STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395431	A. Building B. Wing	06/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Majestic Oaks Rehabilitation and Nursing Center	333 Newtown Road Warminster, PA 18974

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 0626 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Permit a resident to return to the nursing home after hospitalization or therapeutic leave that exceeds bed-hold policy. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47975 Based on review of facility policy and procedures, review of clinical records, and staff interview, it was determined that the facility failed to allow a resident to return to the facility following a hospitalization for one of eight residents reviewed. (Resident R1) Findings Include: Review of the facility policy titled, Admissions Policies undated states, Policy Statement- Written policies and procedures governing admissions to the facility will be maintained on a current basis to ensure fair and impartial admission practices. The objectives of our admission policies are to: a. Provide uniform guidelines in the admission of residents to the facility; b. Admit residents who can be adequately care for by the facility; c. Reduce the fears and anxieties of the resident and family during the admission process; d. Review with the resident, and/or his/her representative (sponsor), the facility's policies and procedures relating to resident rights, resident care, financial obligations, visiting hours, etc; and e. Assure that appropriate medical and financial records are provided to the facility prior to or upon the resident's admission. Review of Resident R1's clinical record revealed the resident was admitted to the facility on [DATE], and had diagnoses of Osteomyelitis of Vertebra, Sacral, and Sacrococcygeal region, Neuromuscular Dysfunction of Bladder, Attention-Deficit Hyperactivity Disorder, Colostomy, Opioid Dependence, Anxiety Disorder, Idiopathic Hypotension, Muscle Weakness, Major Depressive Disorder, Paraplegia, Essential Hypertension, Pressure Ulcer of Sacral Region, and Post-Traumatic Stress Disorder. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395431	A. Building B. Wing	06/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Majestic Oaks Rehabilitation and Nursing Center	333 Newtown Road Warminster, PA 18974

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 0626 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Further review of Resident R1's clinical record revealed the facility received a call from a female of May 30, 2024 stating that Resident R1 had drugs in his possession. Interdisciplinary team note from May 30, 2024 revealed, Received an anonymous phone call from a female around 11:00 a.m. Female refused to provide her name but stated she met resident on a dating website and visited him at the center on May 30, 2024 around 1:00 a.m. She stated that during her visit to the resident's room she witnessed him having drugs in his possession. She also stated that the resident previously sent her two pictures of the drugs and drug paraphernalia. The first picture showed an open clear plastic bag with a white rock-like substance and the second picture showed an insulin syringe filled with about six units of a dark brown liquid. The non-emergent police department number was called, and an officer was dispatched to the center. Upon his arrival to the center the officer, DON (Director of Nursing), ADON (Assistant Director of Nursing), and administrator entered the resident's room and received verbal consent from resident to search his person and his room for drugs and/or drug paraphernalia. Resident was asked to turn in these items prior to room search at which time he turned over a colostomy bag from in-between his legs that contained two capped unused insulin syringes, one used insulin syringe filled with about six units of a dark brown fluid, a plastic bag with a white rock-like substance, and cannabis vape. MD (physician) was notified who gave order to send resident to the emergency room for evaluation and treatment. Resident consented to be sent to hospital for a blood drug screen related to active illegal drug use. Resident told the police officer that his sister who visits the center has a friend that provides him with the illegal drugs. He states he does not know her name and that the last time he used illegal drugs was this morning. The police officer took confiscated items with him. Report to be file. Head to toe assessment completed by nurse. Vital signs WNL (with in normal limits). No c/o pain. An interview was held with the Director of Nursing, Employee E2 on June 10, 2023 at 10:11 a.m. The interview revealed that the facility was contacted by the hospital to take the resident back and the facility refused to readmit Resident R1 back to the facility when he was ready for discharge from the hospital. Employee E2 stated that they could not readmit Resident R1 back to the facility due to resident's active drug use and possibility of the resident obtaining drugs again. Employee E2 stated that the fourth-floor unit where Resident R1 resides has a lot of residents that wander in the halls in inside other resident rooms. Employee E2 was unable to provide clinical documentation as to why the facility could not meet the resident's current needs. Review of the clinical record for Resident R1 revealed no documented evidence that the facility conducted an assessment at the time the hospital was ready to discharge the resident back to the facility to determine appropriateness of admission. The clinical record did not reveal any documented evidence of the resident's physical or mental status when the facility denied admission to the facility. 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 201.18(b)(1) Management 28 Pa. Code 201.18(b)(3) Management