/21/26 at 4:30pm2/22/26 at 8:35am2/22/26 at 12:31pm2/23/26 at 11:55am2/23/26 at 10:00pm2/24/26 at 2:00am2/24/26 at 7:00am2/24/26 at 11:00am2/24/26 at 3:00pm2/24/26 at 7:00pm2/25/26 at 8:00am2/25/26 at 12:00pm2/25/26 at 5:30pm2/26/26 at 5:34am2/26/26 at 9:30 (did not indicate am or pm)2/26/26 at 1:30pm2/26/26 at 4:30 pm2/27/26 at 7:00am2/27/26 at 11:00amA total of 45 Dilaudid (hydromorphone) 4mg tablets were signed out on the controlled substance count sheet but not documented on Resident 92's MAR or in the progress notes. The controlled substance count sheet, provided by pharmacy, indicated each dose administered must be charted. In an interview, on 03/19/2026 at 7:27 AM, Licensed Practical Nurse (LPN) 2 indicated when she had an order for an as needed medication but only had the routine medication in stock, she would attempt to get the medication from the emergency drug supply or contact her supervisor to get advisement and document in progress notes. LPN 2 indicated in order to complete administration of medication the staff mark it off on the MAR as given to ensure right documentation. LPN 2 indicated when the medication was not documented as administered on the MAR, there was no way to know the medication had been given. In an interview, on 3/19/26, an anonymous resident indicated they could not get their controlled substance pain medications when needed due to being told they have to wait until able to have it again even when they haven't had it all day even when the medication was scheduled to be given every few hours as needed. In an interview, on 03/20/2026 at 12:22 PM, LPN 10 indicated when a medication was given it was to be documented in the MAR. When the medication was not documented on the MAR, then there was no way to determine the mediation had been given. 410 IAC (Indiana Administrative Code) 16.2-3.1-28(a)

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	03/23/2026

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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe, appropriate pain management for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to provide nonpharmacological interventions to 4 of 4 residents reviewed. (Resident 1, Resident 2, Resident 64, and Resident 92)Findings include: 1) In an interview, on [DATE] at 9:59 AM, Resident 1 indicated the facility only provided medication for pain management. Resident 1 indicated knowledge massages could be helpful from use in physical therapy. Resident denied any massages, ice, or other non-pharmacological interventions were given prior to as needed pain medication administration. Resident 1's record was reviewed [DATE] at 9:16 AM. Diagnosis included heart disease, lung disease, and depression. Resident 1's physician order, dated [DATE], indicated to give oxycodone-Acetaminophen 5-325mg 1 tablet by mouth every 4 hours as needed for pain. Resident 1's [DATE] Medication Administration Record (MAR) indicated he received the pain medication without any documentation of non-pharmacological interventions in the MAR as follows:[DATE] at 7:11pm[DATE] at 12:05pm and 5:20pm[DATE] at 4:28pm[DATE] at 6:15pm[DATE] at 4:20am, 12:16pm, and 6:48pm[DATE] at 7:55am and 3:11pm[DATE] at 7:30pm[DATE] at 4:26pm[DATE] at 11:21am[DATE] at 4:25pm[DATE] at 3:19pm and 8:47pm[DATE] at 1:09pm and 5:28pm[DATE] at 4:17pm[DATE] at 12:26am, 4:13pm, and 9:06pm[DATE] at 1:32am, 10:15am, 4:12pm, and 8:43pm A review of Resident 1's progress notes did not indicate any non-pharmacological interventions had been completed on any of the above dates or times. Resident 1's current care plan, dated [DATE], indicated to offer nonpharmacological interventions such as position change, relaxation, quiet environment, back rub, and diversional activity. A record review of Resident 1's March MAR and progress notes indicated no nonpharmacological measures were provided prior when oxycodone was administered. In an interview, on [DATE] at 12:22 PM, Licensed Practical Nurse LPN) 2 indicated when nonpharmacological interventions were not effective medication could be given, but nonpharmacological interventions were to be documented. LPN 2 indicated when nonpharmacological interventions were not charted, then there was no way to tell the interventions were attempted. 2) Resident 2's record was reviewed on [DATE] at 10:24 AM diagnosis included necrotizing fasciitis, end stage renal disease, and depression. Resident 2's physician order, dated [DATE], indicated to give oxycodone 10mg oral tablet 1 tablet by mouth every 6 hours as needed for pain Resident 2's [DATE] Medication Administration Record (MAR) indicated he received the pain medication without any documentation of nonpharmacological interventions in the MAR as follows:[DATE] at 7:46pm[DATE] at 4:46am[DATE] at 5:22pm[DATE] 10:17pm[DATE] at 7:32am[DATE] at 7:51am In Resident 2's [DATE] MAR was an area for documenting nonpharmacological nursing measures offered to resident prior to giving as needed pain medication. This area was blank, without any documentation. A review of Resident 2's progress notes did not indicate any nonpharmacological interventions on any of the above dates or times. A record review of Resident 2's [DATE] MAR and progress notes indicated no nonpharmacological measures were completed prior to oxycodone being administered. 3) Resident 64's record was reviewed, on [DATE] at 10:42am. Diagnosis included respiratory failure, diabetes, and fibromyalgia. Resident 64's physician order, dated [DATE], to give hydromorphone 8mg tablet, 1 tablet as needed every 4 hours for chronic pain. A review of Resident 64's [DATE] MAR indicated Resident 64 received the hydromorphone without documentation of nonpharmacological interventions on the following dates and times:[DATE] at 12:22pm[DATE] at 12:25am and 5:08pm[DATE] at 5:00pm[DATE] at 1:09am, 4:18pm, and 8:32pm[DATE] at 12:37am, 4:42am, 9:45am, 4:06pm, and 7:29pm[DATE] at 5:03pm[DATE] at 1:07am[DATE] at 4:51pm and 9:31pm[DATE] at 1:16am, 11:40am, and 8:44pm[DATE] at 5:30pm[DATE] at 1:08am, and 5:13am[DATE] at 12:05am and 6:35am[DATE] at 1:19am, 5:23am, and 10:07pm[DATE] at 2:29am, 8:47am, 5:21pm, and 9:21pm[DATE] at 5:26am, 9:59am, 2:30pm, and 9:39pm[DATE] at 2:00am and 6:22pm[DATE] at 1:45pm, 6:09pm, and 10:30pm[DATE] at 2:30am, 7:57am, 1:27pm, 6:22pm, and (continued on next page)

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	03/23/2026

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 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	11:15pm[DATE] at 3:27am, 8:17am, 1:46pm, 5:36pm, and 11:00pm[DATE] at 7:45am In Resident 64's [DATE] MAR to an area for documenting nonpharmacological nursing measures offered to resident prior to giving as needed pain medication. This area was blank, without any documentation. A review of Resident 64's progress notes did not indicate any nonpharmacological interventions on any of the above dates or times. A record review of Resident 64's [DATE] MAR and progress notes indicated no nonpharmacological measures were taken prior to hydromorphone being administered. 4) Resident 92's record was reviewed on [DATE] at 11:08am. Diagnosis included respiratory disease, diabetes, and end stage renal disease. Resident 92's physician order, dated [DATE], indicated to give hydromorphone 4mg 1 tablet as needed every 4 hours for pain. The order expired on [DATE]. A review of Resident 92's February 2026 MAR indicated Resident 92 received the hydromorphone on the following dates and times:[DATE] at 9:16pm[DATE] at 1:51am and 6:38am[DATE] at 4:30am[DATE] at 4:08am and 4:45pm[DATE] at 5:05am and 6:18pm[DATE] at 3:23am, 7:59am, 2:12pm, and 7:03pm[DATE] at 5:30am and 9:25pm[DATE] at 3:34am and 9:59pm[DATE] at 11:02am[DATE] at 5:48pm:50am[DATE] at 2:52am and 11:30am[DATE] at 12:25am, 11:29am, and 4:32pm[DATE] at 12:00am and 9:28pm[DATE] at 4:33am and 9:28pm[DATE] at 3:50am and 7:50am[DATE] at 11:06pm[DATE] at 4:16am and 9:32pm[DATE] at 1:34am and 4:26pm[DATE] at 4:22am. A review of Resident 92's progress notes did not indicate any nonpharmacological interventions on any of the above dates or times. Resident 92's [DATE] MAR and progress notes indicated no nonpharmacological measures were taken prior when hydromorphone was administered. In an interview, on [DATE] at 10:12 am, the Executive Director and the Regional Nurse Consultant indicated Resident 1, Resident 2, Resident 64, and Resident 92 did not have nonpharmacological interventions prior to administration of as needed pain medication. A policy titled, Pain Management, reviewed [DATE], was provided by the Executive Director on [DATE] at 11:10AM. The policy indicated the following:6. Non-pharmacological interventions will include but are not limited to:a. Environmental comfort measures such as adjusting room temperature, smoothing linens,comfortable seating, assistive devices or pressure redistributing mattress and positioning.b. Loosening any constrictive bandage, clothing or devicec. Applying splinting such as pillow or folded blanket.d. Physical modalities such as cold compress, warm shower/bath, massage, turning andrepositioning.e. Exercises to address stiffness and prevent contractures as well as restorative nursing programsto maintain joint mobilityf. Cognitive/behavioral interventions such as music, relaxation techniques, activities, diversions,spiritual and comfort support, teaching the resident coping techniques and education aboutpain. 410 IAC (Indiana Administrative Code) 16.2-3.1-37(a)

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	03/23/2026

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview the facility failed to destroy a deceased resident's controlled substance in a timely manner for 1 of 1 resident reviewed. (Resident 92)Findings include: Resident 92's record review began on [DATE] at 2:10 PM. Diagnosis included end stage renal disease, diabetes, and heart disease.Progress notes confirmed Resident 92's respiration had ceased on [DATE] at 10:53am.Resident 92's controlled count sheet for hydromorphone (Dilaudid) 4mg tablets indicated a tablet was signed out at 1:00pm, 5:00pm, and 9:00pm on [DATE]. After Resident 92 was no longer alive. Licensed Practical Nurse (LPN)11's time card verified she did not work on [DATE]. Her initials were documented on [DATE] at the times 1:00pm, 5:00pm, and 9:00pm indicated on the controlled count sheet for hydromorphone (DIlaudid) 4mg tablets.Resident 92's controlled count sheet for hydromorphone 4mg tablets entries dated [DATE] at 1:00pm, 5:00pm, and 9:00pm were not questioned until [DATE]-5 days later. These medications were counted by several nurses but not destroyed timely after the death of Resident 92. In an interview, on [DATE] at 11:10am, the Regional Nurse Consultant indicated the medications should have been destroyed in a timely manner. A policy titled, Medication Administration dated [DATE] reviewed [DATE], provided by Regional Nurse Consultant on [DATE] at 12.Controlled medications remaining in the facility after discontinued were destroyed by 2 licensed nurses, or otherwise directed by law, in a timely manner. 410 IAC (Indiana Administrative Code) 16.2-3.1-25 (a)