

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  07/02/2024
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>34232</p> <p>Based on observation and interview, the facility failed to maintain residents' snack refrigerators related to the storage of non-food items and unlabeled food items, for 3 of 4 resident snack refrigerators reviewed. (C-Hall, A-Hall, and D-Hall snack refrigerators)</p> <p>Findings include:</p> <p>1. The C-Hall resident snack refrigerator was observed on 07/02/24 at 9:40 A.M., with LPN (Licensed Practical Nurse) 2. An ice pack was lying in the bottom bin of the freezer. The nurse indicated Resident 67 occasionally used it for their shoulder and resident items should be labeled with a name and a date.</p> <p>2. The A-Hall resident snack refrigerator was observed on 07/02/24 at 9:47 A.M., with LPN 3. The freezer contained six small tubs of ice cream that were sitting right next to a large blue ice pack. The nurse indicated the ice pack was for a resident who had been discharged . The resident had used the ice pack following a knee replacement surgery.</p> <p>3. The D-Hall resident snack refrigerator was observed on 07/02/24 at 9:59 A.M., with RN 4. The refrigerator contained a pudding cup that was opened, half full, and not labeled.</p> <p>During an interview on 07/02/24 at 10:06 A.M., the DON (Director of Nursing) indicated pudding that had been opened for medication administration should be kept in the refrigerator and labeled. Ice packs that had been placed on a resident's body should not be stored in the resident snack refrigerators.</p> <p>The current Refrigerators and Freezers policy, with a revised date of December 2014, was provided by the DON on 07/02/24 at 10:28 A.M. The policy indicated, .This facility will ensure safe refrigerator and freezer maintenance .sanitation .All food shall be appropriately dated .</p> <p>The current FOOD BROUGHT IN BY FAMILY OR VISITORS policy, dated 01/02/24, was provided by the DON on 07/02/24 at 10:57 A.M. The policy indicated, .All personnel involved in preparing, handling, serving or assisting the resident with meals or snacks will be trained in safe food handling practices .</p> <p>3.1-21(i)(3)</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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>50498</p> <p>Based on observation and interview, the facility failed to provide a homelike environment related to odors for 1 of 4 Hallways reviewed. (B- Hall)</p> <p>Findings include:</p> <p>During an observation on 06/26/24 at 11:05 A.M., there was a strong urine odor upon entering the B-Hall secured unit.</p> <p>During an observation on 06/26/24 at 12:34 P.M., there was a strong urine odor in the B-Hall dining room during mealtime. A sticky substance with a foul urine odor was on the floor causing resistance when walking next to the juke box in the common area.</p> <p>During an observation on 06/27/24 at 10:00 A.M., there was a strong urine odor upon entering the B-Hall secured unit.</p> <p>During an observation on 06/28/24 at 9:40 A.M., there was a strong urine odor upon entering the B-Hall secured unit. The odor was observed while walking down the hallway on the unit, and in the common area.</p> <p>During an observation on 06/28/24 at 2:11 P.M., a strong urine odor was in the common area/dining room of the B-Hall secured unit.</p> <p>During an observation on 07/01/24 11:45 A.M., residents 95's room smelled strongly of urine. The resident's bedding was removed, and the bed left bare.</p> <p>During an observation on 07/02/24 at 1:34 P.M., there was a strong urine odor upon entering the B-Hall secured unit.</p> <p>During an interview on 07/01/24 at 3:29 P.M., the Head of Maintenance indicated he had been trying to control the urine smell on the B-Hall. New interventions were in place, but there was a resident that would constantly urinate on something then move a cart over top of it. They had installed new ventilation systems in the main building that maintain the building at one point five negative pressure. The system sucks the air out of the building constantly, but with the secured unit doors being closed it did not work as well back there. He indicated he was hoping to get a separate ventilation system for the B-Hall to help with the ventilation.</p> <p>During an interview on 07/02/24 at 1:13 P.M., CNA (Certified Nurse Aide) 5 indicated there was an issue with urine on the floor on the B-Hall. One resident urinated randomly in their room and another resident was going into other residents' rooms and urinating.</p> <p>(continued on next page)</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 07/02/24 at 1:34 P.M., the housekeeping supervisor indicated there was a urine odor on the B-Hall. There were a few residents on the unit that urinated in different spots. They tried to keep up with moping, but they could not mop all day and the smell came right back. Last year there was an issue with the dining room recliners holding the urine odor so those had all been replaced. She believed they were trying to get a ventilation system to get the air moving more.</p> <p>The current facility policy, dated 01/02/24, titled, Resident Rights was provided by the administrator on 07/02/24 at 2:07 P.M. The Policy indicated, .The resident has a right to a safe, clean, comfortable, and homelike environment, including but not limited to receiving treatment and supports for daily living safely .</p> <p>3.1-19(f)(5)</p>		