STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365485	A. Building B. Wing	09/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Flint Ridge Nrsg & Rehab Ctr	1450 West Main Street Newark, OH 43055

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on observations, interviews and facility policy review, the facility failed to perform hand hygiene during medication administration. This affected nine residents (#19, #30, #36, #46, #49, #59, #65, #76, and #83) of 15 residents receiving medications during afternoon medication administration and had the potential to affect all 28 residents residing on the Main Unit hallway. The facility census was 80.Findings Include: An observation on 08/28/25 from 11:45 A.M. to 12:25 P.M. revealed Registered Nurse (RN) #234 completed noon medication administration on the Main Unit hallway. RN #234 prepared and administered medication for Resident #52, returned to the medication cart to begin preparation of medications for Resident #83 without sanitizing or washing hands. RN #234 administered Resident #83 ' s medications and returned to the medication cart to prepare Resident #30 ' s medications without sanitizing or washing hands. RN #234 administered Resident #30 ' s medications and returned to the medication cart to prepare Resident #36 ' s medications without sanitizing or washing hands. RN #234 administered Resident #36 ' s medications and returned to the medication to prepare Resident #59 ' s medications without sanitizing or washing hands. RN #234 administered Resident #59 ' s medications and returned to the medication cart to prepare Resident #19 ' s medication without sanitizing or washing hands. RN #234 administered Resident #19 ' s medications and returned to the medication cart to prepare medications for Resident #49 ' s without sanitizing or washing hands. An observation on 08/28/25 from 1:30 P.M. to 2:05 P.M. revealed RN #234 completed afternoon medication administration on the Main Unit hallway. RN #234 began preparing Resident #83 ' s medications without sanitizing or washing hands. RN #234 administered Resident #83 ' s medications and returned to the medication cart to prepare Resident #59 ' s medications without sanitizing or washing hands. RN #234 administered #59 ' s medications and returned to the medication cart to prepare Resident #46 ' s medications and sanitized hands. RN #234 administered Resident #46 ' s medication and returned to the medication cart to prepare Resident #76 ' s medications without sanitizing or washing hands. RN #234 administered Resident #76 ' s medications and returned to the medication cart to prepare Resident #65 ' s medications without sanitizing or washing hands. RN #234 administered Resident #65 ' s medications and returned to the medication cart without sanitizing or washing hands.An interview on 08/28/25 at 2:10 P.M. with RN #234 confirmed during the noon medication administration and again during the afternoon medication administration, RN #234 did not sanitize or wash hands between residents. RN #234 stated hand sanitizing and/or washing is to be performed before preparing medications and after administration of medications. Review of the facility ' s policy titled, Administering Medications, undated revealed, Staff follows established facility infection control procedures; handwashing, antiseptic technique, gloves, isolation precautions, for the administration of medications, as applicable.Review of the facility ' s policy titled, Handwashing/Hand Hygiene, dated 10/23 revealed This facility considers hand hygiene the primary means to prevent the spread of healthcare-associated infections.This deficiency is an incidental finding discovered during the complaint investigation.

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