STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	51E109	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Majestic Care of Beckley	105 South Eisenhower Drive Beckley, WV 25801

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based upon record review and staff interview, the facility failed to implement and carry out the comprehensive care plan. This was found to be true for three (3) of twenty residents reviewed during the long term care survey process. Resident identifiers: #2, #16, #34, Facility census: 48a) Resident #2 Record review of physician orders revealed an order for Basaglar 100 unit/mL KwikPen insulin, to inject 10 units subcutaneously once daily for diabetes mellitus baseline coverage, with instructions to hold the medication if the resident's blood glucose reading was below 80 mg/dL (milligrams per deciliter) Review of the resident's comprehensive care plan failed to reveal interventions or parameters addressing the physician's order to hold insulin when blood glucose levels were below 80 mg/dL. Further review of the Medication Administration Record (MAR) indicated that on 01/22/26, Basaglar insulin was administered when the resident's blood glucose level was 77 mg/dL, which was below the ordered parameter to hold the medication. During an interview on 03/03/26 at 2:30 PM, the Assistant Director of Nursing (ADON), RN #67, confirmed that the resident's care plan did not include interventions reflecting the physician's parameters for insulin administration and acknowledged the insulin was administered despite the blood glucose reading being below 80 mg/dL. b) Resident #34 Resident #34's care plan reads as follows: Dycem to recliner. Date initiated 02/17/2026. An observation at 2:23PM on 03/03/26 confirmed Resident #34 did not have dycem in his recliner as was written in resident's care plan. This was confirmed in resident's room by Nurse #39 at 2:23PM on the same day. This was also confirmed that this was on Resident #34's care plan with Nurse #67 at 2:35PM on 03/03/26.

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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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on observation and interview, the facility failed to promote dignity while dining by ensuring residents at the same table were served lunch at the same time. This was a random opportunity for discovery during the long-term care survey process. Resident identifier: #27 Census: 48The following observations were made in the C wing dining room: On 03/02/26, four (4) residents were seated at the long table. Two residents received their meals at 12:25 PM, while Resident #27 was served at 12:38 PM. These times were confirmed during an interview with Nurse #19 at 12:38 PM. On 03/03/26, two (2) residents were seated at a table when state surveyors arrived at 12:15 PM. One resident was served at 12:32 PM, and Resident #27 was served at 12:40 PM. This information was confirmed in an interview with the DON at 12:40 PM.

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interview, the facility failed to ensure the resident's Pre-admission Screening (PAS) reflected pre-admission diagnoses. This was true for two (2) out of eight (8) residents reviewed for the category of PASRR (Pre-admission Screening and Record Review, during the Long-Term Care Survey Process. Resident identifiers: #12 and #36. Facility Census: 48a) Resident #12 A review on 03/03/26 revealed that this resident's admission diagnoses (dated 06/19/13) included Schizoaffective Disorder, Bipolar Disorder, Major Depressive Disorder, Generalized Anxiety Disorder, Schizophrenia, and Epilepsy. Although the resident has current medication orders for these conditions, a review of the PASRR dated 10/10/24 shows that Schizophrenia and Epilepsy (seizures) were omitted from Section III (Current Diagnosis) and Section V (Major Mental Illness). While the current Care Plan identified focus areas for cognitive impairment, mood alterations, and seizure risks, the PASRR remains incomplete. During an interview on 03/04/26, the Administrator, Assistant Director of Nursing, and Regional Resource Administrator agreed that the PASSR must be resubmitted to include all medical diagnoses. b) Resident #36 admitted on [DATE], this resident's diagnoses included Unspecified Dementia with Anxiety, Schizophrenia, Impulse Disorder, Unspecified Convulsions, and Other Seizures. However, the PASARR updated on 08/28/24 failed to capture Seizure Disorder under Question 30, despite the resident having a diagnosis of seizures at admission. While the Minimum Data Set (MDS) Section I was consistent with the electronic health record, the PASARR did not accurately reflect the seizure diagnosis. These findings were reviewed with the Nursing Home Administrator and [NAME] President on 03/04/26, and no further information was provided prior to the survey exit.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based upon observation, record review and staff interviews, the facility failed to follow physician orders to ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This related to insulin administration and diet orders. This was found to be true for two (2) of two (2) residents reviewed during the long term care process. Resident identifiers: #2, and #15. Facility census: 48 a) Resident #15 A review of the resident's Dietary Order revealed the following: Regular diet, Regular texture, Thin consistency no salt packet, food in bowls, double protein portions all meals. 2 Peanut butter and jelly sandwiches to lunch and dinner trays.Diet Active 12/02/2025 An observation was made of the resident during lunch meal service on 03/03/26. The resident did not have any peanut butter and jelly sandwiches on his lunch tray. The Surveyor spoke with resident and asked him if he was missing his peanut butter and jelly sandwich. Resident nodded his head yes and pointed to tray as if to indicate there were none on his tray. An interview with RN #67 was held on 03/03/26 at 12:32 PM in the dining room to ask if he was supposed to have two peanut butter and jelly sandwiches on his tray. She responded, Let me go check his orders. She arrived back two minutes later with two peanut butter and jelly sandwiches in her hands and asked resident if he wanted her to open the plastic Ziplock bag containing the sandwich. He nodded his head affirmatively. He proceeded to eat the sandwich when handed to him. A second observation was made of Resident #15 during lunch meal service on 03/04/26 at 12:25 PM. Surveyor observed resident's tray as soon as it was placed in front of him. There were no peanut butter and jelly sandwiches on his lunch tray. b) Resident #2 Record review revealed a physician order for Basaglar 100 unit/mL KwikPen insulin to inject 10 units subcutaneously once daily for diabetes mellitus baseline coverage, with instructions to hold the medication if the resident's blood glucose reading was below 80 mg/dL. Review of the Medication Administration Record (MAR) indicated that on 01/22/26, Basaglar insulin was administered when the resident's blood glucose reading was 77 mg/dL, which was below the ordered parameter to hold the medication. During an interview on 03/03/26 at 2:30 PM, the Assistant Director of Nursing (ADON), RN #67, confirmed that the insulin was administered when the blood glucose level was below the physician-ordered parameter and acknowledged this was not in accordance with the physician's order.

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. Based on record review and staff interview, the facility failed to increase/prevent decrease in range of motion/mobility for one (1) of three (3) residents. Resident identifier: 16. Facility census: 48. Findings included: a) Resident # 16 Medical record review revealed the resident had diagnoses of contracture of foot and ankle. In interview with Regional [NAME] president (RVP) of Operations on 03/03/26 at 10:45 AM, it was discussed the facility failed to provide services to Resident #16 with treatment to increase mobility or prevent further decrease in range of motion with foot and ankle. According to RVP Resident #16 has never been screened or evaluated for Physical Therapy (PT). A review of the medical record revealed the restorative exercise log. This was the only evidence of any type of therapy being provided to the resident. The restorative exercise log review showed that range of motion with the resident's foot and ankle was not addressed. The restorative exercise log revealed the exercises done with the resident consisted of upper extremity active assisted range of motion exercises, wheelchair push-ups, and lower extremity sitting exercises. None of these exercises dealt with the contracture of the foot and ankle. Care plan review revealed the resident had a contracture to bilateral ankles and indicated therapy would screen, evaluate and treat the resident per physician orders. The record review and staff interview revealed therapy had not screened, evaluated or treated this resident.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on observation and interview, the facility failed to ensure Resident #34 received assistive device to prevent accidents by not having dycem in resident's recliner. This was true of one (1) of two (2) residents sampled. Resident identifier: #34. Facility census: 48. a) Resident #34 An observation at 2:23 PM on 03/03/26 confirmed Resident #34 did not have dycem in his recliner as was written in resident's care plan to help prevent falls. This was confirmed in resident's room by Nurse #39 at 2:23 PM on the same day.

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F 0810 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide special eating equipment and utensils for residents who need them and appropriate assistance. Based on observation, interview, and record review, the facility failed to ensure Resident #4 was provided a slow-sip cup to decrease risk for swallowing and choking problems. This was a random opportunity for discovery during the long-term care survey process. Resident identifier: #4. Census: 48a) Resident #4 At 12:30PM on 03/02/26 in the dining room on C wing, Resident #4 had a slow-sip cup listed on the meal ticket. However, Resident #4 was only given two (2) cartons of milk with straws and no cups. An interview with Nurse #19, who was in the dining room at the time, confirmed resident should have a slow-sip cup. Speech Language Pathologist (SLP) #116 came in to assist resident with his meal, and the surveyor asked if she was working on resident not using a slow-sip cup. She stated she was not and that the resident should have it. The care plan read as follows: [Resident #4] presents with potential for nutritional risk related to history of swallowing and choking problems (edentulous), mechanically altered diet, ease of chewing and swallowing. An intervention listed: slow-sip cup.