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	05/21/2026

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, interview and review of facility policy, the facility failed to ensure resident weights were monitored according to physician orders. This affected two residents (Residents #12 and #48) of three reviewed for nutrition services. The facility census was 47.Findings include:1.Review of the medical record for Resident #12 revealed an admission date of 03/15/16 with diagnoses including hemiplegia, type two diabetes mellitus, and vascular dementia.Review of the physician order dated 02/28/25 for Resident #12 revealed an order for monthly weights on day shift on the fifth of the month.Review of the clinical weight summary in the medical record for the past five months from 12/25 to 05/26 revealed no monthly weight was recorded for December 2025.Review of the nursing progress notes dated 12/05/25 for Resident #12 revealed staff were unable to obtain weight and would obtain weight the next day. There was no evidence of a second attempt to obtain a weight on Resident #12 in subsequent progress notes for the December weight.Review of the January 2026 Medication Administration Record (MAR) for Resident #12 revealed the weight on 01/05/26 was indicated as not applicable, so no weight measurement was listed on the MAR for the date Resident #12 needed to be weighed per physician order.Review of the weight entered under clinical weight summary section of the medical record for the date of 01/23/26 for Resident #12 revealed a weight entered by the Director of Nursing (DON) at 10:06 A.M. of 147.3 pounds.Review of the clinical weight summary in the medical record for the past five months from 02/26 to 05/26 revealed no monthly weight was recorded for February 2026.Review of the February 2026 MAR for Resident #12 revealed on 02/05/26 a weight of 161.1 pounds was recorded that indicated a weight gain of 13.8 pounds or a significant weight gain of 9.3 percent since the prior weight of 147.3 pounds on 01/23/26. There was no evidence of a re-weight being obtained to confirm the significant weight gain.Review of progress notes dated 02/05/26 through 02/28/26 revealed and there was no progress note recorded to address the weight change for Resident #12.Review of the March 2026 MAR for Resident #12 revealed the weight on 03/05/26 was indicated as not applicable.Review of the weight for Resident #12 entered under the clinical weight summary section of the medical record on 03/03/26 at 10:13 P.M. revealed it was marked as entered in error by the DON and then reentered at 10:24 P.M. by the DON at 10:25 P.M. as 149 pounds weight for Resident #12.Review of the April 2026 MAR for Resident #12 revealed the weight on 04/05/26 was indicated as not applicable.Review of the 04/06/26 weight entered under the clinical weight summary section of the medical record by the DON at 11:09 A.M. revealed a weight of 149 pounds.Review of the 04/19/26 quarterly Minimum Data Set (MDS) 3.0 assessment revealed Resident #12 had intact cognition and required maximum assistance from staff for activities of daily living (ADL).Review of the May 2026 MAR for Resident #12 revealed the weight on 05/05/26 was indicated to see nursing progress note.Review of the progress note dated 05/05/26 for Resident #12 indicated the monthly weight was not obtained.Review of the 05/06/26 weight recorded under the clinical weight summary section in the medical record revealed a weight of 167 pounds which indicated an 18 pound or 12 percent significant weight gain over the past month. There was no evidence that a re-weight was obtained to check for accuracy of the weight or to confirm a significant weight gain.An interview on 05/21/26 at 8:30 A.M. with the DON confirmed if a resident showed a (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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	significant weight change from a prior weight, the resident was to receive a reweight within 24 hours. The DON verified residents who were admitted would be weighed weekly for four weeks and then according to physician orders. The DON confirmed Resident #12 did not get weighed according to physician orders and re-weights were not completed when indicated. 2. Review of the closed medical record for Resident #48 revealed an admission date of 12/31/25 and a date of death of [DATE]. Pertinent diagnoses included type two diabetes mellitus, moderate protein-calorie malnutrition, and Alzheimer's dementia. Review of the medical record clinical weight summary for Resident #48 revealed the first recorded weight was completed on 01/05/26 (five days after admission) at 124 pounds then on 02/02/26 and 02/03/26 at 123.0 pounds. Review of the physician orders for Resident #48 dated 02/01/26 revealed monthly weights were ordered. Review of the physician orders for Resident #48 revealed weekly weights were ordered on 03/03/26.Review of the clinical weight summary in the medical record for Resident #48 revealed a weight was recorded on 03/03/26 of 122.5 pounds. Review of the physician note dated 03/05/26 revealed Resident #48's weight is down two pounds in a month, and weekly weights have been requested. Review of the physician note dated 03/09/26 for Resident #48 revealed the physician was awaiting a weekly weight measurement on Resident #48.Review of the significant change MDS 3.0 assessment dated [DATE] revealed Resident #48 had severe cognitive impairment and was dependent upon staff for ADL. Further review of the weights in the medical record for Resident #12 revealed the next recorded weight was 04/02/26 at 120.5 pounds. An interview on 05/21/26 at 8:30 A.M. with the DON confirmed Resident #48 did not get weighed according to physician orders and confirmed the weights as documented. Review of the facility policy titled Weight Monitoring, dated 06/15/25, revealed all residents would be weighed within three days of admission and recorded in the electronic medical record (EMR) by the admitting nurse. Weekly weights would be obtained and recorded in the EMR for four weeks for new admissions to the facility and residents exhibiting significant weight changes or residents determined to be at high nutritional risk. Weekly weights should be taken on a designated day each week. Residents would be re-weighed and verified if a weight change of plus or minus three pounds in a week was noted. Residents would be re-weighed and verified if a weight change of greater than five pounds in a month was noted for an individual over 100 pounds. If the resident declined to be weighed, documentation would be made in progress notes that the weight had not been taken. This deficiency represents non-compliance investigated under Complaint Number 2987494.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on record review, observation, interview and review of the United States Pharmacopeia National Formulary Standards, the facility did not ensure medication storage refrigerators were maintained at the proper temperatures for safe medication storage on the 100/200 halls. This had the potential to affect all 28 residents residing on the 100/200 halls (#1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, #15, #16, #17, #18, #19, #20, #21, #22, #23, #24, #25, #26, #27 and #28) of 47 residents residing in the facility. The facility census was 47. Findings include:An interview on 05/20/26 at 7:06 A.M. with LPN #135 revealed refrigerator temperatures in the medication room were not being monitored daily or being written in after the fact. LPN #135 stated a digit may be added or changed to make the temperature appear higher than it was. LPN #135 stated the medication refrigerator temperatures were too cold at times to safely store the medications. Observation on 05/20/26 at 7:12 A.M. with Registered Nurse (RN) #175 of the 100/200 hall medication storage refrigerator revealed the internal temperature was at 36 degrees Fahrenheit (F) which was at the low end of acceptable. RN #175 confirmed this refrigerator contained and stored medications for the residents on the 100/200 halls and provided the surveyor the Equipment Temperature Log for the refrigerator for May 2026.Review of the facility document provided by RN #175 titled Equipment Temperature Log for the 100/200 hall medication refrigerator, dated May 2026, revealed directions at the bottom of the log stated refrigerators should temp at 41F or below; equipment not holding food within a safe temperature range will be indicated as do not use until appropriate repairs are made. There were no guidelines on the form regarding the accepted cold holding temperature range for medications in the refrigerator. Temperatures were recorded at freezing levels between 26 to 32 degrees F on 05/01/26, 05/02/26, 05/03/26, 05/04/26, 05/05/26, 05/05/26, 05/09/26 and 05/13/26 with staff initials next to the temperatures.An interview on 05/20/26 at 7:15 A.M. with RN #175 confirmed the temperatures documented on the Equipment Temperature Log dated May 2026.A confidential interview on 05/20/26 with a staff member who wished to remain anonymous revealed medications were not always stored at the proper temperature in the medication refrigerator and temperature logs were incomplete.An interview on 05/21/26 at 8:30 A.M. with the DON revealed she was aware of temperature issues with the medication refrigerator on the 100/200 hall being below 36 degrees at times and she had put in a work order for maintenance within the last month. The DON stated she was monitoring it and again reported it to maintenance to adjust. The DON stated she did not have to move any of the medications.An interview on 05/21/26 at 2:05 P.M. with the Administrator confirmed the temperatures documented on the May 2026 temperature log for the 100/200 hall medication storage refrigerator were at or below 32 degrees F on 05/01/26, 05/02/26, 05/03/26, 05/04/26, 05/05/26, 05/05/26, 05/09/26 and 05/13/26 Review of the United States Pharmacopeia (USP) National Formulary General Notices: Storage Temperature Definitions revealed that USP defines Cold storage as 36 F to 46 F, which represents the accepted professional standard for refrigerated medication storage.This deficiency represents noncompliance investigated under Complaint Number 2987494.

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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 0810 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide special eating equipment and utensils for residents who need them and appropriate assistance. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, interview and review of facility policy, the facility failed to ensure adaptive feeding equipment was provided per physician orders for Resident #12. This affected one (Resident #12) of one resident reviewed for adaptive feeding equipment. The facility identified one resident (Resident #12) as requiring adaptive feeding equipment. The facility census was 47. Findings include:Review of the medical record for Resident #12 revealed an admission date of 03/15/16 with diagnoses including hemiplegia, type two diabetes mellitus, and vascular dementia.Review of the quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #12 had intact cognition and required set up for eating. Review of the physician order dated 10/30/25 for Resident #12 revealed a regular diet with a high sided plate and a rocker knife. Review of resident #12's care plan last revised on 04/26/26 revealed Resident #12 had nutrition risk related to diabetes mellitus, hypertension, hemiplegia and mild cognitive impairment. Resident #12 was noted to require a high sided plate and rocker knife with meals. Observation on 05/20/26 at 1:20 P.M. with Registered Dietitian (RD) #178 of Resident #12's meal tray revealed the high sided plate and rocker knife were not provided for the lunch meal. Interview at the time of the observation with Resident #12 revealed he frequently did not get the rocker knife or high sided plate and it made it harder for him to eat his meals. Review of the 12/08/25 revised facility policy called Adaptive Feeding Equipment revealed it was the purpose to ensure that residents/patients who require assistance during meals are assessed for adaptive feeding equipment or restorative dining interventions to promote independence, safety, dignity and adequate nutritional intake. Dietary must be notified of adaptive equipment needs and ensure equipment is placed on tray at each meal. This deficiency represents non-compliance investigated under Complaint Number 2987494.