Department of Health & Human Services
Centers for Medicare & Medicaid Services

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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
	395431	A. Building B. Wing	02/24/2026

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 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of clinical records, facility policy, and interview with staff, it was determined that the facility failed to permit one of three residents reviewed to return to the facility after hospitalization (Resident R1). Findings include: Review of facility policy Bed Hold Policy, revised undated, revealed The Medical Assistance Program will make payment to your nursing facility to hold (reserve) your bed for you while you are away from the nursing facility for continuous 24 hour period because you are in the hospital or on therapeutic leave. A bed must be available for you when you return to the nursing facility. Review of Resident R1's clinical record revealed Resident R1 was admitted to the facility on [DATE] with a diagnosis that included chronic respiratory failure, morbid (severe) obesity, and type 2 diabetes mellitus (failure of the body to produce insulin). Review of Resident R1's clinical record revealed a nursing progress note, dated January 30, 2026, which revealed the resident stated he/she was not feeling well and requested for a full medical work up at the hospital. Resident R1 was sent to the hospital of Resident R1's choice per Resident R1's request. Resident R1 was then transferred to the hospital on January 30, 2026 at 12:00 a.m. and was admitted to the hospital. Interview on February 24, 2026 at 3:00 p.m. with hospital case manager revealed Resident R1 was admitted to the hospital on [DATE] and was medically cleared for discharge on [DATE]. Further interview on February 24, 2026 at 3:00 p.m. revealed the hospital case manager reached out the facility regarding Resident R1's readmission and the facility refused to readmit Resident R1 back to the facility, stating they were not able to meet Resident R1's care needs. Review of Resident R1's clinical record revealed no documented evidence that the facility was unable to meet Resident R1's care needs. Interview on February 24, 2026 at 12:25 Administrator, Employee E1, and Director of Nursing, Employee E2, confirmed the facility did not allow Resident R1 to return to the facility. 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 201.18(b)(2) Management

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