

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365196	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/14/2025
NAME OF PROVIDER OR SUPPLIER Pleasant Ridge Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, observation, record review, and policy review, the facility failed to report concerns of injuries of unknown origin to the state agency in a timely manner. This affected one (Resident #12) of seven residents sampled for abuse. The facility census was 75. Findings include: Review of the medical record revealed Resident #12 was admitted to the facility on [DATE]. Diagnoses included unspecified dementia, atherosclerotic heart disease, legal blindness, and chronic pain syndrome. Review of the most recent Minimum Data Set (MDS) assessment, dated 06/04/25, revealed the resident had severely impaired cognition, had no behaviors, did not reject care, and did not wander. Resident #12 was dependent on staff for all ADL care. Review of progress note dated 05/29/25 at 10:45 AM revealed Resident #12 had a swollen right knee that was warm and painful to touch. Nursing staff notified the provider and received orders for a STAT X-ray of the right knee, Tylenol 1000 milligrams (mg) by mouth now, and topical Voltaren 1 percent gel as needed for pain. The nurse administered Tylenol 1000 mg for pain. Review of the Radiology Results Report dated 05/29/25 at 11:44 AM revealed Resident #12 had a three-view X-ray performed on the right knee on 05/29/25 at 11:12 AM. Results showed acute nondisplaced oblique fractures proximal tib-fib, joint effusion, moderate tricompartmental osteoarthritic change, decreased, mineralization, and scattered vascular calcifications. Review of progress note dated 05/31/25 at 3:57 P.M. revealed Resident #12 had an X-ray result showing right knee fracture and had a new order to send to the hospital. Review of facility investigation dated 05/31/25 revealed the facility interviewed staff involved with Resident #12 patient care on 0/5/29/25. Nursing assistants stated they noticed Resident #12 grimaced and moaned as if in pain during incontinence care but denied any indications that injury had occurred during care. The aides notified the nurse who assessed the patient and noted her right knee was swollen and warm to the touch. The nurse notified the on-call provider and set up a tele-health visit via video. The provider noted swelling and possible displacement of the right knee and ordered imaging. The imaging was completed within the hour; however, the results were not reported to the provider until 05/31/25 when the ADON accessed the results through the electronic record. During an interview on 07/14/25 at 1:56 P.M. Regional Clinical Director #99 stated the immediately began an investigation due to the extent of Resident #12's injuries, but it was decided not to file a self reported incident for injury of unknown origin because the provider deemed the injury to be idiopathic. Review of policy titled Ohio Abuse, Neglect, and Misappropriation dated 10/04/24 revealed an injury was classified as an injury of unknown origin when the source of the injury was not observed by any person, the source of the injury could not be explained by the resident, and the injury was suspicious because of the extent of the injury. Accurate and timely reporting of incidents, both alleged and substantiated, were sent to officials in accordance with the state law. This is an incidental deficiency discovered during the course of this complaint investigation.</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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