

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365209	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/17/2025
NAME OF PROVIDER OR SUPPLIER Majestic Care of Middletown LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 6898 Hamilton Middletown Road Middletown, OH 45044	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44069</p> <p>Based on observation, record review, resident interviews, staff interviews, and policy review, the facility failed to ensure the outdoor smoking area was reasonably accessible to residents and had protection from weather. This directly affected one (#110) of three residents reviewed for accommodation of needs while smoking, with the potential to affect 26 unsupervised residents who smoke. The facility identified a total of 33 residents smoking. The facility census was 134.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #110 revealed an admitted [DATE]. Diagnoses included acute respiratory failure with hypoxia, cardiomyopathy, chronic obstructive pulmonary disease, congestive heart failure, hypotension, anemia, hyperlipidemia, and unspecified dementia, and unspecified severity with other behavioral disturbances.</p> <p>Review of the significant change Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #110 was cognitively intact. Resident #110 was assessed to require setup assistance for eating, oral hygiene, upper body dressing, and personal hygiene, partial/moderate assistance for toileting, bathing, lower body dressing, and transfer, and supervision for bed mobility.</p> <p>Interview on 01/17/25 at 9:51 A.M., with the Administrator and Director of Nursing (DON) revealed the door to the smoking area was manual door that required physical opening and did not have an automatic opener. The DON stated most residents went out in groups and staff would assist as needed. Both staff verified there is no means of communication devices for residents to request assistance back into the facility.</p> <p>Interviews on 01/17/25 from 10:56 A.M. to 2:18 P.M., with Residents #69, #117, and #136 revealed the door to the smoking area was heavy and challenging for residents to pass through.</p> <p>Observation on 01/17/25 at 11:01 A.M., of the outdoor smoking area, revealed Resident #110 was having difficulty opening the door to enter the facility, while trying to maneuver his manual wheelchair through the threshold. There was no doorbell or communication device observed that would allow residents to call for assistance if they needed assistance with the door to come back into the facility. The smoking area was an enclosed courtyard with a canopy area without the canopy on.</p> <p>(continued on next page)</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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 01/17/25 at 11:03 A.M., with Resident #110 revealed the door was not equipped with an accessible button to automatically open the door, which caused difficulty with entering and exiting the smoking area.</p> <p>Interview on 01/17/25 at 1:00 P.M., with the Administrator and DON revealed there is no means of communication devices for residents to request assistance back into the facility and the facility has not had any residents caught outside. Both staff revealed the canopy was taken down for the colder months and would be put back up and there is not an area to protect residents from weather.</p> <p>Review of the policy titled Physical Environment, dated 12/12/23, revealed it was the policy of the facility to be equipped to provide a safe and functional environment for residents.</p> <p>This deficiency represents non-compliance investigated under Master Complaint Number OH00161683.</p>