STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155491	A. BUILDING 00 B. WING	05/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
MAJESTIC CARE OF CONNERSVILLE	1029 E 5TH STREET CONNERSVILLE, IN 47331

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 0000 Bldg. 00	This visit was for the Investigation of Complaints IN00458469 and IN00458841. Complaint IN00458469 - Federal/state deficiency related to the allegations is cited at F684. Complaint IN00458841 - No deficiencies related to the allegations are cited. Survey dates: May 5, 6 and 7, 2025 Facility number: 000316 Provider number: 155491 AIM number: 100286370 Census Bed Type: SNF/NF: 79 Total: 79 Census Payor Type: Medicare: 2 Medicaid: 71 Other: 6 Total: 79 This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1. Quality review completed on May 12, 2025.	F 0000	Respectfully, we would like to request a desk review in lieu of a post survey revisit as our credible allegation of compliance.	
F 0684 SS=D Bldg. 00	483.25 Quality of Care Based on interview and record review, the facility failed to ensure accurate documentation of a lack of bowel movements, which contributed to not following physician's orders related to PRN (as	F 0684	F684-- What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.	05/14/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Matt Elwell	HFA	05/20/2025

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclo 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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	needed) administration of medications to encourage stooling for 1 of 3 residents reviewed for monitoring of bowel movements. (Resident C) Findings include: The clinical record for Resident C was reviewed on 5-6-25 at 1:30 p.m. His diagnoses included, but were not limited to, unspecified dementia, COPD (chronic obstructive pulmonary/lung disease), left femur/hip fracture (4-3-25) and a history of constipation. His most recent Minimum Data Set (MDS) assessment, dated 4-15-25, indicated he was severely cognitively impaired, used a wheelchair for mobility, and was dependent on staff for bed mobility, toileting, bathing, and transfers. It indicated he was not ambulatory. It indicated he had been hospitalized from 4-1-25 to 4-8-25, related to the recent femur/hip fracture and repair. A review of the progress notes reflected Resident C did utilize narcotic pain medication for pain control during his post-operative period. Resident C had a care plan in place which recognized him as being at risk for constipation. During an interview with the Director of Nursing (DON) on 5-6-25 at 2:50 p.m., she indicated Resident C's BM (bowel movement or stooling) documentation in the facility's electronic medical record (EMR), for the time period of 4-12-25 through 4-16-25, revealed he did not have a BM during this time frame. The DON indicated the BM charting within the EMR provides several selections to indicate a lack of stooling. For this time period for Resident C, the selection was listed as, "Response Not Required," referring to a lack of a BM. She indicated a better choice of the available selections would have been, "No bowel movement." The DON indicated the EMR system should have sent an alert to the nursing staff to		Resident C has had a bowel movement and is being monitored by the DNS or Designee to ensure he receives the proper medication if he presents as constipated. How other residents having the potential to be affected by the same deficient practice will be identified and what correction action(s) will be taken? All residents have the potential to be affected by the deficient practice. A an audit was conducted by the DNS or Designee to ensure that all residents are being monitored appropriately to ensure they are receiving the proper medications if they present as constipated. What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur? DNS/Designee will review the BM list daily during clinical meeting to ensure that the proper medications and interventions are being put in place for residents not having regular BM's. The DNS/Designee will be reviewing the BM list in clinical meeting to ensure adequate interventions are being followed up with timely. 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? DNS/Designee have conducted education with nursing staff on	

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	identify this resident had not had a BM within a 72-hour period and she was unable to locate such an alert. The DON indicated the facility does not have a specific policy related to a bowel protocol for lack of stooling. However, the majority of residents do have physician orders for no BM within three consecutive days, the resident should be administered with a PRN laxative, such as Milk of Magnesia. If there was still no stool within the next 24 hours, to administer a laxative suppository, such as Dulcolax suppository. If there was still no stool within 24 hours, to administer a laxative enema, such as a Fleet enema. Then if there was still no response, the nursing staff should reach out to the physician or nurse practitioner for further guidance and/or care orders for the resident. The DON indicated Resident C did not display any symptoms of abdominal discomfort during this time period. The DON indicated when Resident C returned to the facility, on 4-8-25, he was physician ordered to receive routine docusate, a stool softener, twice daily and senna-docusate, a stool softener and laxative stimulant, twice daily. These medications were identified as administered as ordered. A review of the progress notes did not reflect any stooling concerns, including no documentation of the lack of stooling during this time period. It did not indicate the physician or nurse practitioner were made aware of Resident C being constipated and/or without a bowel movement within 72 hours. A review of the medication administration record (MAR) during this time indicated the orders for the following PRN medications were not		following bowel protocol orders for no BM X 3 days and accurately recording BM's as they occur by 5/14/2025. BM list will be followed daily to ensure compliance with program and any deficiencies with program will be brought to monthly QAPI meeting and reviewed to determine what additional follow up will be implemented. The Director of Nursing, Assistant Director of Nursing, and Unit Managers or designee will randomly audit 3 residents with bowel movements weekly x 3 months then monthly for 2 months, then Quarterly. Audits will be reviewed by the QAPI Committee until such a time consistent substantial compliance has been achieved as determined by committee. Audit results will be shared with QAPI. Audited records will be reviewed by the Risk Management/ Quality Assurance Committee until such time consistent substantial compliance has been achieved as determined by the committee. Audit results will be shared with the Risk Management/Quality Assurance Committee	

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	administered to Resident C: -Glycolax Powder (an osmotic laxative); one scoop by mouth every 12 hours as needed for constipation. -Milk of Magnesia Suspension 400 mg (milligrams) per 5 ml (milliliters), give 30 ml by mouth every 24 hours as needed for constipation if no bowel movement for three days. -Dulcolax Suppository 10 mg (Bisacodyl); insert one suppository rectally every 24 hours as needed for constipation if no result from Milk of Magnesia, administer Dulcolax Suppository rectally at bedtime for constipation. -Fleet Oil Enema (mineral oil); insert one dose rectally every 24 hours as needed for constipation if no results from Dulcolax, administer Fleet enema rectally daily as needed for constipation. This citation relates to Complaint IN00458469. 3.1-37(a)			