STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155670	A. Building B. Wing	07/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Majestic Care of Newburgh	5233 Rosebud Lane Newburgh, IN 47630

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure physicians' orders were followed for 2 of 3 residents reviewed for medications. Medications were observed at a resident's bedside table; the medication was held without a physician's order. (Resident B, Resident D) Findings include:On 7/30/25 at 9:44 a.m., a medication cup with pills inside was observed sitting on Resident B's bedside table. Resident B indicated she does not take her medications until she eats her breakfast. On 7/30/25 at 10:36 a.m., Resident B's clinical record was reviewed. Diagnoses included, but were not limited to, hypertensive heart disease and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease, Parkinson's disease with dyskinesia, and type 2 diabetes mellitus. A quarterly Minimum Data Set (MDS) assessment dated [DATE], indicated cognition intact.Care plans were reviewed and included, but were not limited to: [Resident B] is at risk for complications related to medical conditions, medications, and treatments. Interventions included, but were not limited to: medications and treatments per physicians' orders, initiated 9/1/25, revised 5/20/25. Physicians' orders for June and July 2025 were reviewed and included but were not limited to:Carvedilol (hypertensive medication) oral tablet 6.25 mg (milligram) tablet by mouth two times a day related to hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, unspecified chronic kidney disease, order date 11/18/24. The Electronic Medication Administration Record (EMAR) for June and July 2025 was reviewed for the above medication. The following dates and times were not signed as given and had code 4 documented. The code list on the EMAR indicated code 4 was for vitals outside of parameters for administration. June 20256/1- 6:30 a.m., no B/P recorded6/5- 6:30 a.m., no B/P recorded6/7- 6:30 a.m., no B/P recorded6/9- 6:30 a.m., B/P 116/486/11- 6:30 a.m., no B/P recorded6/15- 6:30 a.m., no B/P recorded6/16- 6:30 a.m., B/P 95/546/18- 6:30 a.m., no B/P recordedJuly 20257/9-6:30 a.m., no B/P recorded6/11-6:30 a.m., no B/P recorded6/23- 6:30 a.m., no B/P recorded2. On 7/30/25 at 1:30 p.m., resident report of concern forms were reviewed and included but were not limited to: Incident date: 5/30/25Affected Resident: Resident DDescription of Concerns: I woke up at 4 AM, meds on OBT (over bed table), I took them-then the nurse brought my morning meds to me at 6 AM- Too close together. I want to be awaken to take my pills if I'm asleep. Follow-up/Resolution: Corrective Action Taken:Staff educated not to leave meds @ beside Complainant notified on 6-3-25 On 7/31/25 at 8:38 a.m., a medication cup with pills inside was observed sitting on Resident B's bedside table. Resident B indicated that they were her morning medications and she would take them when she was done eating her breakfast. On 7/31/25 at 8:42 a.m., RN 2 indicated that when giving medications to a resident, the staff are supposed to stay in the room until the resident has taken the medications. There is no reason that a medication should be left on the bedside table when staff leave the room. On 7/31/25 at 9:06 a.m., Resident D indicated some nurses leave her medications and leave the room, some nurses stay until she takes them. On 7/31/25 at 9:17 a.m., LPN 2 indicated she did not see any B/P parameters on Resident B's physician's orders to hold the medication; she would have to check with the physician or nurse practitioner. On 7/31/25 at 11:27 a.m., the Administrator provided the current policy for medication administration, with a reviewed date of 12/12/23. The policy included but was not limited to: .8. Obtain and record vital signs, when applicable or per physician's orders. When applicable, hold medications for those vital signs outside the physicians' prescribed parameters .15. Observe resident consumption of medication .23. Unless the resident has been assessed for safe self-administration of medications, medications are not to be left unattended for the resident to consume at a later time .This citation relates to Complaint 2566732.3.1-50(a)(2)