

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 06/05/2025
NAME OF PROVIDER OR SUPPLIER 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 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)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observation, interview and policy review, the facility failed to have a Legionella prevention program. This had the potential to affect all residents of the facility. The facility also failed to ensure staff changed gloves and washed their hands appropriately during incontinence care. This affected one (Resident #97) of three residents reviewed for incontinence. The census was 148.</p> <p>Findings include:</p> <p>1. Review of the facility's water management documentation revealed no evidence of an implemented Legionella prevention plan. There was no documentation of any members designated to manage a Legionella prevention plan. There was no documentation of any control measures being put in place to prevent Legionella.</p> <p>During an interview on 06/04/25 at 3:35 P.M., Maintenance Supervisor (MS) #496 and the Administrator stated there was not an implemented Legionella prevention plan. MS #496 confirmed there was no documentation of any control measures in place to prevent Legionella.</p> <p>Review of the facility's policy titled Water Management Program, dated 05/15/25, revealed the water management program (WMP) is-a multi-faceted process designed to reduce the growth and spread of opportunistic bacteria. The WMP includes developing a team, describing building water systems, identifying areas or devices where opportunistic bacteria such as Legionella might grow or spread to people, control measures, and remediation interventions when control measures are not met.</p> <p>2. Review of the medical record revealed Resident #19 was admitted to the facility on [DATE] with diagnoses of intracerebral hemorrhage, hemiplegia and hemiparesis, morbid (severe) obesity, encephalopathy and depression.</p> <p>Review of the Minimum Data Set (MDS) quarterly assessment dated [DATE] revealed Resident #19 had no cognitive impairment, range of motion impairments on one side, upper and lower extremities and was always incontinent of bowel and bladder. The resident required set up assistance for eating, dependent for dressing and maximal assistance for oral and personal hygiene, toileting, bathing, bed mobility and transfers.</p> <p>Review of physician orders for Resident #97 revealed an order dated 01/01/25 to cleanse the suprapubic catheter site with soap and water and apply a drain sponge every shift.</p> <p>During an observation on 06/03/25 at 4:25 P.M., Resident #97, who was under Enhanced Barrier Precautions (EBP), received catheter care and incontinence care in bed from Certified Nursing Assistant</p> <p>(continued on next page)</p>

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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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>(CNA) #541. The resident was provided with catheter care and then bowel incontinence care. After catheter care and bowel incontinence care was provided, CNA #541, still wearing the gloves to provide catheter and incontinence care, touched the bathroom doorknob, bathroom sink faucet, applied a clean brief, pulled the resident's pajama bottoms up, and touched the wheelchair handles to move the wheelchair to the resident's bedside. CNA #541 doffed the gown and dirty gloves and left the room without washing and/or sanitizing her hands.</p> <p>Review of the EBP signage posted near the door to the room of Resident #97 revealed everyone must clean their hands, including before entering and when leaving the room.</p> <p>During an interview on 01/22/25 at 2:55 P.M., CNA #541 verified she did not change her gloves after completing incontinence care and before she touched the bathroom doorknob, bathroom sink faucet handle, application of clean brief on resident, pulling the resident's pajama bottoms up and touching the resident's wheelchair handles. She also verified she did not sanitize and/or wash her hands before leaving the resident's room.</p> <p>Review of the policy titled, Enhanced Barrier Precautions, dated 03/20/24, revealed it is the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms.</p> <p>Review of the policy titled, Handwashing-Hand Hygiene, revised 03/05/25, revealed the purpose of the policy and procedure was to prevent the spread of infections through proper hand hygiene. Care team members must wash their hands for twenty (20) seconds using antimicrobial or non-microbial soap and water or use of an alcohol-based hand rub before and after direct contact with residents and after removing gloves.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00164818.</p>		