STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155570	A. BUILDING 00 B. WING	06/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MAJESTIC CARE OF MCCORDSVILLE	7476 W LANE RD MCCORDSVILLE, IN 46055

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F 0000 Bldg. 00	This visit was for a Recertification and State Licensure Survey. Survey dates: June 3, 4, 5, and 6, 2025 Facility number: 000477 Provider number: 155570 AIM number: 100290860 Census bed type: SNF/NF: 25 Total: 25 Census payor type: Medicare: 1 Medicaid: 19 Other: 5 Total: 25 These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on June 10, 2025.	F 0000	We respectfully request that this plan of correction be considered for a desk review in lieu of a post survey revisit. Thank you.	
F 0676 SS=D Bldg. 00	483.24(a)(1)(b)(1)-(5)(i)-(iii) Activities Daily Living (ADLs)/Mntn Abilities Based on observation, interview, and record review, the facility failed to assist a resident with hearing aid placement for 1 of 1 resident reviewed for hearing (Resident 9). Findings include: During an observation and interview with Resident 9 on 6/3/25 at 11:23 a.m., the resident did	F 0676	1. What corrective action(s) will be accomplished for those residents found to have been affected by deficient practice; a. Resident 9 was immediately offered hearing aids. 2. How are other residents having the potential to be affected by the same deficient practice will be	06/20/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	not have hearing aids in place. Resident 9 indicated she could not hear the conversation and needed her hearing aids. During an observation on 6/4/25 at 10:32 a.m., Resident 9 did not have hearing aids in place. During an observation and interview with Resident 9 on 6/5/25 at 11:33 a.m., the resident did not have hearing aids in place. Resident 9 indicated she could not hear the conversation and needed her hearing aids. During an interview with the Director of Nursing (DON) on 6/5/25 at 1:52 p.m., she indicated the nurse was responsible for ensuring Resident 9's hearing aids were in place. The DON indicated if the resident refused to wear the hearing aids, then the nurse would document the refusal. During an interview with the DON on 6/6/25 at 11:15 a.m., she indicated she was unable to find documentation that Resident 9 had refused to wear her hearing aids. The clinical record of Resident 9 was reviewed on 6/6/25 at 11:30 a.m. The diagnoses included, but were not limited to, schizophrenia, hypertension, anxiety, age related physical debility, and vascular dementia. The plan of care for Resident 9, dated 2/12/24, indicated the resident had difficulty with communication due to a hearing deficit and had hearing aids. The interventions included, but were not limited to, assistance with hearing aid placement every day and remove at bedtime and ensure hearing aids were in place, working, and in good repair every day.		identified and what corrective action(s) will be taken; a. All residents with hearing aides have the potential to be affected. b. All current residents who require hearing aids will have an order to offer hearing aides daily to be checked by nurse/designee. c. The leadership team will audit charting 5 days a week during clinical meeting. 3. What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur; a. The DNS/designee will educate all staff on ADL policy by 06/20/2025. 4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; The facility leadership will audit all charting to ensure residents were offered hearing aids for 4 weeks, bi-monthly X 2 and monthly X 4 months, if 100% threshold is not achieved an action plan will be developed. All findings will be presented to the QAPI committee during the monthly meeting, and as needed.	

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	A Quarterly Minimum Data Set (MDS) assessment for Resident 9, dated 5/28/25, indicated the resident was cognitively intact for daily decision making. The Activities of Daily Living (ADL) policy provided by the Administrator, on 6/6/25 at 9:44 a.m., indicated care and services would be provided for ADL's, included, but were not limited to, assistance with functional communication systems. The facility would maintain individual objectives of the plan of care. 3.1-38(a)(2)(E)			
F 0791 SS=D Bldg. 00	483.55(b)(1)-(5) Routine/Emergency Dental Srvcs in NFs Based on observation, interview, and record review, the facility failed to follow up with dental recommendations for 1 of 3 residents reviewed for dental status and services. (Resident 4) Findings include: The clinical record for Resident 4 was reviewed on 6/3/25 at 10:35 a.m. Her diagnoses included, but were not limited to, anxiety, depression, atrial fibrillation, hypertension, and heart failure. The 4/8/25 Quarterly MDS (Minimum Data Set) assessment indicated she was cognitively intact. An interview was conducted with Resident 4 in her room on 6/3/25 at 10:37 a.m. She opened her mouth, pointed to a front, bottom tooth and indicated the tooth needed to come out. She saw a dentist about a year ago, and they were supposed to take it out, but never did.	F 0791	1. What corrective action(s) will be accomplished for those residents found to have been affected by deficient practice; a. Resident 4 was immediately asked would she like to go back to the dentist for appointment and appointment was scheduled for dental services. 2. How are other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken; a. All current residents have the potential to be affected by the deficient practice. b. Leadership team will go over previous days appointments 5 days a week in clinical meeting. c. The leadership team will have RCT meetings with residents who	06/20/2025

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	The 1/17/23 physician's order indicated she may be seen by the dentist. The 6/26/23 dental care plan, last revised 1/10/25, indicated she had oral/dental health problems due to some missing teeth. The goal was for her to be free of chewing problems, infection, pain, and/or bleeding in the oral cavity. An intervention was to coordinate arrangements for dental care and transportation as needed/ordered. The 10/13/23 dental note indicated she had natural dentition with root tips and fractures noted. Recommendations for follow-up were exams and cleanings with up to three hygiene visits during the next six months. The first visit to be completed within ninety days. There was no information in the clinical record to indicate any follow-up exams or cleanings were done during the six months following her 10/13/23 dental visit. An interview was conducted with the SSD (Social Services Director) on 6/4/25 at 2:00 p.m. She indicated she spoke with their dental provider and was informed Resident 4's insurance was canceled, but she was now eligible to be seen again, so the provider would be sending a new consent form for her to be seen at their next visit. She was unsure what happened, but they were taking care of it. On 6/5/25 at 10:23 a.m., the NC (Nurse Consultant) provided the 5/15/24 dental note from an outside provider. It indicated the recommended and discussed course of treatment was for extraction of three teeth. The treatment plan was presented by the business assistant and signed by Resident 4. The next visit was for extractions after		refuse to go to any appointments. d. Residents will be interviewed during Hearts of Excellence rounds 5 days a week to address any dental concerns. 3. What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur; a. The DNS/designee will check after visit summaries 5 days a week from previous days appointments and ensure follow up appointments are scheduled. b. All staff will be educated on reporting dental concerns to DNS/designee immediately. c. All staff will be educated on dental service policy by 06/20/2025. 4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; The facility leadership will audit appointments weekly to ensure all follow ups have been scheduled, any calls to office have been followed up on, any appointments awaiting a call to facility will be followed up on for 4 weeks, bi-monthly X 2 and monthly X 4 months, if 100% threshold is not achieved an action plan will be developed. All findings will be presented to the QAPI committee during the monthly meeting, and as needed.	

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medication consultation.

The 5/15/24 social services note, written by the SSD as a late entry, indicated "Resident went to an outside dentist today. The treatment plan includes the extraction of 3 teeth (1 broken and 2 loose). However, the resident only wants the broken tooth out. She states that she will let the 2 loose teeth fall out on their own. She was educated on the need to extract but still wanted only the broken tooth out. Dentist will call and schedule appointment for the procedure."

There was no information in the clinical record to indicate follow-up with the dentist after the 5/15/24 teeth extraction recommendations.

An interview was conducted with the Practice Manager of the outside dental provider, who saw Resident 4 on 5/15/24. She indicated they never heard back from Resident 4's physician after they sent out a medical clearance form for contraindications to hold blood thinner medication for the extractions. They sent the form three times but never got a response from the physician. The facility also never reached out to them after Resident 4's 5/15/24 appointment.

An interview was conducted with the Administrator on 6/5/25 at 10:42 a.m. She indicated Resident 4 did not want to follow through with the extractions recommended at her 5/15/24 appointment, because she thought it would ruin her appearance.

An interview was conducted with LPN (Licensed Practical Nurse) 2 on 6/5/25 at 10:44 a.m. She indicated at least six months ago, Resident 4 informed her that her teeth did not bother her anymore and didn't want them extracted. Usually,

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	when residents return from outside appointments with recommendations, LPN 4 moved forward with the recommendation, made a note about it, and scheduled, but she did not make a note about this particular recommendation. An interview was conducted with Resident 4 on 6/5/25 at 11:15 a.m. She indicated she never refused to have her tooth extracted. She always wanted it out and still did. The Dental Services policy was provided by the Administrator on 6/6/25 at 11:38 a.m. It indicated, "It is the policy of this facility to assist residents in obtaining routine (to the extent covered under the State plan) and emergency dental care....Oral care and denture care shall be provided in accordance with identified needs and as specified in the plan of care....The facility will, if necessary or requested, assist the resident with making dental appointments and arranging transportation to and from the dental services location....All actions and information regarding dental services, including any delays related to obtaining dental services, will be documented in the resident's medical record." 3.1-24(a)(1) 3.1-24(a)(2) 3.1-24(b)			