

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365396	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/18/2025
NAME OF PROVIDER OR SUPPLIER  Majestic Care of Fairfield LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  5200 Camelot Drive Fairfield, OH 45014	

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 0850</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Hire a qualified full-time social worker in a facility with more than 120 beds.</p> <p>37447</p> <p>Based on observation and staff interview, the facility failed to have a Licensed Social Worker to provide services to the residents. This had the potential to affect all of the residents in the facility. The facility census was 135 residents.</p> <p>Findings include:</p> <p>Observation on 03/11/25 at 3:30 P.M. revealed Social Work Consultant (SWC) #432 was working in the facility and providing services to residents. There was a sign on the office door which read Social Services. Further observation revealed there was no information posted in the office regarding SWC #432 license to practice as a social worker.</p> <p>Interview on 03/11/25 at 3:35 P.M. with the Administrator confirmed the facility did not have a Licensed Social Worker (LSW) employed with the facility. The Administrator confirmed the facility had a social services designee and an outside consultant, SWC #432, who came in two to three times per week and was available full time if needed.</p> <p>Interview on 03/12/25 at 1:15 P.M. with SWC #432 confirmed she had a bachelor's degree but was not an LSW.</p> <p>Interview on 03/12/25 at 2:20 P.M. with the Administrator confirmed he mistakenly thought SWC #432 was an LSW, but he had asked for a copy of her social work license on 03/12/25 and learned she did not have one. The Administrator confirmed there was no LSW providing services to the residents in the facility.</p> <p>This deficiency represents noncompliance investigated under Complaint Number OH00163464 and OH00163460.</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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