

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366201	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/02/2025
NAME OF PROVIDER OR SUPPLIER Majestic Care of Whitehall		STREET ADDRESS, CITY, STATE, ZIP CODE 4805 Langley Avenue Whitehall, OH 43213	

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)
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 19571</p> <p>Based on medical record review and interview, the facility failed to ensure physician appointments were arranged as ordered. This affected one (Resident #16) of four sampled residents. The census was 118.</p> <p>Findings include:</p> <p>Review of Resident #16's medical record revealed he was admitted to the facility on [DATE]. Diagnoses included Chronic Obstructive Pulmonary Disease, morbid obesity, cirrhosis of the liver, congestive heart failure, anxiety and hypertension.</p> <p>Review of the Annual minimum data set assessment dated [DATE] revealed his cognition was intact. He is continent of his bowel and bladder. Uses a wheelchair for mobility. Requires supervision or touching assistance with oral hygiene, toileting, bathing, dressing and personal hygiene.</p> <p>Review of the physicians orders revealed an order on 11/27/24 for a consult with Central Ohio Urology regarding a staghorn calculus (type of kidney stone with branches that can block urine flow and cause kidney failure) evaluation and treatment and consult Ohio Gastroenterology regarding gastric/esophageal thickening.</p> <p>Further review of the progress notes dated 12/17/24 revealed the facility contacted Gastroenterology and urology and they did not accept Resident #16's payment source (two different payment sources documented). There was no other documentation in attempting to get Resident #16 an appoint with Urology or Gastroenterology.</p> <p>Interview with the Director of Nursing on 01/02/25 at 3:50 P.M. verified they had not followed up and made the appointments for urology and Gastroenterology for Resident #16 since 12/17/24.</p> <p>This was an incidental finding discovered during Master Complaint Number OH00161075, Complaint Number OH00160843, OH00160779 and OH00160525.</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.

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