

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: 365830	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2026
NAME OF PROVIDER OR SUPPLIER Majestic Care of Bryan		STREET ADDRESS, CITY, STATE, ZIP CODE 1104 Wesley Avenue Bryan, OH 43506	
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 0567 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to manage his or her financial affairs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, facility financial account review, and staff interview, the facility failed to ensure remaining fund balances were dispersed to residents at the time of discharge from the facility. This affected two (#1, #7) of three residents reviewed for disbursement of fund account balances in a facility census of 61. Findings include: 1. Resident #1 admitted to the facility on [DATE] with the diagnoses including, coronary artery disease, type 2 diabetes mellitus, ischemic cardiomyopathy, hypertension, major depression, lumbar region spinal stenosis, chronic kidney disease, peripheral vascular disease, dysphagia, glaucoma, muscle weakness, difficulty walking, non-compliance medication regimen, and nicotine dependence. According to the most current minimum data set assessment dated [DATE] Resident #1 was assessed with intact cognition, no recorded behavior, utilized a walker and wheelchair for mobility with set-up, required supervision with activities of daily living, range of motion impairment to bilateral upper extremities, occasional urinary incontinence, no falls, and was at risk for pressure ulcer development with no skin breakdown. According to the discharge summary and instructions dated 07/02/26, Resident #1 discharged to a local assisted living. No documentation indicated Resident #1 was provided with personal fund account balance or instructions on how to transfer Social Security Account (SSA) payment to the assisted living. On 07/24/26 at 10:05 A.M. interview with the Administrator during a review of Resident #1's Resident Account Statement noted a current balance of \$1,102.00. On 07/01/26 Resident #1 balance was \$102.00. On 07/02/26 the facility received Resident #1's SSA payment and it was deposited in the facility Financial Management System (FMS) account. The SSA credit of \$1000.00 was placed to the account with a total balance of \$1,102.00. On 07/21/26 the Administrator stated the resident came to the facility and withdrew \$75.00 from his resident trust account. Review of Resident Trust Account receipt dated 07/21/26 noted Resident #1 to withdraw \$75.00 from the facility resident trust account. On 07/24/26 at 11:10 A.M. interview with business office manager (BOM) #402 confirmed Resident #1 discharged from the facility on 07/02/26. Resident #1 received a monthly social security credit of \$1000.00 each month and \$75.00 of the credit was placed into the petty cash/ resident trust account. On 07/01/26 Resident #1 was noted with a \$102.00 balance contained in the resident trust account. On 07/02/26 the facility received Resident #1 social security monthly treasury check (SSA) for \$1000.00. On 07/02/26 Resident #1 discharged from the facility and was not provided with the balance contained in the resident trust account. On 07/21/26 Resident #1 returned to the facility and obtained \$75.00 from his account managed by the facility resident trust account. BOM#402 confirmed Resident #1 trust account was not closed following the resident's discharge and he was not given the remaining balance of his trust account. In addition, Resident #1 SSA check is still set-up to be deposited into the facility Financial Management System (FMS) account due to the resident not providing an account for the monthly SSA check to be deposited at or following discharge. BOM #402 (continued on next page)		

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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F 0567 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	verified Resident #1 did not receive the July 2026 SSA monthly check or trust account balance upon discharge. In addition, residents are not provided with information at the time of discharge to ensure SSA and associated checks are deposited into a specified account. 2. Resident #7 admitted to the facility on [DATE] with the diagnosis including, schizophrenia, congestive hear failure, coronary artery disease, hypertension, anxiety disorder, bipolar disorder, and anemia. According to the most current minimum data set assessment dated [DATE] Resident #7 was assessed with severe cognitive impairment, and required supervision or touching assistance with activities of daily living. Review of the discharge summary documentation noted Resident #7 was discharged home with family on 07/01/26. No documentation indicated Resident #7 was provided with the remaining balance of her Resident Trust Account. Review of Resident #7 Resident Statement Landscape noted on 07/01/26 a balance of \$742.27 was contained in the account. On 07/24/26 at 11:10 A.M. interview with BOM #402 confirmed Resident #1 discharged from the facility on 07/01/26. Review of current resident trust account documentation noted Resident #7 with a current account balance of \$724.27 that had not been disbursed or returned to the resident. On 07/24/26 at 12:01 P.M. interview with the Administrator verified Resident #1 and Resident #7's resident trust accounts were not closed with remaining balance provided to the residents when discharged from the facility. In addition, the facility provided no instruction to Resident #1 to ensure monthly SSA check was deposited into the admitting facility FMS account or an account established by the resident. This deficiency represents non-compliance investigated under Complaint Number 3109386.		