

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365740	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/15/2026
NAME OF PROVIDER OR SUPPLIER Majestic Care of Clyde		STREET ADDRESS, CITY, STATE, ZIP CODE 700 Helen Street Clyde, OH 43410	
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 0576</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents have reasonable access to and privacy in their use of communication methods.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, staff interview, review of an audio recording and review of the facility policy, the facility failed to ensure residents were permitted privacy during telephone calls. This affected one (#20) of three residents reviewed for private communications. The facility census was 65. Findings include: Review of the medical record for Resident #20 revealed an admission date of 02/13/26. Diagnoses included schizophrenia, anxiety, adjustment disorder with mixed anxiety and depression, and emphysema. Review of the admission Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #20 was cognitively intact. Review of an audio recording, undated, revealed Resident #20's family called and requested to speak with the resident. Resident #20 accepted the telephone call and identified herself on the call, along with the resident's son and daughter-in-law. Further review revealed Resident #20 stated to her family, I am on speaker phone and there are a lot of people around and listening. Resident #20's son asked the resident if she could go to a private place and the resident stated, No, I cannot not. At this time, an unknown facility employee intervened on the telephone call and told Resident #20's family that if they wished to speak to the resident, they would need to come to the facility and speak to the Director of Nursing (DON) and abruptly hung up the telephone. Interview on 04/14/26 at 8:20 A.M. with the Administrator verified the audio recording was the result of family members who called the facility telephone and further confirmed those involved included Resident #20, her family members, and an unknown facility staff. Additionally, the Administrator verified privacy was not offered or provided for Resident #20's telephone call with her family and an unknown facility staff member abruptly ended the call. Interview on 04/14/26 at 8:45 A.M. with Social Services Designee (SSD) #510 revealed she received a call from the night shift nurse (date unknown) and inquired about Resident #20's family, who had called the facility to speak to the resident. SSD #510 stated she advised the staff if Resident #20 wanted to speak to her family, the facility staff could not stop her and it was the resident's decision. Continued interview with SSD #510 verified the audio recording was a telephone call between Resident #20, her son, and her daughter-in-law. SSD #510 verified Resident #20 was not provided a private place for the telephone call to occur and verified that an unknown facility staff member abruptly ended the phone call between Resident #20 and her family. Review of the facility policy titled, Resident-Patient Rights, revised February 2026, revealed every resident would be afforded and supported in exercising the full set of rights guaranteed under federal law and applicable state requirements. Residents would have access to a telephone, mail, and email and communicate in person my mail, email, and telephone with privacy. This deficiency represents non-compliance investigated under Complaint Number 2805129.</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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