STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365209	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/06/2025
NAME OF PROVIDER OR SUPPLIER Majestic Care of Middletown LLC		STREET ADDRESS, CITY, STATE, ZI	P CODE
		6898 Hamilton Middletown Road Middletown, OH 45044	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0580 Level of Harm - Minimal harm	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.		
or potential for actual harm	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39702		
Residents Affected - Few Based on medical record review, staff interviews and policy review, the facility failed to notif representative of change in health care status. This affected one (#137) of three residents rechange in condition. The facility census was 35.			
	Findings include:		
	Medical record review for Resident #137 revealed an admission on [DATE] and a discharge on [DATE] to hospital. Resident #137 expired on [DATE] under hospice care. Diagnoses including acute diastolic (congestive) heart failure, venous insufficiency (chronic) (peripheral), vascular dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety.		
	Review of the Minimum Data Set (MDS) assessment dated [DATE] for Resident #137 revealed an impaired cognition. Resident #137 required supervision for eating and total staff dependence for bed mobility, transfers and toileting.		
	Review of the plan of care for Resident #137 revealed the resident exhibits behaviors including refusing care showers, turning and repositioning, medications and wound care. Interventions include encourage family involvement, approach in a friendly manner, maintain a safe environment, and positive feedback for good behavior.		
	Review of the physicians orders for Resident #137 revealed an order dated [DATE] for STAT (urgent) complete blood count (CBC) with differentials, complete metabolic profile (CMP) and an ammonia level for one time only for change in condition, an order for stat chest x-rays one time only for increased confusion dated [DATE].		
	Review of the progress notes for Resident #137 dated [DATE] at 3:50 P.M. revealed the resident noted to have increased confusion stating he is seeing things that he knows are not there. Vital signs were obtained, and nurse practitioner was notified on changes regarding hallucinations, increased confusion and refusing to eat breakfast and lunch. Further record review revealed there was no documentation Resident #137's representative was notified of the residents change of condition or new orders.		
	(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

Facility ID: 365209

SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by f Review of the progress note for Res made aware of changes in condition CBC with differentials, CMP, ammo	full regulatory or LSC identifying informati	agency.
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made aware of changes in condition CBC with differentials, CMP, ammo	aident #127 dated [DATE] at 4:22 D M	
#137's representative was notified of Review of the progress notes for Re alerted that the resident did not look pressure was ,d+[DATE]. Head of b to 90 percent only to fall again. A re percent. Nurse practitioner was not 8:08 A.M. and Resident #137 was t Interview on [DATE] at 1:20 P.M. w have been notified when the change documentation was silent for family Review of the facility policy titled Ch nurse will notify the physician and th physical, mental, or psychosocial st	n, confusion, hallucinations, and vital s nia levels, an electromagnetic radiatio y. Further record review revealed there of the residents change of condition or esident #137 dated [DATE] at 8:00 A.M. (good. Pulse oximeter was 82 percent red was elevated and oxygen initiated. breather mask was applied with oxyge fied with orders to call 911. Family wa ransferred to the hospital at 8:20 A.M. ith the Assistant Director of Nursing (A e in condition occurred on [DATE] and notification until transfer to the hospital mange in Condition/Physician Notification he resident/representative when a sign atus occurs.	revealed nurse practitioner was igns. New orders received for stat n (X-ray) of the chest and a e was no documentation Resident new orders. 1. revealed nursing staff was c on room air. Resident #137 blood Oxygen saturation levels increase en saturation rate increasing to 96 s notified of change in condition at DON) verified the family should was not. ADON verified the Il on [DATE]. on, dated [DATE] revealed the ificant change in the resident's
	alerted that the resident did not look pressure was ,d+[DATE]. Head of b to 90 percent only to fall again. A re percent. Nurse practitioner was not 8:08 A.M. and Resident #137 was t Interview on [DATE] at 1:20 P.M. w have been notified when the chang documentation was silent for family Review of the facility policy titled Ch nurse will notify the physician and th physical, mental, or psychosocial st	Review of the progress notes for Resident #137 dated [DATE] at 8:00 A.M alerted that the resident did not look good. Pulse oximeter was 82 percent pressure was ,d+[DATE]. Head of bed was elevated and oxygen initiated. to 90 percent only to fall again. A rebreather mask was applied with oxyge percent. Nurse practitioner was notified with orders to call 911. Family was 8:08 A.M. and Resident #137 was transferred to the hospital at 8:20 A.M. Interview on [DATE] at 1:20 P.M. with the Assistant Director of Nursing (A have been notified when the change in condition occurred on [DATE] and documentation was silent for family notification until transfer to the hospital at 8:20 A.M. Interview of the facility policy titled Change in Condition/Physician Notification nurse will notify the physician and the resident/representative when a sign physical, mental, or psychosocial status occurs. This deficiency represents non-compliance investigated under Complaint 1

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NAME OF PROVIDER OR SUPPLIER		6898 Hamilton Middletown Road	FCODE
Majestic Care of Middletown LLC		Middletown, OH 45044	
For information on the nursing home's	plan to correct this deficiency, please cont	tact 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 0657	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39702		
Level of Harm - Minimal harm or potential for actual harm			
Residents Affected - Few	Based on medical record review, staff interview and policy review, the facility failed to ensure care conferences were completed as required. This affected one (#137) of three residents reviewed for care conferences. The facility census was 135.		
	Findings included		
	Medical record review for Resident #137 revealed an admission on 12/20/22 and a discharge on 11/03/24. Diagnoses including acute diastolic (congestive) heart failure, venous insufficiency (chronic) (peripheral), vascular dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety.		
	Review of the Minimum Data Set (MDS) assessment dated [DATE] for Resident #137 revealed an impaired cognition. Resident #137 required supervision for eating and total staff dependence for bed mobility, transfers and toileting.		
	Review of the plan of care for Resident #137 revealed the resident exhibits behaviors including refusing care, showers, turning and repositioning, medications and wound care. Interventions include encourage family involvement, approach in a friendly manner, maintain a safe environment, and positive feedback for good behavior.		
	Review of Resident #137's progress notes dated 02/21/24 to 12/31/24 revealed only one care conference meeting between facility staff and resident which was held on 02/21/24.		
	Interview on 12/31/24 with the Director of Nursing (DON) verified the medical record was silent for any care conference since 02/21/24 for Resident #137. The DON verified the residents should have had a care conference quarterly and aligning with the completion of the MDS assessment.		
	Review of the facility policy titled Care Conference dated 12/12/23, stated care conferences will be scheduled to include the resident, resident representative and interdisciplinary team as soon as possible after admission, routinely and with a change in condition. Additionally the facility will provide the resident and resident representative advance notice of care conferences.		
	This deficiency is based on inciden	tal findings discovered during the cour	se of this complaint investigation.

Residents Affected - Few orders for medication administration with blood pressure parameters which resulted in significant me errors. This affected one (#37) of three residents reviewed for medication administration. The facility was 135. Finding include: Medical record review for Resident #37 revealed an admission on 11/15/24 with diagnoses including limited to chronic respiratory failure, hypotension, hypertension and dependence of respirator with tracheostomy status. Review of the Minimum Data Set (MDS) assessment for Resident #37 revealed an intact cognition. F #37 required staff assistance for toileting, bed mobility and eating. Transfers not attempted for safety reasons. Review of the plan of care for Resident #37 revealed resident is at risk for impaired cardiac output re diagnosis of hypertension and hypotension. Interventions include vital signs as ordered, observe for dysfunction, and administer medications as ordered. Review of the active physician orders for Resident #37 revealed an order for Midodrine oral tablet 5 milligrams giver one tablet by mouth three times a day for hypotension hold for systolic blood pressur 120. Review of the medication administration record for Resident #37 for the month of December 2024 rev blood pressure reading on 12/20/24 of 128/68 on 12/16/24, a blood pressure 132/78 on 12/24/24, a blood pressure of 122/69 on 12/10/24, a blood pressure 132/78 on 12/24/24, a blood pressure of 122/69 on 12/16/24, a blood pressure 132/78 on 12/28/24, a blood pressure of 124/77 on 12/24/24, ablood press 132/78 on 12/28/24, a blood pressure of 124/67 on 12/24/24, ablood press 132/78 on 12/28/24, a blood pressure of 122/69 on 12/20/24 with documentation of Resident #37 revealed medication (Midodrine) was signed for as administered on days when documented bloc pre				
Majestic Care of Middletown LLC B898 Hamilton Middletown Road Middletown, OH 45044 For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. XX4 JID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) Ensure that residents are free from significant medication errors. Jevel of Harm - Minimal harm or potential for actual harm 39702 Based on medical record review, staff interview and policy review, the facility failed to follow physicia orders for medication administration with blood pressure parameters which resulted in significant me errors. This affected one (#37) of three residents reviewed for medication administration. The facility was 135. Finding include: Medical record review for Resident #37 revealed an admission on 11/15/24 with diagnoses including limited to chronic respiratory failure, hypotension, hypertension and dependence of respirator with tracheostory status. Review of the plan of care for Resident #37 revealed an admission on 11/15/24 with diagnoses including lingmosis of hypertension and hypotension. Interventions include vital signs as ordered, observe for dysfunction, and administer medications as ordered. Review of the plan of care for Resident #37 revealed an order for Midodrine oral tablet 5 milligrams giver one tablet by mouth three times a day for hypotension hold for systolic blood pressure 12/2/60 an 12/2/24, a blood pressure 12/2/60 an 12/1/24, a blood pressure 12/2/60 an 12/1/24, a blood pressure 12/2/60 an 12/1/244, a blood pressure 12/2/60 an 12/2/24, a blood pressure 12/2/24, a		IDENTIFICATION NUMBER:	A. Building	COMPLETED
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signs, when applicable or per physicians order when applicable hold the medication for those vital sign outside of the physicians prescribed parameters. This deficiency represents non-compliance investigated under Complaint Numbers OH00160511 and		Interview on 12/30/24 at 3:00 P.M. with Director of Nursing (DON) verified the documentation for Resident #37 revealed medication (Midodrine) was signed for as administered on days when documented blood pressure was out of the ordered parameters and should have been held. The DON confirmed Resident #37's Midodrine is order to increase the residents blood pressure.		
		Review of the facility policy titled Medication Administration dated 01/02/24 revealed obtain and record vital signs, when applicable or per physicians order when applicable hold the medication for those vital signs outside of the physicians prescribed parameters.		
		This deficiency represents non-compliance investigated under Complaint Numbers OH00160511 and OH00161077.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365209	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/06/2025
NAME OF PROVIDER OR SUPPLIE		STREET ADDRESS CITY STATE 7	PCODE
Majestic Care of Middletown LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 6898 Hamilton Middletown Road Middletown, OH 45044	
For information on the nursing home's	plan to correct this deficiency, please con	l tact 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)		on)
F 0880	Provide and implement an infection	prevention and control program.	
Level of Harm - Minimal harm or potential for actual harm	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39702		
Residents Affected - Few	implement their infection control po	bservation, staff interview and policy re- licy during medication administration. ⁻ administration. The facility census was	This affected one (#114) of three
	Findings include		
	Review of the medical record for Resident #114 revealed an admission on 08/07/24. Diagnoses include Coronavirus Disease 2019 (COVID-19), infection following surgical procedure, type two diabetes mellitus, depression and hypertension.		
	Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #114 was cognitively intact. Resident #114 required staff assistance for completion of toileting, transfers, and bed mobility tasks.		
	Review of the active physician orders for Resident #114 for the month of December 2024 revealed and order for cholecalciferol tablet 1000 units one tablet one time a day dated 11/13/24, ferrous sulfate tablet 325 milligrams (mg) one tablet daily dated 10/27/24, famotidine tablet 20 mg one tablet daily dated 10/05/24, multivitamin one tablet by mouth daily dated 10/10/24, multivitamin with minerals one tablet by mouth daily dated 11/14/24, transdermal scop 1.5 mg transdermal patch apply one patch transdermally one time a day every three days dated 10/05/24, duloxetine capsule 60 mg give one tablet daily dated 10/05/24, sitagliptin phosphate 100 mg one tablet daily dated 10/05/24, Jardiance 25 mg tablet give one tablet daily dated 10/05/24.		
	Observation on 12/31/24 at 10:52 A.M. of Licensed Practical Nurse (LPN) #129 administering medications to Resident #114 revealed LPN #129 dropped one pill onto the floor, picked the pill up and handed it to Resident #114 for administration. Resident #114 accepted the medication and put it into her mouth and swallowed it.		
	Interview on 12/31/24 at 10:57 A.M. with LPN #129 verified she dropped one pill (duloxetine) onto the residents' floor, picked it up and administered it to Resident #114.		
	Interview on 12/31/23 at 11:27 A.M. with Director of Nursing (DON) verified the nurse should not have administered the medication that was dropped onto the floor. The DON verified the medication should have be destroyed and a replacement tablet offered to the resident.		
	Review of the facility policy titled Medication Administration dated 01/02/24, revealed medication will be administered in accordance with professional standards of practice and in a manner to prevent contamination or infection.		
	This deficiency is based on inciden	tal findings discovered during the cours	se of this complaint investigation.