STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365196	A. Building B. Wing	04/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pleasant Ridge Healthcare Center	5501 Verulam Cincinnati, OH 45213

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42728 Based on medical record review, observation, resident interview, staff interviews, and review of the facility policy, the facility failed to ensure appropriate storage of residents' medications. This affected one (Resident #28) of 11 residents reviewed for environmental concerns. The facility census was 71 residents. Findings include: Review of the medical record for Resident #28 revealed an admitted [DATE] with diagnoses including fibromyalgia, personality disorder, and hypertension. Review of the quarterly Minimum Data Set (MDS) assessment for Resident #28 revealed the resident was mildly cognitively impaired. Observation on 04/23/24 at 10:55 A.M. revealed Resident #28 was alone in the room and there was a plastic medication cup with two pills on the residents over the bed table. Interview on 04/23/24 at 10:55 A.M. with Resident #28 confirmed the resident was unsure where the medications had come from, what they were, how long they had been there, or if they were his. Interviews on 04/23/24 at 11:00 A.M. with Licensed Practical Nurses (LPNs) #350 and LPN #570 confirmed there was a plastic cup of medication lying on the over the bed table in Resident #28's room which should not have been left unattended by staff. Review of the facility policy titled Medication Administration undated revealed medications were never to be left unattended. This deficiency represents noncompliance investigated under Complaint Number OH00152673.

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