

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155491	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/07/2025
NAME OF PROVIDER OR SUPPLIER Majestic Care of Connersville		STREET ADDRESS, CITY, STATE, ZIP CODE 1029 E 5th Street Connersville, IN 47331	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>28309</p> <p>Based on interview and record review, the facility failed to ensure accurate documentation of a lack of bowel movements, which contributed to not following physician's orders related to PRN (as needed) administration of medications to encourage stooling for 1 of 3 residents reviewed for monitoring of bowel movements. (Resident C)</p> <p>Findings include:</p> <p>The clinical record for Resident C was reviewed on 5-6-25 at 1:30 p.m. His diagnoses included, but were not limited to, unspecified dementia, COPD (chronic obstructive pulmonary/lung disease), left femur/hip fracture (4-3-25) and a history of constipation. His most recent Minimum Data Set (MDS) assessment, dated 4-15-25, indicated he was severely cognitively impaired, used a wheelchair for mobility, and was dependent on staff for bed mobility, toileting, bathing, and transfers. It indicated he was not ambulatory. It indicated he had been hospitalized from 4-1-25 to 4-8-25, related to the recent femur/hip fracture and repair. A review of the progress notes reflected Resident C did utilize narcotic pain medication for pain control during his post-operative period. Resident C had a care plan in place which recognized him as being at risk for constipation.</p> <p>During an interview with the Director of Nursing (DON) on 5-6-25 at 2:50 p.m., she indicated Resident C's BM (bowel movement or stooling) documentation in the facility's electronic medical record (EMR), for the time period of 4-12-25 through 4-16-25, revealed he did not have a BM during this time frame. The DON indicated the BM charting within the EMR provides several selections to indicate a lack of stooling. For this time period for Resident C, the selection was listed as, Response Not Required, referring to a lack of a BM. She indicated a better choice of the available selections would have been, No bowel movement. The DON indicated the EMR system should have sent an alert to the nursing staff to identify this resident had not had a BM within a 72-hour period and she was unable to locate such an alert.</p> <p>The DON indicated the facility does not have a specific policy related to a bowel protocol for lack of stooling. However, the majority of residents do have physician orders for no BM within three consecutive days, the resident should be administered with a PRN laxative, such as Milk of Magnesia. If there was still no stool within the next 24 hours, to administer a laxative suppository, such as Dulcolax suppository. If there was still no stool within 24 hours, to administer a laxative enema, such as a Fleet enema. Then if there was still no response, the nursing staff should reach out to the physician or nurse practitioner for further guidance and/or care orders for the resident. The DON indicated Resident C did not display any symptoms of abdominal discomfort during this time period.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The DON indicated when Resident C returned to the facility, on 4-8-25, he was physician ordered to receive routine docusate, a stool softener, twice daily and senna-docusate, a stool softener and laxative stimulant, twice daily. These medications were identified as administered as ordered.</p> <p>A review of the progress notes did not reflect any stooling concerns, including no documentation of the lack of stooling during this time period. It did not indicate the physician or nurse practitioner were made aware of Resident C being constipated and/or without a bowel movement within 72 hours.</p> <p>A review of the medication administration record (MAR) during this time indicated the orders for the following PRN medications were not administered to Resident C:</p> <ul style="list-style-type: none"> -Glycolax Powder (an osmotic laxative); one scoop by mouth every 12 hours as needed for constipation. -Milk of Magnesia Suspension 400 mg (milligrams) per 5 ml (milliliters), give 30 ml by mouth every 24 hours as needed for constipation if no bowel movement for three days. -Dulcolax Suppository 10 mg (Bisacodyl); insert one suppository rectally every 24 hours as needed for constipation if no result from Milk of Magnesia, administer Dulcolax Suppository rectally at bedtime for constipation. -Fleet Oil Enema (mineral oil); insert one dose rectally every 24 hours as needed for constipation if no results from Dulcolax, administer Fleet enema rectally daily as needed for constipation. <p>This citation relates to Complaint IN00458469.</p> <p>3.1-37(a)</p>		