

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315205	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2025
NAME OF PROVIDER OR SUPPLIER Majestic Center for Rehab & Sub-Acute Care		STREET ADDRESS, CITY, STATE, ZIP CODE Two Cooper Plaza Camden, NJ 08103	
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 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities Based on interview, and record review it was determined the facility failed to ensure a Preadmission Screening and Resident Review (PASARR) was completed accurately for a newly admitted resident. This deficient practice was identified in 1 of 4 residents reviewed for PASARR (Resident #98) and was evidenced by the following: On 12/15/25 at 10:42 AM, the surveyor reviewed Resident #98's Electronic Medical Record (EMR) which showed that the resident had a PASARR Level I screening, dated 11/11/25, which was completed on entry to the facility. Under Section II for diagnoses of mental illness, it was marked as NO, meaning Resident #98 did not have any mental illness diagnoses. A review of the admission Record (admission summary) reflected Resident #98 had diagnoses which included, but were not limited to, major depressive disorder and bipolar disorder. A review of the comprehensive Minimum Data Set (MDS), an assessment tool, dated 11/30/25, revealed that the resident had a Brief Interview of Mental Status (BIMS) score of 15 out of 15, which indicated the resident was cognitively intact. Review of Section I of the MDS titled Active Diagnoses revealed the resident had a diagnosis of bipolar disorder. A review of Resident #98's most recent psychiatric note, dated 12/3/25, included under diagnoses and plan a diagnosis of bipolar disorder. On 12/17/25 at 10:50 AM, the surveyor interviewed the Social Worker (SW) regarding the PASARR. The SW stated if a resident came into the facility and did not have a PASARR she would create one. The SW further stated that if a resident ended up going to crisis or a hospital with psychiatric issue, or if they developed a new psychiatric diagnosis, the PASARR Level I would have to be redone. A review of the facility's policy titled Pre-admission Screening and Resident Review (PASRR) Policy with a reviewed date of August 2025. The policy purpose revealed, To ensure compliance with the federal Pre-admission Screening and Resident Review (PASRR) requirements. PASRR is mandated by the Centers for Medicare & Medicaid Services (CMS) to prevent inappropriate placement of individuals with serious mental illness (SMI), intellectual disability (ID), or related conditions in Medicaid-certified nursing facilities. It ensures that individuals receive the most appropriated care setting and necessary specialized services. NJAC 8:39-27.1 (a)		

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