

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 03/24/2026
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on interview and record review, the facility failed to report a resident's allegation of abuse for 1 of 3 resident's reviewed for abuse allegations reviewed. (Resident C) Findings include: During an interview, on 03/23/2026 at 10:19 A.M., Resident C indicated she had been hit by Resident F in her left shoulder on Friday 03/20/2026. Resident C told the nurse, and another staff member in the front of the building. The nurse told her she would be okay. During an interview, on 03/23/2026 at 4:22 P.M., Licensed Practical Nurse (LPN) 2 indicated if there was an incident where a resident claimed to be hit by another resident, she would report it directly to the Administrator and Director of Nursing (DON) verbally. Outside of telling management verbally floor staff do not document about the occurrence. Management staff would be the ones to document the incident details. During an interview, on 03/23/2026 at 4:31 P.M., the Administrator indicated he was not informed about the incident that occurred on Friday until the Monday after. He had just begun his own investigation. During an interview, on 03/24/2026 at 10:22 A.M., Registered Nurse (RN) 3 indicated she had been sitting in her office when she heard a resident yell out He hit me. She exited her office to find Resident C in front of the nurse's station yelling. She took Resident C back to her room and looked at her shoulder and found no marks. She never completed a skin assessment, and she never notified the Administrator or Director of Nursing of the incident. During an interview, on 03/24/2026 at 10:11 A.M., the Social Services Director (SSD) indicated Resident C had come to her on Friday holding her left shoulder saying she had been hit by Resident F. The SSD then went and interviewed the staff working and created a soft file investigation. She never reported it to the Administrator or Director of Nursing. A Document titled 03/20/2026, was provided by the Social Service Director on 03/24/2026 at 10:15 A.M. The document indicated Resident C came to the Social Services Director to report she had been hit by Resident F. The clinical record for Resident C was reviewed on 03/23/2026 at 4:00 P.M. A Quarterly Minimum Data Set (MDS) assessment, dated 02/20/2026, indicated the resident was moderately cognitively impaired. The resident's diagnosis included, but was not limited to, Non-Alzheimer's Dementia (cognitive decline that were not caused by Alzheimer's). The current facility policy, titled Abuse, Mistreatment, Neglect, Exploitation and Misappropriation, with a revision date of 06/05/2025, was provided by the DON on 03/24/2026 at 11:15 A.M. The policy indicated, .Care Team members should immediately report all such allegations to the Administrator and to the Department of Health in accordance with the procedures in this policy . This citation relates to Intake 2799730. 410 IAC (Indiana Administrative Code) 16.2-3.1-14(F)(vi)</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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>Based on observation, interview, and record review the facility failed to dispose of medications after discharge for 2 of 9 residents reviewed for pharmacy services. (Resident G and Resident H) Findings include: 1.a. During an interview, on 03/23/2026 at 2:09 P.M., the Director of Nursing (DON) indicated medications that required refrigeration were kept in the facility medication room refrigerator on the Unit C Hallway. At one time Ozempic (a medication used for weight loss) was stored in the refrigerator in her office, but it was no longer stored there. During an observation and interview, on 03/23/2026 at 2:18 P.M., a miniature refrigerator in the back right corner of the Director of Nursing's office was observed with three Ozempic medications. Two separate Ozempic medications for Resident G and one for Resident H. The DON indicated both residents had been discharged from the facility. The clinical record for Resident G was reviewed on 03/24/2026 at 9:30 A.M. A Discharge - Return not Anticipated Minimum Data Set (MDS) assessment, dated 01/31/2026, indicated the resident was cognitively intact. The resident's diagnoses included, but were not limited to, diabetes mellitus (high blood sugars caused by the body's inability to produce or properly use insulin), and anxiety. A physician's order, dated 11/19/2025 at 6:00 A.M., indicated Resident G was to receive Ozempic by a subcutaneous pen injector with 2 milligram (mg) / 3 milliliter (ml) solution at a rate of 0.5 mg one time a day every Wednesday for type two diabetes. The medication was discontinued on 01/31/2026 at 2:44 P.M. An, undated Pharmacy Record, indicated Resident G last received the Ozempic 2 mg/3 ml at a rate of 0.5 ml on 01/28/2026 at 12:23 P.M., and lacked how much was remaining. A physician's order, dated 04/04/2025 at 6:00 A.M., indicated Resident G was to receive 2 mg of Ozempic 8 mg/3 ml subcutaneously. The medication was discontinued on 04/21/2025. An, undated Pharmacy Record, indicated Resident G had received the 2mg dose at a rate of 0.5 ml of Ozempic on 04/04/2025 at 8:45 A.M., with three doses remaining and on 04/11/2025 at 1:00 P.M., with two doses remaining. 1.b. The clinical record for Resident H was reviewed on 03/24/2026 at 9:50 A.M. A Quarterly Minimum Data Set (MDS) assessment, dated 11/03/2025, indicated the resident was cognitively intact. The resident's diagnoses included, but were not limited to, diabetes mellitus and anxiety. A Progress Note, dated 01/31/2026 at 9:31 A.M. indicated Resident H had passed away. A physician's order, dated 09/24/2025 at 6:00 A.M. indicated Resident H was to receive 2 mg of Ozempic 8mg/3ml subcutaneously one time a day every Wednesday for type two diabetes. The medication order was discontinued on 11/20/2025. An, undated, Pharmacy Record, indicated Resident H received Ozempic 8mg/3ml on 11/19/2025 at 9:30 A.M., and there were 3 doses remaining. During an interview, on 03/24/2026 at 11:48 A.M., the DON indicated the medications for Resident G and Resident H should have been discarded before that day. American Nurses Association. (2010). Pharmaceutical waste: Non-controlled medication disposal in long-term care (LTC) after discharge requires adherence to federal (EPA/DEA), state, and facility policies, focusing on preventing environmental contamination and diversion. Medications should be disposed of via secured on-site receptacles, pharmacy return, or authorized hazardous waste procedures within days of discharge. The current facility policy, titled Medication Storage, with a reviewed date of 12/12/2023, was provided by the DON on 03/23/2026 at 3:20 P.M. The policy indicated, .Unused medications: The Pharmacy and all medication rooms are routinely inspected by a consultant pharmacist for discontinued, outdated, defective, or deteriorated medications . The current facility policy, titled Hazardous waste - Pharmaceuticals, with a reviewed date 12/12/2023, was provided by the DON on 03/24/2026 at 11:30 A.M. The Policy indicated, .To protect employees and the environment, this facility manages all pharmaceutical waste as hazardous in accordance with the applicable federal, state, and local rules and regulations . This citation relates to Intake 2791258. 410 IAC (Indiana Administrative Code) 16.2-3.1-25(r)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>Based on observation, interview, and record review, the facility failed to appropriately store medications for 1 of 2 medication storage areas reviewed for Drug and Biologicals storage. (Director of Nursing Office) Findings include: During an observation, on 03/23/2026 at 2:18 P.M., a miniature refrigerator in the back right corner of the Director of Nursing (DON) office contained the following medication, vaccines, and personal food/drink items : Ozempic, two single dose vials of Prevnar 20 (pneumococcal 20 valent vaccine), two single dose vials of RSV (Respiratory Syncytial Virus vaccine), Unopened individually wrapped sandwich, dressing bottle half full, four 12 ounce cans of lemonade unopened, one bottle of water 3/4 full, and a personal water bottle. During an interview, on 03/23/2026 at 2:44 P.M., the DON indicated she had forgotten about the medications being in her refrigerator and resident medications should never be stored with personal food items. The current facility policy, titled Medication Storage, with a reviewed date of 12/12/2023, was provided by the DON on 03/23/2026 at 3:20 P.M. The policy indicated, .It is the policy of this facility to ensure all medications housed on our premises will be stores in the pharmacy and/or medication rooms .to ensure proper sanitation, temperature, light, ventilation, moisture control, segregation, and security . This citation relates to Intake 2791258. 410 IAC (Indiana Administrative Code) 16.2-3.1-25(o)</p>		