STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365834	A. Building B. Wing	09/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Majestic Care of Kent	1290 Fairchild Avenue Kent, OH 44240

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, interview, observation, and mechanical lift policy the facility failed to ensure Resident #30 was safely transferred with a Hoyer (mechanical) lift to prevent a fall. This affected one resident (Resident #30) of four residents reviewed for accidents. The facility census was 55.Findings include:Review of the medical record for Resident #30 revealed an admission date of 08/20/25 with diagnosis that include: urinary tract infection, type 2 diabetes mellitus with diabetic nephropathy, catatonic disorder, dementia without behavioral disturbance, metabolic encephalopathy, dysphagia and altered mental status.Review of Morse Fall Scale dated 08/20/25 revealed Resident #30 was a high risk for falling.Review of the quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #30 cognition was moderately impaired and was dependent on staff for transfers from the chair to the bed.Review of Resident #30 medical chart revealed resident had fallen on 08/21/25, 08/30/25, 08/31/25, and 09/03/25.Review of Resident #30's care plan dated 09/02/25 revealed Resident #30 required assistance with activities of daily living impaired mobility, weakness, debility, catatonic and cognition. An intervention dated 08/22/25 with a revised date of 09/02/25 revealed Resident #30 required a mechanical lift for transfers usually a Hoyer lift.Review of the nursing progress note dated 09/03/25 at 1:15 P.M. authored by Licensed Practical Nurse (LPN) #578 revealed she was preparing to assist Certified Nursing Assistant (CNA) #555 on the left side of the bed when CNA #555 moved the hoyer, the front left hook let loose and Resident #30 fell out of the hoyer, hitting her head on the floor. Resident #30 stated her head hurt a little and the resident was able to move all four extremities without limitations. Resident was sent out to the emergency room.Review of Resident #30's computerized tomography (CT Scan) from the hospital dated 09/03/25 at 12:04 P.M revealed no evidence of an acute infarct or other acute parenchymal process. Resident #30's medical record revealed the resident returned to the facility with no noted injuries.Interview on 09/04/25 at 11:31 A.M. with CNA #555 revealed Resident #30 hoyer pad was hooked up to the hoyer lift, she checked to make sure hoyer pad was hooked up to hoyer, and lifted Resident #30 with the hoyer. Resident #30 came out of the sling and went to the floor. CNA #555 revealed Resident #30 does not want to be here and that she thought the resident tried to move the hoyer strap off. CNA #555 does not remember the last time she had training for the hoyer.Interview on 09/04/25 at 12:06 P.M. with LPN #578 revealed she was assisting CNA #555 in Resident #30's room. LPN #578 was on the left side of the bed and Resident #30 and CNA #555 were by the door when the front left hook gave out and Resident #30 did a somersault out of the hoyer lift and bumped her head. LPN #578 did not witness CNA #555 check hooks because she was in the bathroom gathering supplies at the time. LPN #578 checked hoyer pad after the fall and all straps were in working order. LPN #578 revealed she had not been trained on the hoyer during orientation.Review of the facility policy titled, Transfers and Mechanical Lifts Policy dated 01/02/24, revealed bullet 10: two staff members must be utilized when transferring residents with a mechanical lift. Further, bullet 12 revealed: The staff must demonstrate competency in the use of the mechanical lifts prior to use and annually with documentation of that competency placed in their education file.This deficiency represents non-compliance investigated under Complaint Number 1364232.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on record review and interview, the facility failed to ensure medications to treat diabetes and to improve glucose control were administered as ordered by the physician. This affected one (Resident #61) of six reviewed for medication administration. The facility census was 55.Findings include:Review of the medical record for Resident #61 revealed an admission date of 12/21/24 with diagnoses including diabetes mellitus, hypertension and heart failure. Review of the physician's orders for Resident #61 revealed an order for Insulin Lispro (medication for hyperglycemia) 55 units in the morning and at night dated 12/22/24 and Humalog (medication for hyperglycemia) sliding scale insulin to be given per the blood sugar to be done in the morning, at lunch, at dinner and at bedtime dated 12/22/24.Review of the Medication Administration Record for December 2024 for Resident #61 revealed his Insulin Lispro was not administered on 12/23/24 in the morning and Humalog sliding scale was not administered on 12/23/24 at lunch.Review of Resident #61's care plan dated 12/23/24 revealed he had diabetes mellitus and staff should administer medications as ordered.Interview on 08/28/25 at 11:11 A.M. with the Director of Nursing Services verified Resident #61's insulin was not administered as ordered on 12/23/24.Review of the facility policy titled, Medication Administration, dated 01/02/24, revealed medications were to be administered as ordered.This deficiency represents non-compliance investigated under Complaint Number 1364233 and Complaint Number 1364234.