

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

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 51E124	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/02/2026
NAME OF PROVIDER OR SUPPLIER Majestic Care of Lakin		STREET ADDRESS, CITY, STATE, ZIP CODE 11522 Ohio River Road West Columbia, WV 25287	
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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on observation, staff interview the facility failed to maintain an infection control program to provide a sanitary environment and help prevent the transmission of communicable diseases and infections. Two (2) residents had personal care equipment that had exposed padding which created a surface that could not be cleaned effectively. One (1) resident with a Contact Isolation sign outside her door was seated in a chair outside of her room. Resident identifier #1, #60, and #39. Facility census: 60. a) Resident #60 On initial tour on 06/29/26 at 2:00 pm Resident #60 was observed outside her room. On 06/30/26 at 11:00 am Resident #60 was observed seated outside of her room with signage still listed as Contact Precautions. Resident #60 requested oxygen. The surveyor observed NA (nurse aide) #75 enter room A -10 and bring an oxygen concentrator into hall way. NA #75 moved Resident #60 to the other side of hallway and positioned resident. Observed NA #75 provide care to Reside #60 and was not wearing PPE (personal protective equipment). On 06/30/26 t 11:15 am the surveyor interviewed CNA #75 who stated I don't know why I never put the PPE on, I didn't think about it. Interviewed NA #75 on 06/30/26 at 11:15 m who confirmed MRSA of the skin for Resident # 60 NA #75 confirmed she did not wear PPE. Interview with Infection Preventionist # 22 on 07/01/26 confirmed Contact Isolation residents were to remain in their rooms. Findings included: b) Resident #1 A facility tour with the administrator on 07/01/2026 10:50 AM found Resident #1's wheel chair right arm pad with rips and tears exposing the inner padding. c) Resident #39 A facility tour with the administrator on 07/01/26 at 10:50 AM found Resident # 39's Geri-chair with tears in the right arm rest and exposed inner padding. (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

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an interview with the administrator on 07/01/26 at 11:00AM, she acknowledged the wheel chair and Geri-chair had rips, tears, and confirmed they could not be cleaned but would do a facility wide audit for repairs.		

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F 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status. Based on record review and staff interview the facility failed to ensure they offered staff education regarding the benefits and risks associated with the COVID-19 vaccine and offered staff the vaccine or information on obtaining the vaccine. Facility census: 60. Findings included: During an interview with the executive director on 06/29/26 at 1:30 PM the ED stated, The COVID vaccine was seasonal and they are out of season.		

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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. Based on record review and staff interview, the facility failed to notify Resident's Medical Power Of Attorney (MPOA) when the resident's treatment was changed. A wanderguard was applied. This was true for one (1) of one (1) residents sampled for notification of changes during the Long-Term Care survey process. Census: 60 Resident identifier: #59 Findings included: a) Resident #60 A policy titled, Change in Condition/Physician Notification stated, The nurse will notify the physician/[Nurse Practitioner] NP/[Physician Assistant] PA and the Resident/Patient representative including but not limited to when: there is a need to alter medications or treatment or there is a significant change in the Resident's/Patient's physical, mental, or psychosocial status. An order dated 06/29/26 at 7:00 PM stated: Wanderguard: check placement right arm/wrist every shift. A review of the eInteract Change in Condition forms and progress notes revealed the facility failed to notify the Medical Power of Attorney (MPOA) that a wanderguard was being applied to Resident #59. During an interview with Administrator on 06/30/26 at 3:45 PM, the surveyor asked the Administrator to provide documentation of the notification. At 4:00 PM on 06/30/26, the Administrator provided documentation that the facility had notified MPOA of the wanderguard with the note dated 06/30/26 at 3:57 PM.		

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observation and staff interview, the facility failed to provide a safe, clean, comfortable, and homelike environment. This was true for Resident #1's wheel chair. This was a random opportunity for discovery. Resident identifier: #1. Facility census: 59. Findings Included: a) Resident #1 A tour of the facility was completed on 07/01/26 at 12:31 PM with the facility administrator found Resident #1's wheelchair had a build up of debris from dirt food underneath the seat cushion and Resident # 9's Geri-chair with broken pieces of plastic on and around the arm rests. The facility administrator confirmed the Geri-Chair with breaks in the arm rest plastic and the wheel chair seat under the cushion was full of dirt and food debris and told the residents she would get them repaired and cleaned up.		

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observation, and staff interviews, the facility failed to correctly code the Minimum Data Set (MDS) for functional abilities for Resident #44. This was true for one (1) of one (1) residents sampled for Activities of Daily Living (ADLs) during the Long-Term Care Survey process. Census: 59. Resident identifier: #44. Findings included: a) Resident #44 The MDS dated [DATE] section GG showed Resident #44 required substantial/maximal assistance with sit to stands, chair/bed-to-chair transfers, and toilet transfers. The 30 day tasks for Resident #44 in the three (3) day look back period showed Activities of Daily Living (ADLs) coded by the Nurse Aides (NAs) as follows: Sit-to-stands: Independent one (1) time on 06/04/26, Supervision five (5) times on 06/01/26, 06/02/26, 06/03/26, and 06/04/26, Partial/Moderate Assistance three (3) times on 06/01/26, 06/03/26, and 06/04/26. Chair/bed-to-chair transfers: Supervision two (2) times on 06/03/26 and 06/04/26, Partial/Moderate assistance six (6) times on 06/01/26, 06/02/26, 06/03/26, and 06/04/26. Toilet transfers: Independent one (1) time on 06/03/26, Supervision four (4) times on 06/01/26, 06/03/26, and 06/04/26, Partial/Moderate Assistance three (3) times on 06/02/26 and 06/04/26. Resident #44 has no documentation in above ADL tasks of requiring substantial/maximum assistance. Resident #44 was observed on 07/01/26 at approximately 8:45AM by state surveyor transferring from her recliner to her wheelchair with supervision/touching assistance. In an interview with Nurse Aide (NA) #75 on 06/30/26, she reports that Resident #44 usually requires supervision or touching assistance with her transfers. She stated she has never seen her require maximum assistance. In an interview with Physical Therapy Assistant #96 on 07/01/26 at 2:00PM, she stated Resident #44 requires stand by assistance with all transfers. During an interview with MDS Coordinator #1 at 2:45 PM on 07/01/26, she confirmed the MDS was not coded based on the task documentation done by the nurse aides providing care.		

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F 0685 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assist a resident in gaining access to vision and hearing services. Based on resident interview, record review, and staff interview, the facility failed to ensure Resident #60 received timely treatment to maintain vision. This was true for one (1) of one (1) residents sampled for vision during the Long-Term Care Survey process. Resident identifier: #60. Facility census: 60. a) Resident #60 During initial interview on 06/29/26 at 12:55 PM, Resident #60 stated she had an eye appointment several months ago and she needed cataract surgery. However, she stated she had not heard anything about it since then. A review of the records show Resident #60 had an eye appointment with 360 Eye Care on 02/05/26 that included an order to refer to ophthalmologist for cataract surgery. In an interview with Director of Nursing (DON), on 07/01/26 at approximately 3:30 PM, she stated she did not have any upcoming appointments for cataract surgery. After state surveyor intervention, an appointment was scheduled for 08/06/26 at 8:30 AM.		

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. Based on record review and staff interview, the facility failed to ensure Resident #6 was administered oxygen as ordered. This was a random opportunity for discovery during the Long-Term Care Survey process. Facility census: 60. Resident identifier: #6. Findings included: a) Resident #6 An order dated 05/07/26 reads oxygen at two 2 liters per minute via nasal cannula, continuously. Diagnosis: heart failure. On 07/01/26 state surveyor observed Resident #6 at 8:35 AM without oxygen outside of her room. At 10:05 AM Resident #6 was observed again without oxygen. In an interview with Registered Nurse (RN) #86 at 10:05AM, she confirmed Resident #6 was ordered continuous oxygen at two 2 liters/minute via nasal cannula. RN #86 then checked Resident #6's oxygen saturation with a pulse ox and it registered 81%. During an interview with Administrator at approximately 12:00PM on 07/01/26, she confirmed that Resident #6's oxygen saturation had returned to normal after the oxygen was applied.		

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on record review and staff interview, the facility failed to ensure complete and accurate medical records. This deficient practice had affected two (2) of 26 residents in the long-term care survey sample. Resident Identifiers: #22 and #60. Facility census: 59. Findings included:a) Resident #60 The 14 day task titled Observe - Behavior Symptoms: False beliefs/Delusions/Hallucinations has a category labeled: Yes (Doc [document] in PN [Progress Note]). There are three (3) dates, 06/26/26, 06/27/26, and 06/28/26, that were marked yes by the Nurse Aides (NAs). During an interview with NA #72 and NA #75 at 8:55AM, they both stated if they document a yes on the task sheet for behaviors, they follow that up with informing the nurse in charge of the behavior so the nurse can document. A review of the progress notes for those dates reveals no documentation as to what those behaviors were or how they were addressed. During an interview with Director of Nursing (DON) on 07/01/26 at 3:15PM, she confirmed there was no documentation in the progress notes related to the behaviors that were marked on the task sheet. b) Resident #22 Review of Resident #22's progress note revealed a psychiatric provider's note written on 06/26/26. The note in part stated, Today I visited her while she was sitting in the common area. She denies having any pain presently. She also reports that she is having difficulty staying asleep. When asked about activities she states that she does not participation in activities. In regards to appetite, she reports that it has been fair recently . Resident #22 was male. On 07/01/2026 3:19 PM, the Director of Nursing (DON) stated the facility had reached out to the provider who wrote the note. She stated the provider would be asked if these notes were written for the correct resident. 07/01/2026 at 3:34 PM, the DON stated the provider stated the notes were for the correct resident, but incorrect pronouns had been used for the resident. The DON provided documentation to show the progress note had been corrected to use the resident's correct pronouns.		