Printed: 06/25/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366188	A. Building B. Wing	04/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Majestic Care of Toledo Snf	131 North Wheeling Street Toledo, OH 43605

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, review of self-reported incidents, staff interview, and review of facility policy, the facility failed to ensure injuries of unknown origin were thoroughly investigated and reported to the State Survey Agency. This affected one (Resident #59) of four residents reviewed for injuries of unknown origin. The facility census was 80.Findings include:Review of the medical record for Resident #59 revealed she was admitted on [DATE] with diagnoses including chronic obstructive pulmonary disease, heart failure, anxiety, depression, type two diabetes mellitus, and dementia. The resident was discharged on 01/11/26.Review of the Minimum Data Set (MDS) assessment dated [DATE] for Resident #59 revealed she was cognitively impaired and did not display any behaviors nor refusals of care at the time of the assessment. She utilized a wheelchair and was dependent for transfers and mobilization. Resident #59 was dependent for activities of daily living.Review of progress notes for Resident #59 revealed notes on 12/25/25, at 10:42 A.M. and at 3:38 P.M., each indicating Resident #59 would not open her mouth to take her medications. Review of a progress note on 12/26/25 at 3:30 P.M. revealed Resident #56 was assessed for discoloration to each side of her face.Review of a skin assessment for Resident #59, completed by Registered Nurse (RN) #101 and dated 12/26/25 at 3:30 P.M., revealed new skin issues described as discoloration to bilateral sides of the resident's face. The assessment indicated the Director of Nursing (DON) was notified at 2:00 P.M., hospice was notified at 3:00 P.M., and Resident #59's family was notified at 3:50 P.M.Interview on 04/28/26 at 10:15 A.M. with RN #101 revealed the discoloration observed on Resident #59's bilateral face was located under the cheek bones, were red in color, equally midline between the ears and top corners of the mouth, and were symmetrical in shape the approximate size of a quarter.Review of facility self-reported incidents (SRIs) revealed no investigation or notification to the State Survey Agency was made regarding the identification of new discoloration on Resident #59's bilateral cheeks on 12/26/25.Interview on 04/28/26 at 3:30 P.M. with the DON regarding Resident #56's discoloration to her bilateral cheeks identified on 12/26/25, revealed she assumed, based on the resident's history of flailing herself, the discoloration was self-inflicted due to behaviors. The DON confirmed the discoloration to Resident #59's bilateral cheeks was not reported as an injury of unknown origin, nor investigated as such, by the facility.Review of a facility policy titled, Abuse Prevention Program, dated March 2021, revealed an injury of unknown origin was one that was not observed and suspicious due to nature, location, and/or quantity. Continued review revealed injuries of unknown origin would be reported and investigated by the facility.This deficiency represents non-compliance investigated under Complaint Number 2722375.

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