STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366201	A. Building B. Wing	06/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Majestic Care of Whitehall	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)
F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on observation, review of food temperatures, and staff interview, the facility failed to ensure food was served at appetizing temperatures. This affected 19 residents (#100, #101, #102, #103, #104, #105, #106, #107, #108, #109, #110, #111, #112, #113, #114, #115, #116, #117, #118) of 19 residents residing on the 200 short hall. The census was 118. Findings include: Observation on 06/16/2026 at 8:00 A.M. revealed the food cart for the 200 short hall left the kitchen with the test tray. At 8:01 A.M. the food cart arrived to the unit (200 short hall). Trays were passed by facility staff and at 8:11 A.M. the test tray temperatures were obtained and revealed the following: scrambled eggs were 125 degrees Fahrenheit,biscuits and gravy 119 degrees Fahrenheit,cream of wheat 121 degrees Fahrenheit,milk was 46 degrees Fahrenheit; and orange juice was 51 degrees Fahrenheit. The eggs and biscuits and gravy were cold to taste. This was verified by the Dietary Manager #476 at the time of the observation. This deficiency represents non-compliance investigated under Complaint Number 3033233.

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