STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155618	A. Building B. Wing	07/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Majestic Care of Carmel	12999 N Pennsylvania St Carmel, IN 46032

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. 49891 Based on observation, interview and record review, the facility failed to provide a resident with a call light he was physically capable of activating for 1 of 1 resident reviewed for accommodation of needs. (Resident 40) Finding includes: During an observation, on 7/24/24 at 12:35 p.m., the resident was in the dining room. A nurse was assisting the resident to eat. The resident's hands were contracted with all fingers flat against his palms. He could not grip or use his thumbs. During an observation, on 7/25/24 at 9:50 a.m., the resident was in his room in his reclining Broda chair with a standard small push button call light clipped to his pant leg. The resident indicated he needed to go to the bathroom. He made multiple attempts to push the small red button on the call light. He tried several different ways but was never able to push the small button to activate the call system. The resident was visibly distressed and indicated he was frustrated because the call light did not work most of the time, so he had to call out for help. The resident's voice was low in volume and tone related to his Parkinson's disease. He could barely be heard just outside of his room with the door open. Staff were notified the resident needed assistance but could not operate the call light. The resident indicated he used to have a soft touch pad call button; however, staff had removed it a while ago because he would occasionally roll over on it when he was in bed. He indicated he needed the soft touch call button to be able to call for assistance and wanted it back. The clinical record for Resident 40 was reviewed on 7/26/24 at 3:22 p.m. The diagnoses included, but were not limited to, Parkinson's disease, depression, anxiety, psychotic disorder with delusions, muscle wasting and atrophy of the right hand, muscle wasting and atrophy of the left hand, muscle wasting and atrophy in the right upper arm, muscle wasting and atrophy in the left upper arm, and repeated falls. A care plan, initiated on 2/7/23, indicated the resident had impaired physical mobility related to contractures to his hands and Parkinson's disease. The use of a touch pad call light was initiated, on 7/29/24, after the resident was observed to be unable to use the standard call light. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview, on 7/26/24 at 1:30 p.m., LPN1 indicated she thought the resident had a soft touch pad call light. She knew he used to have one because he could not use a regular call light with his hand contractures. She did not know why it would have been taken out of his room and would notify maintenance and her manager to get a soft touch call light in his room. A current facility policy, titled Accommodation of Needs, not dated and received from the Director of Nursing (DON) on 7/30/24 at 6:15 p.m., indicated .The resident's individual needs and preferences, including the need for adaptive devices .shall be .reviewed on an ongoing basis 3.1-3(v)(1)

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. 46961 Based on interview and record review, the facility failed to ensure a new PASARR (pre-admission screening and resident review) level 1 request was submitted when changes in medications and diagnoses occurred for 3 of 3 residents reviewed for PASARR. (Resident 35, 40 and 46) Findings include: 1. The clinical record for Resident 35 was reviewed on 7/26/24 at 10:22 a.m. The diagnoses included, but were not limited to, general anxiety disorder, recurrent depressive disorder, Parkinson's disease without dyskinesia (involuntary movements), puerperal psychosis, dementia in other disease mild without behavioral symptoms, psychotic or mood disturbance, and anxiety. A PASARR level 1, dated 2/17/22, indicated no level 2 was required due to no significant mental illness, intellectual disability, or related conditions. The level 1 screen indicated a PASARR disability was not present because of the following reason: There was no evidence of a PASARR condition of an intellectual/developmental disability or a serious behavioral health condition. If changes occurred or new information refuted these findings, a new screen must be submitted. A physician's order, dated 10/5/23, indicated Nuplazid (an atypical antipsychotic medication) 34 mg (milligrams) daily for Parkinson's. During an interview, on 7/26/24 at 4:06 p.m., the DON (Director of Nursing) indicated a PASARR level 1 had not been requested for the new order of Nuplazid. 49891 2. The clinical record for Resident 40 was reviewed on 7/26/24 at 3:22 p.m. The diagnoses included, but were not limited to Parkinson's disease, depression, anxiety, and psychotic disorder with delusions. A Preadmission Screening and Resident Review (PASARR), dated 11/11/22, indicated the resident had diagnoses of depression and obsessive-compulsive disorder (OCD) with medications of olanzapine and quetiapine (Seroquel) for depression. A physician's order, dated 10/18/23 and discontinued 2/5/24, indicated risperidone (an antipsychotic medication) 0.5 mg, give 1 tablet two times a day for psychotic disorder with delusions. A physician's order, dated 3/21/24, indicated klonopin (an antianxiety medication) 0.5 milligram (mg), give 1 tablet by mouth two times a day for anxiety. A physician's order, dated 7/20/23 and discontinued 9/20/23, indicated sertraline (an antidepressant medication) 50 mg, give 1 tablet by mouth for anxiety. (continued on next page)

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A physician's order, dated 10/19/23 and discontinued 6/14/24, indicated sertraline 50 mg, give for anxiety. A physician's order, dated 6/15/24, indicated sertraline 50 mg, give 1 tablet by mouth one time a day for anxiety. A physician's progress note, dated 4/8/24 at 1:25 p.m., indicated the resident's psychiatric history included anxiety and depression. The resident was prescribed klonopin and Ativan for anxiety and sertraline for depressive disorder. The clinical record did not include any additional PASRR after additional medications and diagnoses were added. 48525 3. The clinical record for Resident 46 was reviewed on 7/26/24 at 9:38 a.m. The diagnoses included, but were not limited to, major depressive disorder, Parkinsons disease without dyskinesia (abnormal body movements), and other sleep disorder. A notice of PASARR level 1 outcome, dated 5/30/24, indicated no mental health diagnoses were known or suspected and no mental health medications were known of. A medical diagnosis list indicated the resident had a diagnosis of major depressive disorder. A current physician's order, with a start date of 6/7/24, indicated the resident was to take Trazodone (an antidepressant medication) 50 mg tablet, take 0.5 tablet by mouth. A current physician's order, with a start date of 7/24/24, indicated the resident was to take Fluoxetine HCL (an antidepressant medication) 10 mg capsule by mouth. During an interview, on 7/26/24 at 10:37 a.m., the Minimum Data Set (MDS) Coordinator indicated the diagnoses and medications were not on the PASARR. A current policy, titled Pre-Admission Screening and Resident Review, dated as last revised in August 2020 and received from the Clinical Support Nurse on 7/30/24 at 4:35 p.m., indicated .Level 1 and Level 2 Assessments will be reviewed upon admission and are included in the resident's medical record .A level 1 Assessment is completed with any new mental health diagnoses, symptoms, psychiatric hospitalization s and/or related medications 3.1-16(d)(1)(A) 3.1-16(d)(1)(B)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. 36454 Based on interview and record review, the facility failed to develop a comprehensive care plan for the diagnoses of mental health conditions and the use of antipsychotic medications for 1 of 5 residents reviewed for unnecessary medications. (Resident 19) Finding includes: The clinical record for Resident 19 was reviewed on 7/24/24 at 3:45 p.m. The diagnoses included, but were not limited to, bipolar type schizoaffective disorder, bipolar disorder, metabolic encephalopathy (a brain disorder caused by a chemical imbalance), intellectual disabilities, and type 2 diabetes mellitus. A physician's order, dated 6/28/24, indicated to give risperidone (an antipsychotic medication) 1 milligram (mg) two times a day related to schizophrenia. A psychiatry progress note, dated 7/23/24, indicated the resident was seen for ongoing monitoring and management of mood, behavior and cognition. The diagnoses included, but were not limited to, bipolar type schizoaffective disorder, bipolar disorder, and unspecified intellectual disabilities. The care plans did not include the mental health diagnoses of schizoaffective disorder or bipolar disorder and did not include the use of an antipsychotic medication. During an interview, on 7/29/24 at 2:00 p.m., the Minimum Data Set (MDS) Coordinator indicated the mental health diagnoses and medications should have been added to the care plan. During an interview, on 7/29/24 at 2:54 p.m., the MDS Coordinator indicated the comprehensive care plan should be started immediately upon admission and in place by 14 days. The resident had been in the facility for 31 days and had been on the risperidone for 31 days. A current policy, titled Comprehensive Care Plan, dated as last reviewed on 12/12/23 and received from the Director of Nursing on 7/29/24 at 3:24 p.m., indicated .It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident consistent with residents rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing and mental and psychosocial needs that are identified in the resident's comprehensive assessment .The comprehensive care plan will be developed within 7 days after the completion of the comprehensive MDS assessment .The comprehensive care plan will describe, at a minimum, the following .The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being .Resident specific interventions 3.1-35(a)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. 50901 Based on interview and record review, the facility failed to ensure staff followed the physician ordered hold parameters for a medication and failed to ensure treatments were documented in the Treatment Administration Record for 3 of 3 residents reviewed for quality of care. (Resident B, 34 and 46) Finding includes: The record for Resident B was reviewed on 7/26/24 at 9:00 a.m. Diagnoses included, but were not limited to, hypertension, dementia, hallucination, and major depressive disorder A physician's order, dated 3/23/23, indicated hydralazine (a blood pressure medication) 10 mg was to be given by mouth three times a day related to hypertension and to hold if the systolic blood pressure (SBP) was less than 160. The Medication Administration Record (MAR), dated 7/1/24 through 7/31/24, indicated the following: a. the morning administration of hydralazine 10 mg was given to Resident B six (6) times when the systolic blood pressure was below the physician ordered hold parameters. b. the afternoon administration of hydralazine 10 mg was given to Resident B two (2) times when the systolic blood pressure was below the physician ordered hold parameters. c. the evening administration of hydralazine 10 mg was given to Resident B fifteen (15) times when the systolic blood pressure was below the physician ordered hold parameters. During an interview, on 7/26/24 at 10:49 a.m., RN 5 indicated the check mark under the documented blood pressure on the MAR indicated the medication was administered. During an interview, on 7/26/24 at 11:05 a.m., the Director of Nursing (DON) indicated the check marks on the MAR indicated a medication had been administered. He indicated the medication should not have been administered outside the physician ordered hold parameters. 48525 2. The clinical record for Resident 34 was reviewed on 7/26/24 at 9:55 a.m. The diagnoses included, but were not limited to, chronic kidney disease stage 3, unspecified neuromuscular dysfunction of bladder, and dementia. A current physician's order, dated 5/29/24, indicated to assess the resident's vital signs every shift. A Treatment Administration Record (TAR) indicated the following days did not have vital signs for Resident 34 documented: (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 7/2/24, there were no vital signs documented for the 1st and 2nd shift. On 7/3/24, there were no vital signs documented for the 3rd shift. On 7/4/24, there were no vital signs documented for the 1st, 2nd and 3rd shift. On 7/8/24, there were no vital signs documented for the 2nd shift. On 7/10/24, there were no vital signs documented for the 3rd shift. On 7/11/24, there were no vital signs documented for the 1st and 3rd shift. On 7/13/24, there were no vital signs documented for the 1st shift. On 7/16/24, there were no vital signs documented for the 3rd shift. On 7/17/24, there were no vital signs documented for the 1st shift and 3rd shift. On 7/18/24, there were no vital signs documented for the 2nd shift. On 7/19/24, there were no vital signs documented for the 2nd shift. On 7/22/24, there were no vital signs documented for the 2nd shift. On 7/24/24, there were no vital signs documented for the 2nd shift. On 7/25/24, there were no vital signs documented for the 2nd shift. On 7/26/24, there were no vital signs documented for the 3rd shift. A current physician's order, dated 5/29/24, indicated to complete Foley catheter care every shift. The TAR indicated the following days did not have Foley catheter care for Resident 34 documented: On 7/2/24, there was no Foley catheter care documented for the 1st and 2nd shift. On 7/3/24, there was no Foley catheter care documented for the 3rd shift. On 7/4/24, there was no Foley catheter care documented for the 1st, 2nd and 3rd shift. On 7/8/24, there was no Foley catheter care documented for the 2nd shift. On 7/10/24, there was no Foley catheter care documented for the 3rd shift. On 7/11/24, there was no Foley catheter care documented for the 1st and 3rd shift. On 7/16/24, there was no Foley catheter care documented for the 3rd shift. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 7/17/24, there was no Foley catheter care documented for the 1st shift and 3rd shift. On 7/18/24, there was no Foley catheter care documented for the 2nd shift. On 7/19/24, there was no Foley catheter care documented for the 2nd shift. On 7/22/24, there was no Foley catheter care documented for the 2nd shift. On 7/24/24, there was no Foley catheter care documented for the 2nd shift. On 7/25/24, there was no Foley catheter care documented for the 2nd shift. On 7/26/24, there was no Foley catheter care documented for the 1st and 3rd shift. 3. The clinical record for Resident 46 was reviewed on 7/26/24 at 9:55 a.m. The diagnoses included, but were not limited to, chronic kidney disease stage 3, dementia, neuromuscular dysfunction of bladder, and vitamin b12 deficiency anemia A current physician's order, with a start date of 6/10/24, indicated to observe Resident 46 for side effects of anticoagulant medication use every shift, and to document y if a side effect was observed and n if none were observed. The TAR indicated the following days did not have anticoagulant monitoring for Resident 46 documented: On 7/2/24, there was no anticoagulant monitoring documented for the 1st and 2nd shift. On 7/3/24, there was no anticoagulant monitoring documented for the 3rd shift. On 7/4/24, there was no anticoagulant monitoring documented for the 1st, 2nd, and 3rd shift. On 7/8/24, there was no anticoagulant monitoring documented for the 2nd shift. On 7/11/24, there was no anticoagulant monitoring documented for the 1st and 3rd shift. On 7/16/24, there was no anticoagulant monitoring documented for the 3rd shift. On 7/17/24, there was no anticoagulant monitoring documented for the 1st shift and 3rd shift. On 7/18/24, there was no anticoagulant monitoring documented for the 2nd shift. On 7/19/24, there was no anticoagulant monitoring documented for the 2nd shift. On 7/22/24, there was no anticoagulant monitoring documented for the 2nd shift. On 7/24/24, there was no anticoagulant monitoring documented for the 2nd shift. On 7/25/24, there was no anticoagulant monitoring documented for the 2nd shift. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 7/26/24, there was no anticoagulant monitoring documented for the 3rd shift. A current physician's order, with a start date of 6/10/24, indicated to observe for the side effects of antidepressant medication every shift, and document y if a side effect was observed and n if none were observed. The TAR indicated the following days did not have antidepressant medication monitoring for Resident 46 documented: On 7/2/24, there was no antidepressant medication monitoring documented for the 1st and 2nd shift. On 7/3/24, there was no antidepressant medication monitoring documented for the 3rd shift. On 7/4/24, there was no antidepressant medication monitoring documented for the 1st, 2nd, and 3rd shift. On 7/8/24, there was no antidepressant medication monitoring documented for the 2nd shift. On 7/11/24, there was no antidepressant medication monitoring documented for the 1st and 3rd shift. On 7/16/24, there was no antidepressant medication monitoring documented for the 3rd shift. On 7/17/24, there was no antidepressant medication monitoring documented for the 1st shift and 3rd shift. On 7/18/24, there was no antidepressant medication monitoring documented for the 2nd shift. On 7/19/24, there was no antidepressant medication monitoring documented for the 2nd shift. On 7/22/24, there was no antidepressant medication monitoring documented for the 2nd shift. On 7/24/24, there was no antidepressant medication monitoring documented for the 2nd shift. On 7/25/24, there was no antidepressant medication monitoring documented for the 2nd shift. On 7/26/24, there was no antidepressant medication monitoring documented for the 3rd shift. A current physician's order, with a start date of 6/7/24, indicated to observe for signs and symptoms of hypoglycemia (low blood sugar) and hyperglycemia (high blood sugar) every shift. The TAR indicated the following days did not have hypoglycemia and hyperglycemia monitoring for Resident 46 documented: On 7/2/24, there was no hypoglycemia and hyperglycemia monitoring documented for the 1st and 2nd shift. On 7/3/24, there was no hypoglycemia and hyperglycemia monitoring documented for the 3rd shift. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 7/4/24, there was no hypoglycemia and hyperglycemia monitoring documented for the 1st, 2nd, and 3rd shift. On 7/8/24, there was no hypoglycemia and hyperglycemia monitoring documented for the 2nd shift. On 7/11/24, there was no hypoglycemia and hyperglycemia monitoring documented for the 1st and 3rd shift. On 7/16/24, there was no hypoglycemia and hyperglycemia monitoring documented for the 3rd shift. On 7/17/24, there was no hypoglycemia and hyperglycemia monitoring documented for the 1st shift and 3rd shift. On 7/18/24, there was no hypoglycemia and hyperglycemia monitoring documented for the 2nd shift. On 7/19/24, there was no hypoglycemia and hyperglycemia monitoring documented for the 2nd shift. On 7/22/24, there was no hypoglycemia and hyperglycemia monitoring documented for the 2nd shift. On 7/26/24, there was no hypoglycemia and hyperglycemia monitoring documented for the 3rd shift. A current physician's order, with a start date of 6/7/24, indicated to observe for the side effects of a diuretic medication every shift. The TAR indicated the following days did not have diuretic medication monitoring for Resident 46 documented: On 7/2/24, there was no diuretic medication monitoring documented for the 1st and 2nd shift. On 7/3/24, there was no diuretic medication monitoring documented for the 3rd shift. On 7/4/24, there was no diuretic medication monitoring documented for the 1st, 2nd, and 3rd shift. On 7/8/24, there was no diuretic medication monitoring documented for the 2nd shift. On 7/11/24, there was no diuretic medication monitoring documented for the 1st and 3rd shift. On 7/16/24, there was no diuretic medication monitoring documented for the 3rd shift. On 7/17/24, there was no diuretic medication monitoring documented for the 1st shift and 3rd shift. On 7/18/24, there was no diuretic medication monitoring documented for the 2nd shift. On 7/19/24, there was no diuretic medication monitoring documented for the 2nd shift. On 7/22/24, there was no diuretic medication monitoring documented for the 2nd shift. On 7/24/24, there was no diuretic medication monitoring documented for the 2nd shift. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 7/25/24, there was no diuretic medication monitoring documented for the 2nd shift. On 7/26/24, there was no diuretic medication monitoring documented for the 3rd shift. During an interview, on 7/29/24 at 1:25 p.m., the Director of Nursing (DON) indicated there were a lot of missing documentation in the TARs. A current facility policy, titled Medication Administration, dated 1/2/2024 and received from the DON on 7/29/24 at 10:54 a.m., indicated .Medications are administered by licensed nurses, or other staff who are legally authorized to do so in this state, as ordered by the physician .Obtain and record vital signs, when applicable or per physician orders. When applicable, hold medication for those vital signs outside the physician's prescribed parameters . A current facility policy, titled Charting and Documentation, dated as last revised in July 2017 and received from the Clinical Support Nurse on 7/30/24 at 4:35 p.m., indicated .All services provided to the resident, progress toward the care plan goals, or any changes in the resident's medical, physical, functional or psychosocial condition, shall be documented in the resident's medical record .The following information is to be documented in the resident medical record .Treatments or services performed 3.1-37(a)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. 48525 Based on observation, interview and record review, the facility failed to ensure catheter tubing was not touching the ground, oral care products were stored properly, and clean laundry and linen were stored and handled appropriately for 12 of 12 residents randomly observed for infection control. (Residents 34, 302, 4, 27, 11, 38, 13, 15, 4, 17, 9 and 30) Findings include: 1. During an observation, on 7/24/24 at 12:10 p.m., Resident 34's catheter tubing was touching the floor while she was in the commons area on the 1st floor. During an observation, on 7/29/24 at 1:27 p.m., Resident 34's catheter tubing was touching the ground. During an interview, on 7/29/24 at 1:28 p.m., the Director of Nursing (DON) indicated the catheter tubing was touching the ground and needed fixed. The clinical record for Resident 34 was reviewed on 7/26/24 at 9:55 a.m. The diagnoses included, but were not limited to, chronic kidney disease stage 3, neuromuscular dysfunction of the bladder, and dementia. A current physician's order, with a revision date of 5/29/24, indicated may anchor a 10ml/14fr Foley catheter. A current care plan, initiated on 6/3/24, indicated the resident was at risk for infection and complications related to an indwelling catheter. 2. During an observation, on 7/26/24 at 10:30 a.m., Resident 302 was being wheeled in a wheelchair by a staff member to the therapy room. The resident's catheter tubing was dragging on the ground as she was being wheeled to therapy. During an interview, on 7/26/24 at 10:32 a.m., the DON indicated he would address the catheter tubing dragging the ground. The clinical record for Resident 302 was reviewed on 7/29/24 at 2:41 p.m. The diagnoses included, but were not limited to, chronic kidney disease stage 4, obstructive and reflux uropathy, and unspecified dementia. A current physician's order, with a start date of 7/23/24, indicated may anchor a 30ml/16fr Foley catheter for the diagnosis of obstructive neuropathy. A current care plan, initiated on 7/24/24, indicated the resident was at risk for infection and complications related to an indwelling catheter. 49891 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155618	A. Building B. Wing	07/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Majestic Care of Carmel	12999 N Pennsylvania St Carmel, IN 46032

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	3. During an observation, on 7/24/24 at 10:43 a.m., in the bathroom of Residents 4 and 27, the toothbrushes were lying together on the sink behind the faucet. One was touching the surface of the sink, and the other was touching the wall. Neither toothbrush was labeled or had a covering for the bristles. The toothpaste was open with no lid. There was urine and toilet paper in the toilet. 4. During an observation, on 7/24/24 at 10:50 a.m., an uncovered toothbrush was lying on the sink touching the wall behind the faucet in the bathroom of Residents 11 and 38. 5. During an observation, on 7/26/24 at 10:26 a.m., uncovered and unlabeled toothbrushes were sitting on the sink next to the faucet in the bathroom of Residents 13 and 15. 6. During an observation, on 7/26/24 at 10:30 a.m., uncovered and unlabeled toothbrushes were lying together on the sink behind the faucet in the bathroom of Residents 4 and 17. Two tubes of toothpaste were unlabeled and did not have lids. During an interview, on 7/30/24 at 2:44 p.m., the DON indicated the toothbrush storage was a concern. 7. During an observation, on 7/25/24 at 9:44 a.m., two hangers with a shirt and pants were hanging on the handrail outside of Resident 11's room. LPN 1 took the clothing into the room and hung it in Resident 11's closet. 8. During an observation, on 7/29/24 at 9:37 a.m., two staff members transported clean towels and wash cloths on an open cart without any covering and placed the linen in closets on the 2nd floor unit. 9. During an observation, on 7/29/24 at 1:35 p.m., clean clothing was hung on the handrail in the hallway outside of the room of Resident 9 and 30. During an interview, on 7/30/24 at 2:44 p.m., the DON indicated all clean linen should be transported covered and protected. Clean clothing should not be hung on the handrails in the hallways. Covered linen carts were available and should be utilized. A current policy, titled Infection Control, dated 1/02/24 and received from the Executive Director (ED) on 7/24/24, indicated .The facility's infection prevention and control program (ICPC) is designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections A current policy, titled INFECTION PREVENTION AND CONTROL PROGRAM, dated as last revised on 12/12/23 and received from the Clinical Support Nurse on 7/30/24 at 4:35 p.m., indicated .This facility has established and maintains an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections as per accepted national standards and guidelines The facility did not provide a policy which included keeping catheter tubing off the ground by the time of exit. 3.1-18(b)(1) (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155618	A. Building B. Wing	07/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Majestic Care of Carmel	12999 N Pennsylvania St Carmel, IN 46032

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	3.1-18(b)(5) 3.1-19(g)(2)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155618	A. Building B. Wing	07/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Majestic Care of Carmel	12999 N Pennsylvania St Carmel, IN 46032

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0882 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home. 49891 Based on interview and record review, the facility failed to have an Infection Preventionist (IP) who was able to fulfill the role at least part-time and was not preforming the duties of the full-time Director of Nursing (DON) for 1 of 1 Infection Preventionist reviewed. Finding includes: During an interview, on 7/24/24 at 11:15 a.m., the Executive Director (ED) indicated the facility's Infection Preventionist (IP) was the Director of Nursing (DON). He indicated it was not a separate position and no other employees held an infection prevention certification. During an interview, on 7/30/24 at 2:45 p.m., the DON indicated he performed all the infection prevention tracking and duties along with all his DON duties. He indicated he was the only employee who held an infection prevention certification, and no other employees assisted him with the infection control duties. The facility's employee records did not contain an employee with the title of Infection Preventionist. A current policy, titled Infection Control, dated 1/02/24 and received from the Executive Director (ED) on 7/24/24, indicated .The facility's infection prevention and control program (ICPC) is designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections A current policy, titled INFECTION PREVENTION AND CONTROL PROGRAM, dated as last revised on 12/12/23 and received from the Clinical Support Nurse on 7/30/24 at 4:35 p.m., indicated .This facility has established and maintains an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections as per accepted national standards and guidelines 3.1-18(b)