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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366120 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 08/15/2024 |
| NAME OF PROVIDER OR SUPPLIER Majestic Care of Cedar Village. | | STREET ADDRESS, CITY, STATE, ZIP CODE 5467 Cedar Village Drive Mason, OH 45040 | |

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) |
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| <p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>49771</p> <p>Based on observation and staff interview, the facility failed to maintain a clean and sanitary kitchen area. This had the potential to affect 133 residents who received meals in the facility. The facility identified four residents (#8, #40, #60 and #122) as receiving no food from the kitchen. The facility census was 137.</p> <p>Findings include:</p> <p>During an observation of the kitchen on 08/15/24, a large swarm of small flying insects were observed around two boxes of exposed potatoes stored in the open, under a window and another directly adjacent in the vicinity of the ice machine.</p> <p>Interview on 08/15/24 at 9:25 A.M. with the Director of Nutritional and Food Services #600 confirmed the presence of the flying insects and stated the potatoes should not be stored in this manner.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00156079.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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