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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>155665   | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                    | (X3) DATE SURVEY COMPLETED<br><br>07/28/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Majestic Care of North Vernon  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>701 Henry Street<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |   |  |
| F 0550<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few                            | <p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>Based on interview, and record review, the facility failed to ensure staff treated a resident with respect and dignity for 1 of 3 residents reviewed. (Residents C) Findings include: During an interview on 07/28/2025 2:46 P.M., Certified Nurse Aide (CNA) 2 indicated in June of 2025 Resident C informed her she was hungry, and her cornbread was thrown away. CNA 2 then heard Licensed Practical Nurse (LPN) 3 talk about Resident C. LPN 3 stated that Resident C had asked her to microwave the cornbread she had saved from her lunch. LPN 3 agreed but told Resident C not to stand up while she was gone. Upon returning LPN 3 saw Resident C walking and told her she no longer can have the cornbread for not listening. LPN 3 then said she threw away the corn bread. CNA 2 reported it to her superiors. A facility document, dated 06/20/25 at 11:45 A.M., provided by the Director of Nursing (DON) on 07/28/25 at 3:18 P.M., indicated Resident C reported LPN 3 told her to sit down in her chair and not move until she got back. She pointed to the chair that was pushed in under the overbed table near the closet. The resident reported that LPN 3 went to go get her cornbread and milk. She returned with cornbread but forgot milk. LPN 3 again told her not to move. Resident C reported getting up to put her tablet away in a drawer. When LPN 3 walked into the room she acted mad and said, I told you not to move. Just for that, I'm not giving you this (milk). The resident reported LPN 3 took the cornbread and milk and threw it away in the trashcan at the nurse's station. During an interview, on 07/28/2025 at 2:18 P.M., the DON indicated LPN 3 refused to give a written statement of the incident and was terminated during the investigation. During an interview, on 07/28/2025 at 2:29 P.M., the Social Service Director indicated on June 20th Resident C's relative came to her with some concerns with a nurse who had taken care of Resident C recently. The relative indicated Resident C had asked LPN 3 for something to eat and drink after meal service, and LPN 3 told Resident C to not get out of her chair while she went and got the food. Upon returning Resident C had gotten out of her chair so LPN 3 threw away the food items and made a remark about her not getting it because of her actions. The Social Service Director then interviewed Resident C and was told the same story by the resident. Resident C added that she made the remark to LPN 3 that she didn't want it anyway after she threw away the cornbread and milk. The clinical record for Resident C was reviewed on 07/28/25 at 9:32 A.M. An Annual Minimum Data Set (MDS) assessment, dated 06/10/25, indicated the resident was moderately cognitively impaired. The resident's diagnoses included, but were not limited to, hypertension, arthritis, and gastroesophageal reflux disease. During an interview, on 07/28/25 at 11:37 A.M., Resident C indicated she had no memory of this incident, and indicated the staff were always nice to her. The current facility policy titled, Dignity dated 12/12/2023, was provided by the DON on 07/28/25 at 3:18 P.M. The policy indicated, .It is the practice of this facility to protect and promote resident rights and treat each resident with respect and dignity as well as care for each resident in a manner and in an environment, that maintains or enhances resident's quality of life . This citation relates to Complaint 1599379. 3.1-3(t)</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE     | (X6) DATE                            |
| FORM CMS-2567 (02/99)<br>Previous Versions Obsolete                   | Event ID: | Facility ID:<br>155665               |
|   |           | If continuation sheet<br>Page 1 of 1 |