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	11/21/2025

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 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason. (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

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F 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, medical record review, and facility policy review, the facility failed to ensure appropriate treatment and services to maintain or improve the resident's ability to carry out activities of daily living. This affected one (Resident #93) of three residents reviewed for falls. The facility census was 75.Findings include:Review of Resident #93's medical record revealed an admission date of 04/13/23. Diagnoses include sarcoid myocarditis, sarcoidosis of other sites, difficulty in walking, muscle weakness, other vascular myelopathies, neuromuscular dysfunction of bladder, seizures, anxiety, major depressive disorder, retention of urine, insomnia, GERD, iron deficiency anemia, obesity, hypothyroidism, hypopituitarism, nonrheumatic aortic stenosis, essential (primary) hypertension, and diabetes mellitus due to underlying condition with diabetic neuropathy.Review of Resident #93's medical record revealed a Brief Interview for Mental Status (BIMS) score of 15 out of 15 indicating cognitively intact.Review of Resident #93's Fall Risk assessment dated [DATE] revealed a score of 4.0 indicated as a low risk.Review of Resident #93's medical record revealed progress note dated 10/30/25 states Certified Nursing Assistant (CNA) was assisting Resident #93 from recliner to wheelchair then Resident #93's knees buckled and CNA assisted Resident #93 to floor on to knees then to buttocks then called for help. Resident #93 was assisted to wheelchair with two- person stand and pivot to chair. New order for x-rays to both knees.Review of Resident #93's 10/30/25 fall investigation revealed a root cause of fall as Resident #93's legs were weak, and knees buckled during transfer. New interventions post fall included two-person assist with transfers to care plan and therapy referral made and picked up 10/31/25. No adverse effects or further injury status post incident.Review of Resident #93's Fall Risk assessment dated [DATE] completed after the fall revealed a score of 9.0 indicated as a moderate risk. Review of Resident #93's care plan for falls updated on 10/31/25 states actual fall 10/30/25 transferring and knees gave out Resident #93 to be two person assist with transfers. Usage of gait belt not noted in care plan. Review of Resident #93's Kardex information for staff revealed safety interventions include actual fall 10/30/25 transferring and knees gave out, to be a two person assist with transfers. Also noted under transferring, actual fall: 10/30/25 to be a two person assist with transfer, stating extensive assistance x2. Toileting noted extensive assist x1.Review of Resident #93's physical therapy (PT) discharge note dated 10/13/25 confirms the Physical Therapist recommends stand by assist with front- wheeled walker and cuing for catheter management; resident typically with good brake management but continues to require infrequent cuing for this as well. Discharge reason noted as highest practical level achieved.Interview on 11/19/25 at 1:35 P.M. with Resident #93 revealed staff do not use a gait belt or a walker when transferring. Resident #93 stated the physical therapist recommended staff use a walker when transferring.Interview on 11/19/25 at 2:00 P.M. with Physical Therapist #300 revealed Resident #93 is currently doing physical therapy to build strength to use walker and staff should be using a walker to transfer Resident #93. Resident #93 was discharged from PT on 05/11/23 with recommendations for stand transfer with front wheeled walker. Resident #93 was discharged from PT on10/13/25 with recommendations for stand pivot transfer to various surfaces with front wheeled walker with stand by assist. Resident #93 was referred to PT after fall on 10/30/25 and we have been working on sit to stand from wheelchair to walker as Resident #93 has not been steady on her feet. with physical therapist #300 verifies all staff should be using a gait belt when transferring residents.Interview on 11/19/25 at 9:29 A.M. with CNA #150 revealed Resident #93 is a one-person assist who can bear weight and turns well stating I do not use a gait belt or walker when transferring Resident #93 since I am usually taking her to the bathroom.Interview on 11/19/25 at 1:30 P.M. with CNA #88 revealed Resident #93 is a one-person assist and can bear weight but if she is feeling weak, we will use a two-person assist and stating I do not use a gait belt or walker when I transfer Resident #93.Interview on 11/19/25 at 2:22 P.M. with the Director of Nursing (DON) verified that using a gait belt to transfer residents is a standard of care. The DON was not aware of a PT recommendation for Resident #93 to use a walker when transferring. The DON states staff are educated on PT recommendations by a communication binder stating we also complete education with staff. The DON also updates the Kardex system which allows staff (CNAs and Nurses) to read updated interventions similar to what was placed in the care plan. The DON continues Kardex would not state to use a gait when transferring residents because a gait belt should be used on all Residents, there is a gait belt in every room.Review of the facility's Falls- clinical protocol revised 09/2012 verified the staff will document risk factors for falling in the resident's record and discuss the resident's fall