

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555115	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2025
NAME OF PROVIDER OR SUPPLIER Majestic Mountain Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 40131 Highway 49 Oakhurst, CA 93644	
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 0688 Level of Harm - 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. (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 0688 Level of Harm - Actual harm Residents Affected - Few	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to provide appropriate treatment and services to increase range of motion (the full movement potential of a joint to flex and extend in any direction) to prevent further decrease in range of motion for one of four sampled residents (Resident 1) when Resident 1 had left knee surgery on [DATE] and a knee brace (a medical device worn on the knee to support, correct, or protect the joint for functional improvement) was left on Resident 1's left leg continuously until [DATE]. The facility failed to obtain a physician order for the use of the knee brace, develop an individualized care plan for the use of the knee brace, and did not schedule a follow up orthopedic (a branch of medicine that specializes in the diagnosis, treatment, and prevention of disorders and injuries of the musculoskeletal system) appointment for Resident 1 until [DATE]. This failure resulted in the development of an equinus contracture (a condition where the ankle is stuck in a pointed-down position, limiting the ability to lift the foot upward) to Resident 1's left ankle and decreased ability to Resident 1's left knee leaving Resident 1 immobile (unable to walk) and in pain. Findings: During an observation and interview on [DATE] at 12:57 p.m. in Resident 1's room, Resident 1 was in bed having lunch. Resident 1's feet were elevated on a pillow with heel protectors (a device used to prevent skin breakdown by cushioning and offloading pressure from the heel) on both feet. Resident 1 stated she was unable to move her left leg. Resident 1 stated she had 10/10 (scale used to measure the level pain a person is experiencing with a score of 0 indicating no pain up to a score of 10 indicating worse pain imaginable) pain to her left leg with motion. Resident 1 stated she fell at home and broke her left leg. Resident 1 stated she had surgery at the hospital and was getting physical therapy (a healthcare profession that aims to improve and restore physical function, reduce pain, and prevent future injuries) at the facility. During a review of Resident 1's admission Record (AR), dated [DATE], the AR indicated, Resident 1 had a history of fracture (broken) shaft of left tibia (lower leg bone), muscle weakness, history of falling, abnormal gait (walking) and mobility, muscle wasting and atrophy (the shrinking or wasting away of an organ, tissue, or muscle), and encounter for other orthopedic aftercare. During a review of Resident 1's admission Initial Evaluation (AIE), dated [DATE], the AIE indicated, Resident 1 was admitted on [DATE] at 6:00 p.m. from [name of rehabilitation facility - a specialized institution that provides therapies and services to help individuals recover from illness, injury, or disability to regain independence and improve their quality of life]. Resident 1 had Brace to left lower leg. Resident 1 rated her pain level 8/10 to the left leg. During a review of Resident 1's Orthopedic Trauma Surgery Progress Note (OTSPN), dated [DATE], the OTSPN indicated, .Patient is now s/p (status post) left Tibia IM (intramedullary - the canal of the tibia; a surgical procedure to fix a fracture which involves inserting a metal rod or nail into the hollow center of the tibia) performed by [name of orthopedic physician] on [DATE]. Plan: Weightbearing as tolerated to the left lower extremity. Physical Therapy to assist with ambulation (walking) and use of assistive devices. All splints (knee brace) must stay on until first post-op (postoperative - after a surgical procedure) appointment Follow-up in [name of Orthopedic Physician] office in three weeks for wound check, suture/staple removal, and x-rays (medical imaging to create detailed images of bones, joints, and internal organs) of the operative extremity. During a review of Resident 1's Orthopedic Institute Progress Notes (OIPN), dated [DATE], the OIPN indicated, . Patient was lost to follow-up (did not see the Orthopedic Physician after the surgery) and had issues getting here from the skilled nursing facility (a healthcare center providing short-term rehabilitation or long-term care for individuals who need medical supervision and assistance with daily activities). Assessment/Plan: [name of Resident 1] with a history of a mechanical level fall (a fall caused by external forces, such as tripping over an obstacle, slipping on a wet surface, or stumbling) sustaining a left proximal third tibia fracture (a break in the upper portion of the left shinbone) post intramedullary nail on [DATE] lost to follow-up. patient has developed an equinus contracture as well as decreased ability to move her knee. Patient needs aggressive physical therapy as well as her range of motion. Knee immobilizer (a brace used to keep the knee joint stable and prevent movement after an injury or surgery) is discontinued. During a review of Resident 1's [name of rehabilitation facility] History and Physical (H&P), dated [DATE], the H&P indicated, .Impression: Weight-bear as tolerated left lower extremity, immobilizer at all times. During a concurrent interview and record review of Resident 1's [name of rehabilitation facility] Patient Transfer and Referral Record (PTRR), dated [DATE], with the Director of Nursing, the PTRR indicated Primary diagnosis (onset): GI F (around level fall) l (left) tibial shaft fx</p>		