

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155665	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/19/2024
NAME OF PROVIDER OR SUPPLIER  Majestic Care of North Vernon		STREET ADDRESS, CITY, STATE, ZIP CODE 701 Henry Street North Vernon, IN 47265	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>50498</p> <p>Based on record review and interview, the facility failed to notify the physician of a change in condition for 1 of 3 residents reviewed for Notification of changes. (Resident B)</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 12/19/24 at 10:38 A.M. A Quarterly MDS (Minimum Data Set) assessment, dated 01/10/24, indicated the resident was severely cognitively impaired. The resident's diagnoses included, but were not limited to, non-Alzheimer's dementia, hypertension, anxiety, and depression.</p> <p>Consumption Charting, dated 01/30/24 at 10:50 A.M., indicated Resident B had eaten less than a quarter of his meal.</p> <p>Consumption Charting, dated 01/30/24 at 1:50 P.M., indicated Resident B had eaten less than a quarter of his meal.</p> <p>A Progress Note made by Registered Nurse (RN) 2, dated 01/30/24 at 4:30 P.M., indicated Resident B was lethargic.</p> <p>A Progress Note made by Licensed Practical Nurse (LPN), 3 dated 01/30/24 at 7:19 P.M., indicated Resident B was found unresponsive and without a pulse at 6:05 P.M.</p> <p>During an interview on 12/19/24 at 12:40 P.M., RN 2 indicated she was unable to recall who the resident was and that she was unable to say anything other than what her documentation represents.</p> <p>During an interview on 12/19/24 at 3:40 P.M., the Director of Nursing (DON) indicated there was no documentation of the physician being notified on 01/30/24 when the resident was lethargic, and the last notification of change documented for Resident B was on 11/07/23.</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A current facility policy, titled Change in Condition / Physician Notification dated 01/02/24, was provided by the DON on 12/19/24 at 3:55 P.M. The policy indicated, . 2. When a change in condition is discovered, the nurse will evaluate the resident and notify the resident's physician/NP/PA with pertinent information to discuss care for the resident. 3. The nurse will notify the physician/NP/PA and the resident/resident representative when: . A significant change in the resident's physical, mental, or psychosocial status .</p> <p>This citation relates to Complaint IN00447341.</p> <p>3.1-5(a)(3)</p>		