STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155491	A. Building B. Wing	08/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Majestic Care of Connersville	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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observation, interview, and record review, the facility failed to ensure a homelike environment for 3 of 3 rooms observed with peeling and missing paint on the walls. (Resident 10, Resident 12, and Resident 26)Findings include: During an observation of Resident 26's room on 8/21/25 at 12:15 p.m., missing chipped paint was observed all along the wall adjacent to Resident 26's bed. Another observation of Resident 26's room, on 8/25/25 at 1:56 p.m., displayed missing and chipped paint all along the wall adjacent to Resident 26's bed.During an observation of Resident 12's room on 8/21/25 at 12:39 p.m., missing paint was observed on one wall. Another observation of Resident 12's room, on 8/25/25 at 1:57 p.m., displayed missing paint on one wall.During an observation of Resident 10's room on 8/21/25 at 12:40 p.m., missing paint was observed on one wall. Another observation of Resident 10's room, on 8/25/25 at 1:59 p.m., displayed missing paint on one wall.An environmental tour was conducted on 8/26/25 at 11:26 a.m. with the Executive Director (ED) and Director of Maintenance. During the tour, Resident 26's room had missing and chipped paint all along the wall adjacent to Resident 26's bed. The Director of Maintenance indicated Resident 26's bed was replaced about a month ago and the other bed must have been covering it up. Resident 12's room was observed again with missing paint on one wall. The Director of Maintenance indicated it was from a sticker that was peeled off of the wall. Resident 10's room was observed with missing paint on one wall. The Director of Maintenance indicated the missing paint was from where a window air conditioner was removed about a week ago and the spot was filled with drywall and just needed to be painted.The Resident Rights policy was provided by the Director of Nursing (DON) on 8/27/25 at 9:45 a.m. It indicated, .8. Safe environment. The resident has a right to a safe, clean, comfortable, and homelike environment . 3.1-19(f)(5)

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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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. Based on interview and record review, the facility failed to ensure care plan meetings were held quarterly for 1 of 1 resident reviewed for care planning. (Resident 1)Findings include: The clinical record for Resident 1 was reviewed on 8/22/25 at 12:51 p.m. The diagnoses included, but were not limited to, type 2 diabetes mellitus and dementia. The Electronic Health Record (EHR) indicated Resident 1 had a care plan meeting, on 8/8/24, and did not have another care plan meeting until 2/6/25. During an interview with the Social Service Director (SSD) on 8/26/25 at 9:56 a.m., she indicated she did not know why Resident 1 did not have a care plan meeting in between the dates of 8/8/24 and 2/6/25. The SSD indicated the memory care social worker who would have been responsible for the meeting was no longer at the facility. The SSD indicated it was social services who were responsible for ensuring care plan meetings were held quarterly for residents. The Care Conferences policy was provided by the Director of Nursing (DON) on 8/27/25 at 9:45 a.m. It indicated, .C. The resident/patient, family and/or the resident's/patient's legal representative/guardian or surrogate are encouraged to participate in the development of and revisions to the resident's/patient's care plan .D. care conferences will be scheduled routinely .F. Every effort will be made to schedule care plan meetings . 3.1-35(d)(2)(B)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on observation, interview, and record review, the facility failed to ensure a resident received showers as preferred for 1 of 3 residents reviewed for activities of daily living (ADLs). (Resident 29)Findings include:The clinical record for Resident 29 was reviewed on 8/22/2025 at 11:43 a.m. The medical diagnosis included traumatic brain injury and anxiety.A Quarterly Minimum Data Set assessment, dated 7/2025, indicated Resident 29 was cognitively intact, did not reject care, and needed set-up or cleanup assistance for showers. An ADL care plan, revised 07/25/2025, indicated for staff to assist Resident 29 with activities of daily living as needed. A care task, dated 5/26/2025, indicated Resident 29 was to have showers on Wednesday and Saturday evenings, and as needed. Review of the electronic and paper shower documentation for 8/1/2025-8/26/2025 indicated Resident 29 missed a shower on 8/20/2025.Resident council minutes, dated 8/20/2025, indicated Resident 29 had a concern of, .only getting one shower a week.During an interview and observation on 8/21/2025 at 1:49 p.m., Resident 29 indicated he was missing showers once every week to every other week. Resident 29's hair was greasy at that time. Resident 29 stated the last time he missed a shower was last night because .there was not enough help.During an interview and observation on 8/22/2025 at 1:35 p.m., Resident 29 was noted to have greasy and unkempt hair. Resident 29 said a replacement shower had not been offered to him. During an interview on 8/27/2025 at 1:10 p.m., the Administrator indicated shower sheets were routinely audited, usually on the next business day, and if missed showers were noted, a replacement shower was offered. A policy entitled, Showers, was provided by the Director of Nursing on 8/27/2025 at 12:20 p.m. The policy indicated, .Residents will be provided showers as per request or per facility schedule.3.1-38(a)(2)(A)3.1-38(a)(3)(A)3.1-38(a)(3)(B)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. Based on observation, interview, and record review, the facility failed to ensure food items were not stored in a medication storage fridge for 1 of 2 medication rooms observed. Findings include: An observation was conducted of the medication storage room on the rehabilitation hallway with Unit Manager (UM) 20 on 8/22/25 at 10:05 a.m. There were four nutritional shakes located in the bottom pull out drawer of the medication storage fridge. UM 20 indicated the facility utilized the bottom drawer of the medication storage fridge for supplements. An interview was conducted with the Director of Nursing on 8/22/25 at 10:45 a.m. She indicated there was a nourishment fridge meant for supplements and/or food items for the residents. Food items should not be stored in the medication storage fridge. A policy entitled Medication Storage, dated 12/12/23, was provided by the Executive Director on 8/22/25 at 2:17 p.m. The policy indicated ensuring all medications housed on the premises will be stored in the medication rooms according to the manufacturer's recommendations and sufficient to ensure proper sanitation, temperature, light, ventilation, moisture control, segregation, and security. 3.1-25(m)