

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365485	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/05/2025
NAME OF PROVIDER OR SUPPLIER  Flint Ridge Nrsg & Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50538</b></p> <p>Based on record review and interview the facility failed to complete a baseline care plan timely for one resident (#73) of five sampled for unnecessary medications and failed to complete a baseline care plan for one resident (#29) of one sampled for bowel and bladder incontinence. The facility census was 76.</p> <p>Findings include:</p> <p>1. Review of Resident #73's medical record revealed an admitted [DATE] and diagnoses including schizoaffective disorder, bipolar, hypothyroidism, chronic embolism and thrombosis of deep veins of lower extremity, and anxiety.</p> <p>Review of Resident #73's baseline or initial care plan revealed that it was not signed as complete until 09/05/24.</p> <p>Review of Resident #73's admission Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of four indicating the resident had severe cognitive impairment. Further review of the admission MDS revealed the resident required substantial/maximum assist for eating, was dependent for all other activities of daily living, and was always incontinent of bowel and bladder. The resident had a stage four pressure ulcer (an open wound over a bony prominence with muscle and bone showing caused by unrelieved pressure) and three unstageable pressure ulcers (areas caused by unrelieved pressure where the stage is not clear because the base of the wound is not visible).</p> <p>In an interview on 05/01/25 at 3:47 P.M. Registered Nurse (RN) #445 stated Resident #73 was admitted on [DATE] and her baseline care plan was not signed as completed until 09/05/24. RN #445 verified the baseline care plan was not completed within 48 hours.</p> <p>2. Review of Resident #29's medical record revealed an admitted [DATE], discharge return not anticipated date of 01/28/25, a re-entry date of 02/07/25 and diagnoses including acute kidney failure, constipation, unspecified dementia, chronic obstructive pulmonary disease, atrial fibrillation, hypertension, and hyperlipidemia.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365485	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/05/2025
NAME OF PROVIDER OR SUPPLIER  Flint Ridge Nrsg & Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #29's admission Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 14 indicating the resident was cognitively intact. Further review of the MDS revealed Resident #29 required setup assistance with eating and with oral hygiene, and partial/moderate assistance with dressing, moving from a seated position to a standing position, transferring from a bed to a chair or from a chair to a bed, transferring to a toilet and with toileting hygiene. Resident #29's MDS revealed she was frequently incontinent of bladder, had no skin impairments at the time of the assessment and was working with therapy at the time of the assessment.</p> <p>Review of Resident #29's medical record revealed no baseline or initial care plan present in the record at the time of the review.</p> <p>In an interview on 05/05/25 at 2:08 P.M. the Director of Nursing (DON) confirmed the baseline care plan for the 02/07/25 admission had not been completed.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365485	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/05/2025
NAME OF PROVIDER OR SUPPLIER  Flint Ridge Nrsg & Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50538</p> <p>Based on record review and interview the facility failed to ensure care plan conferences were held for two residents (#18 and #53) of two residents sampled for care planning. The facility census was 76.</p> <p>Findings include:</p> <p>1. Review of Resident #18's medical record revealed an admitted [DATE], a re-entry date of 12/15/24 and diagnoses including insomnia, vitamin B 12 anemia, asthma, end stage renal disease, dependence on dialysis, anxiety, other seizures, diabetes, atrial fibrillation, major depressive disorder, and hypothyroidism.</p> <p>Review of Resident #18's physician's orders revealed an order dated 03/28/25 for dialysis on Tuesday, Thursday, and Saturday with a chair time at 7:45 A.M.</p> <p>Review of Resident #18's annual Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 12 indicating the resident has a mild cognition impairment. Resident #18 was on dialysis.</p> <p>In an interview on 04/28/25 at 3:12 P.M. Resident #18 stated she did not remember ever having a meeting to talk about her care or her treatment goals.</p> <p>In an interview on 05/05/25 at 2:58 P.M. Social Services Director (SSD) #410 stated the care conference on 04/09/24 was the most recent care conference held for Resident #18. SSD #410 stated that she and the nursing staff speak with Resident #18's family all the time but they have not had a formal care conference.</p> <p>2. Review of Resident #53's medical record revealed an admitted [DATE], a re-entry date of 11/26/22, and diagnoses including chronic obstructive pulmonary disease, major depressive disorder, diabetes, anxiety, hypertension and heart failure.</p> <p>Review of Resident #53's significant change Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 15 indicating Resident #53's cognition was intact. Further review of Resident #53's MDS revealed she was receiving hospice services.</p> <p>In an interview on 04/28/25 at 10:58 A.M. Resident #53 stated that she has not been to a care conference.</p> <p>In an interview on 05/05/25 at 11:05 A.M. Social Services Director (SSD) #410 stated there were no recent care conferences for Resident #53. SSD #410 stated the most recent care conference held for Resident #53 was 12/01/22. SSD #410 stated that she and the nursing staff speak with Resident #53's family all the time but they have not had a formal care conference.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365485	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/05/2025
NAME OF PROVIDER OR SUPPLIER  Flint Ridge Nrsg & Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51068</b></p> <p>Based on observation, resident interview, staff interview, and policy review, the facility failed to ensure timely activities of daily living (ADL) assistance for Resident #14. Additionally, the facility failed to ensure Resident #38 had adequate ADL assistance with his fingernails. This affected two (Resident #14 and #38) of four residents reviewed for ADL's. The facility census was 76.</p> <p>Findings include:</p> <p>1. Review of the medical record for Resident #38 revealed an admitted [DATE]. Diagnoses included hemiplegia and hemiparesis following cerebral infarction affecting the left non-dominant side, moderate protein-calorie malnutrition, weakness, traumatic ischemia of muscle, muscle weakness (generalized), dysphagia (oropharyngeal phase), unsteadiness on feet, difficulty in walking, cognitive communication deficit, syncope and collapse, adult failure to thrive, tachycardia, essential hypertension, epilepsy, and acute kidney failure.</p> <p>Review of the quarterly Minimum Data Set (MDS) 3.0 assessment for Resident #38, dated 02/09/25, revealed a Brief interview for mental status (BIMS) score of 14, indicating intact cognitive skills for daily decision-making. Additionally, Resident #38 required supervision for eating and oral hygiene, maximum assistance with toileting, showering, upper and lower body dressing, and was dependent for putting on/off footwear. Resident #38 required supervision or moderate assistance for various transfers and bed mobility.</p> <p>Review of physician orders for Resident #38 revealed no specific orders related to fingernail care or interventions regarding shower refusals.</p> <p>Review of the plan of care for Resident #38 revealed no individualized problem, goal, or intervention related to fingernail maintenance or shower refusals. There was no goal identified to address hygiene or prevention of discomfort from long fingernails in the contracted hand. Interventions to ensure resident hygiene compliance through documented shower refusal protocols were not in place.</p> <p>Review of nursing progress notes from February through April 2025 revealed no documentation of staff attempting to offer a shower three times per bathing day as required by facility practice. For example, the resident was documented as having refused showers on 02/01/25, 02/05/25, 02/09/25, 02/19/25, 02/22/25, 02/26/25, 04/05/25, 04/09/25, 04/12/25, and 04/30/25. However, there was no corresponding documentation in the progress notes to confirm that three attempts had been made on any of these dates.</p> <p>Review of shower and bath logs revealed inconsistencies in fingernail care documentation. On multiple dates including 03/01/25, 03/08/25, 03/12/25, 03/26/25, 03/29/25, and 04/26/25, logs indicated fingernails had been trimmed and cleaned. However, this was contradicted by a direct observation on 04/29/25 at 04:23 PM, which revealed the resident had long, yellow-colored fingernails on his contracted left hand measuring approximately one inch in length. The resident reported that the nails dug into his palm, causing discomfort and pain at times.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365485	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/05/2025
NAME OF PROVIDER OR SUPPLIER  Flint Ridge Nrsg & Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 04/30/25 at 03:18 P.M. with the Director of Nursing (DON) confirmed the resident's nails were visibly long. The DON acknowledged the issue and offered to trim the nails, which the resident accepted.</p> <p>Observation on 04/30/25 at 03:38 P.M. confirmed some redness in the palm but no active injury. The DON stated that staff are expected to offer showers three times per assigned shower day and document each refusal in the progress notes. She acknowledged that this documentation had not occurred as required.</p> <p>Review of facility policy titled Care of Fingernails/Toenails, Level II, dated October 2010: The policy details nail cleaning and trimming to prevent infections, stressing daily cleaning and avoiding trimming for residents with diabetes or circulatory issues unless permitted. Nails are trimmed in an oval shape (fingernails) or straight across (toenails) using equipment like clippers, emery boards, towels, rinse basins, warm soapy water, orange sticks, linen protectors, lotion, paper towels, and protective gear. The procedure includes washing, soaking, cleaning, trimming, and documenting skin or nail issues. Staff must report signs of poor circulation, swelling, bleeding, or hard nails to the supervisor, ensuring resident safety.</p> <p>2. Review of the medical record for Resident #14 revealed an admitted [DATE]. Diagnoses included hemiplegia and hemiparesis following cerebral infarction affecting the right dominant side, chronic kidney disease stage 3, depression, vascular dementia, type 2 diabetes mellitus with diabetic neuropathy, and muscle weakness, among others.</p> <p>Review of the admission Minimum Data Set (MDS) assessment for Resident #14, dated 4/22/25, revealed a BIMS score of 14, indicating intact cognitive skills for daily decision-making. The assessment indicated that the resident required maximum assistance for various ADL's, including transfers to a wheelchair (manual W/C), use of a walker, setup for eating and oral hygiene, maximum assistance for toileting, showering, and dressing, as well as being dependent for personal hygiene and rolling in bed.</p> <p>Review of the care plan for Resident #14 revealed an intervention to provide assistance with transfers, including from bed to wheelchair, and noted that maximum assistance was required for various ADLs.</p> <p>Observation on 4/28/25 at 10:22 A.M. revealed that the resident requested assistance to get out of bed at 5:30 A.M. but was not assisted until a surveyor arrived at 10:22 AM, approximately 4 hours later. During this time, the staff were unable to locate the resident's wheelchair. The wheelchair was located approximately five to ten minutes after the surveyor arrived, and the resident was assisted out of bed.</p> <p>Interview on 4/28/25 at 4:27 PM with certified Nursing assistant (CNA) #411 revealed that there was a communication issue regarding the resident's wheelchair. She stated that the wheelchair had been relocated to the hallway but did not have the resident's name on it, so she did not know to retrieve it for the transfer. CNA #411 confirmed that the resident had been waiting for more than an hour and was visibly upset, even making a comment about throwing himself out the window. CNA #411 reported this comment to her charge nurse, and facility management took over from there.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365485	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/05/2025
NAME OF PROVIDER OR SUPPLIER  Flint Ridge Nrsg & Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the policy titled, Accommodation of Needs dated March 2021 revealed that individual needs and preferences be met to the extent possible, including providing assistive devices like wheelchairs, unless it endangers health or safety. Adaptations such as prioritizing private room placement, installing grab bars, and ensuring easy access to assistive devices are required. Staff attitudes and behaviors should assist residents in maintaining independence and dignity, including interacting in ways that accommodate physical or sensory limitations and arranging furniture to support mobility, such as enabling residents to rise independently. The Equipment - General Use for All Residents policy further mandates that wheelchairs, walkers, crutches, and canes be maintained for general use by all residents, without permanent assignment, and that requests for special equipment be referred to the Social Services Department.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365485	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/05/2025
NAME OF PROVIDER OR SUPPLIER  Flint Ridge Nrsg & Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 51068</p> <p>Based on record review, family interview, staff interview, and policy review, the facility failed to ensure a comprehensive wound management program to promote healing of Resident #35's pressure ulcer. This affected one (Resident #35) out of three residents reviewed for pressure ulcers. The facility census was 76.</p> <p>Findings include:</p> <p>Review of the medical record for the Resident #35 revealed an admitted [DATE] and a re-entry on 8/16/17. Diagnoses included unspecified dementia without behavioral, psychotic, mood, or anxiety disturbances; stage 4 pressure ulcer (the most severe type of pressure injury, characterized by full-thickness skin and tissue loss with exposed muscle, bone, or tendon) of other site; type 2 diabetes mellitus without complications; unspecified intellectual disabilities; unspecified glaucoma; major depressive disorder (recurrent and unspecified); presence of a cerebrospinal fluid drainage device; paroxysmal atrial fibrillation and hydrocephalus.</p> <p>Review of the Quarterly Minimum Data Set (MDS) 3.0 Assessment, dated 03/17/25, revealed the resident had severely impaired cognition with a brief interview for mental status (BIMS) score of 03. The resident required extensive assistance of two staff for bed mobility, transfers, and ambulation. The assessment indicated the resident had a Stage 4 pressure ulcer.</p> <p>Review of the pressure ulcer risk assessment dated [DATE] for Resident #35 revealed the resident was at high risk for the development of pressure ulcers.</p> <p>Review of the plan of care dated 2/16/25 revealed the resident had a Stage 4 pressure ulcer to the right posterior thigh due to immobility, incontinence, and comorbid conditions including diabetes and dementia. Interventions included: pressure-relieving mattress, repositioning every two hours, use of barrier cream, nutritional supplements, daily skin assessments, and implementation of physician-ordered wound treatments.</p> <p>Review of the wound notes from Healing Partners from June 2024 to April 2025 for Resident #35 revealed the wound progressed from moisture associated skin damage (MASD) (06/07/2024) to unstageable (10/08/2024) and Stage 4 (12/10/2024), peaking at 6.0 centimeters (cm) x 3.5 cm x 1.5 cm with 6.5 cm tunneling (01/14/2025). By 04/29/2025, it improved to 1.0 cm x 0.4 cm x 0.3 cm with 60% epithelial tissue. Orders included Triad cream, medihoney, Santyl, Dakin's solution, silver antimicrobial gel, doxycycline, Amnio Core, NeoStim TL, and calcium alginate dressings, supported by a DPM air mattress, liquid protein, and Stress B/Zinc.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365485	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/05/2025
NAME OF PROVIDER OR SUPPLIER  Flint Ridge Nrsg & Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Medication Administration Record (MAR) and Treatment Administration Record (TAR) from September 2024 to May 2025 revealed multiple missed treatments for the right posterior thigh wound, with no explanations documented for any of the missed administrations. These included missed treatments on 09/24/24, 10/21/24, 11/02/24, 11/06/24, 11/22/24, 01/23/25, 03/06/25, 04/10/25, 04/17/25, and 04/21/25, involving cleansing, packing with various dressings (such as hydrofiber, Dakin's solution, silver antimicrobial gel, calcium alginate), and applying super absorbent dressings. The treatments were scheduled for daily or shift-based administration between 09/16/24 and 04/22/25, but no documentation provided reasons for the missed treatments.</p> <p>Interview on 05/1/25 at 9:25 A.M. with Registered Nurse (RN) #465 revealed detailed information about the wound, which was approximately 6 cm in circumference with fresh blood when she first started in December. RN #465 mentioned that a wound vac was suggested and treatment started in January. The resident preferred to be repositioned every two hours and had a urinary catheter to help maintain dryness, which contributed to the healing of the wound.</p> <p>Interview on 05/1/25 at 12:14 P.M. with ADON #426 revealed that the wound was initially a reddened area on 06/07/24 and became unstageable by 10/08/24. The ADON explained that the treatment was changed on 10/16/24 after a trial period and noted that missed treatments should be documented in the nurses' notes.</p> <p>Interview on 05/01/25 at 1:12 P.M. with Nurse Practitioner (NP) #621 regional clinical lead for the wound care provider stated they initially picked up the wound on 06/07/24 with MASD. When the wound changed on 10/08/24 NP #621 confirmed the treatment was in place as trial for the two week period and this is why the orders did not change for the treatment until 10/16/24. The NP stated that normally, if there were concerns for declining wounds or possible infections then they will order labs but typically that is only done on an as needed basis.</p> <p>Interview on 05/01/25 at 3:09 P.M. with the Director of Nursing (DON) verified there was no documentation to support the wound treatments were provided as ordered on the dates indicated.</p> <p>Review of the facility policy titled, Pressure Ulcers/Skin Breakdown - Clinical Protocol dated March 2014, revealed that the facility is required to follow physician-ordered wound treatments, including wound cleansing and debridement approaches, dressings (occlusive, absorptive, etc.), and application of topical agents if indicated for type of skin alteration. The policy mandates that the physician will authorize pertinent orders related to wound management, which implicitly includes multiple dressing changes as part of routine care.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365485	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/05/2025
NAME OF PROVIDER OR SUPPLIER  Flint Ridge Nrsg & Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 51068</p> <p>Based on observation, record review, resident interview, and staff interview, the facility failed to ensure there was follow-up care and monitoring for Resident #38's contracted wrist. This affected one (Resident #38) out of one residents reviewed for positioning and mobility. The facility census was 76.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #38 revealed an admitted [DATE]. Diagnoses included hemiplegia and hemiparesis following cerebral infarction affecting the left non-dominant side, weakness, traumatic ischemia of muscle, muscle weakness (generalized), unsteadiness on feet, difficulty in walking, cognitive communication deficit, adult failure to thrive and epilepsy.</p> <p>Review of the quarterly Minimum Data Set (MDS) 3.0 assessment for Resident #38, dated 02/09/25, revealed a Brief interview for mental status (BIMS) score of 14, indicating intact cognitive skills for daily decision-making. Additionally, Resident #38 required supervision for eating and oral hygiene, maximum assistance with toileting, showering, upper and lower body dressing, and was dependent for putting on/off footwear. Resident #38 required supervision or moderate assistance for various transfers and bed mobility.</p> <p>Observation on 04/29/25 at 04:23 PM revealed the resident had a visibly contractured left wrist.</p> <p>Review of physician orders for Resident #38 revealed no active orders addressing the resident's left wrist contracture.</p> <p>Review of the care plan for Resident #38 revealed no documented problems, goals, or interventions addressing the resident's left wrist contracture. No positioning interventions or splinting goals were identified related to the contracture or to preventing injury from fingernails pressing into the palm.</p> <p>Review of therapy documentation revealed that on 02/09/25, the resident declined the use of a wrist splint for the left wrist. There was no documentation of follow-up by therapy after the refusal until 05/01/25, when occupational therapy re-engaged the resident about splinting following an unrelated fall and the discussion from the survey team regarding his wrist.</p> <p>Interview on 04/30/25 at 03:18 P.M. with the Director of Nursing (DON) revealed the resident was initially sent to therapy on admission. The DON confirmed the resident had a contractured left wrist since admission and that no splint had been implemented. She stated the facility referred to therapy for splint needs and that there is no policy in place requiring therapy follow-up after an initial refusal.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365485	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/05/2025
NAME OF PROVIDER OR SUPPLIER  Flint Ridge Nrsg & Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 05/01/25 at 08:57 A.M. with the Director of Clinical Services (DCS) #615 revealed the only physician documentation available related to the contracture incorrectly identified the affected arm as the right. It was confirmed that the actual contracture was on the left and that no other documentation existed to address the condition accurately.</p> <p>Interview on 05/01/25 at 2:53 P.M. with the DON and the Director of Clinical Services #615 confirmed that the facility did not have a process in place to prompt reassessment by therapy for splints after a resident's initial refusal.</p> <p>Interview on 05/01/25 at 3:07 P.M. with Occupational Therapist #620 confirmed the resident was at a 60-degree flexion and improved to 30 degrees, and stated the resident could benefit from a splint and was open to being measured for one. She reproached the resident about splinting based on conversation with survey staff and found he was receptive. She confirmed he could benefit from a splint and would proceed with measuring.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365485	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/05/2025
NAME OF PROVIDER OR SUPPLIER  Flint Ridge Nrsg & Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50538</p> <p>Based on observation, interview, record review and manufacturer;s instruction review the facility failed to ensure the resident environment was free of potential accident hazards. This affected one resident (#46) of three sampled for accidents. The facility census was 76.</p> <p>Findings include:</p> <p>Review of Resident #46's medical record revealed an admitted [DATE] and diagnoses including Alzheimer's disease, unspecified dementia, schizoaffective disorder, insomnia, major depressive disorder, repeated falls, hypothyroidism, hyperlipidemia, and hypertension.</p> <p>Review of Resident #46's quarterly Minimum Data Set (MDS) dated [DATE] revealed the resident was unable to complete the Brief Interview for Mental Status (BIMS) as she was rarely/never understood when speaking. Further review of the MDS revealed Resident #46 substantial/maximum assist to roll from lying on her back to her left or right side, and to then return to lying on her back on the bed. Resident #46's MDS indicated she was dependent for transfers from bed to chair and chair to bed.</p> <p>Review of Resident #46's physician's orders revealed a mechanical lift, a device used to move the resident from surface to surface, was to be utilized for all transfers in and out of bed.</p> <p>Review of Resident #46's care plan, initiated on 09/16/2019 with a target date of 08/12/2025, revealed interventions including the resident was to have a non-skid materiel to the seat of her wheelchair to help prevent the resident from sliding out of the chair, was to have an anti-roll back device to her wheelchair to prevent the wheelchair from rolling backwards away from her when she was being seated in the wheel chair, and the resident was to be encouraged to wear non-skid footwear when she was out of bed. No interventions were identified to be in place, during the review, to help prevent the resident from rolling out of bed.</p> <p>An observation on 04/28/25 at 11:50 A.M. revealed Resident #46 in bed lying on her right side facing the wall. Resident #46's bed was against the wall with the foot off the bed and the right side of the bed against the wall. A two-to-three-inch gap was noted between the wall and the bed. A solid triangular shaped cushion about three feet in length and eight inches in height had been placed between the mattress and the frame of the bed lifting the mattress and tilting it to the right and toward the wall at a 15 to 20-degree angle.</p> <p>An observation on 04/30/25 at 8:05 A.M. revealed Resident #46 lying in bed on her back. Resident #46 was moving her arms and legs about in bed at the time of the observation. Resident #46's bed was against the wall with the foot off the bed and the right side of the bed against the wall. A two-to-three-inch gap was noted between the wall and the bed. A solid triangular shaped cushion about three feet in length and eight inches in height had been placed between the mattress and the frame of the bed lifting the mattress and tilting it to the right and toward the wall at a 15 to 20-degree angle. The angle of the mattress and movement of the resident making it possible for the resident to slide into the gap between the bed and the wall and not be able to free herself.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365485	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/05/2025
NAME OF PROVIDER OR SUPPLIER  Flint Ridge Nrsg & Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 04/30/25 at 8:05 A.M. Licensed Practical Nurse (LPN) #431 stated she did not know the purpose of the solid triangular shaped cushion under the mattress.</p> <p>In an interview on 04/30/25 at 8:05 A.M. Certified Nursing Assistant (CNA) #455 stated they use the solid triangular shaped cushion between the mattress and the bed frame to elevate the edge of the mattress to keep the resident from rolling out of bed on to the floor. CNA #455 stated Resident #46 will sometimes become restless in bed and will put her feet over the side of the bed and staff did not want her to roll out on to the floor.</p> <p>In an interview on 04/30/25 at 8:30 A.M. the Director of Nursing (DON) stated that she was not aware the staff was placing a solid triangular shaped cushion between the mattress and the frame of the bed to lift the mattress and tilt it to the right and toward the wall. The DON further stated the staff should not be placing the cushion between the mattress and the bed frame.</p> <p>Review of the Primecare P503 Long Term Care Bed Owner's Manual revealed the bed had mattress retainers installed to keep the mattress in place on the sleep surface and the mattress should be snug against all the mattress retainers. Further review of the Primecare P503 Long Term Care Bed Owner's Manual revealed that entrapment issues can arise when components and accessories are not properly installed.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365485	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/05/2025
NAME OF PROVIDER OR SUPPLIER  Flint Ridge Nrsg & Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50538</p> <p>Based on record review, interview and policy review, the facility failed to obtain physician ordered laboratory studies to ensure therapeutic medication levels were achieved. This affected one resident (#17) of five reviewed for unnecessary medications. The facility census was 76.</p> <p>Findings include:</p> <p>Review of Resident #17's medical record revealed an admitted [DATE] with a hospital stay starting on 01/16/25 and ending with the resident's return on 01/19/25. Further review of Resident #17's medical record revealed diagnoses including a displaced intertrochanteric fracture of the left femur, chronic kidney disease stage four, dementia, obsessive-compulsive disorder, osteoporosis, hypothyroidism, major depressive disorder, anxiety, osteoarthritis, unspecified psychosis, epilepsy, hypertension, and chronic pain syndrome.</p> <p>Review of Resident #17's significant change Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 12 indicating the resident has a mild cognition impairment and is receiving anticonvulsant medications, antidepressant medication, and diuretic medication.</p> <p>Review of Resident #17's physicians' orders revealed orders for levetiracetam (an anticonvulsant medication), a potassium supplement, fluvoxamine (an antidepressant medication), and aldactone and lasix (both diuretic medications). Further review of Resident #17's physicians' orders revealed orders for laboratory testing for a complete metabolic panel and levetiracetam level to be done every six months to determine efficacy and therapeutic medication levels.</p> <p>Review of Resident #17's medical record revealed laboratory testing for a complete metabolic panel and levetiracetam level dated 09/16/24. No laboratory testing for a complete metabolic panel and levetiracetam level were found after the 09/16/24 results.</p> <p>In an interview on 05/01/25 at 12:32 P.M. the Director of Nursing (DON) confirmed the most recent complete metabolic panel and levetiracetam level laboratory testing for Resident #17 was completed on 09/16/24. The DON verified the complete metabolic panel and levetiracetam level were ordered to be completed every six months and should have been completed in March. The DON stated the laboratory testing was being completed that day 05/01/25.</p> <p>Review of the policy titled Lab and Diagnostic Test Results - Clinical Protocol revised September 2012 revealed the facility staff were to process test requisitions and arrange for tests to be completed.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365485	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/05/2025
NAME OF PROVIDER OR SUPPLIER  Flint Ridge Nrsg & Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>51068</p> <p>Based on observation, staff interview, resident interview, and policy review, the facility failed to ensure meals were kept at appropriate temperatures while serving food. This affected two residents (Resident #35 and #61) and had the potential to affect 69 out of 76 residents, with five residents who received nothing by mouth (NPO) diets. The facility census was 76.</p> <p>Findings include:</p> <p>Interview with Resident #61 on 04/28/25 at 12:09 PM revealed that he often does not receive his preferred beverages during meals. Observation of his meal ticket showed orders for milk and apple juice, neither of which were present on his tray at the time of observation. Interview with Licensed Practical Nurse (LPN) #450 at the same time confirmed that milk and apple juice were not provided with the resident's meal. Additionally, Resident #35's nephew reported that food often arrives cold to the room.</p> <p>Observation of the meal service on 04/29/25 at 12:34 P.M. revealed the following food temperatures were taken at the end of the resident dining hall:</p> <p>Baked chicken: 126.1 degrees ( ) Fahrenheit (F)</p> <p>Mixed vegetables: 118 F</p> <p>These temperatures were confirmed by Dietary Manager #456, who was present during the temperature check. According to the Food Code and accepted food safety standards, hot food should be maintained at or above 135 F to prevent bacterial growth and ensure safe and palatable meals. The vegetables and chicken were below this threshold at the time of service.</p> <p>During the resident council meeting on 05/05/25 at 1:20 P.M. residents expressed ongoing dissatisfaction with the temperature of meals served, stating that food often arrives cold due to delays in delivery. Although the facility acknowledged the issue and informed residents that new hotboxes had been ordered to help maintain proper food temperature, the equipment had not yet arrived at the time of the meeting. Residents also reported limited variety in alternate menu options and expressed a desire for more choices when they are dissatisfied with the main meal offerings.</p> <p>Review of the policy titled, Food Preparation and Service dated October 2017, revealed potentially hazardous foods (PHF) must be maintained above 135 F or below 41 F to prevent the rapid growth of pathogenic microorganisms, with the danger zone (41 F to 135 F) allowing only 4 hours if prepared from room temperature or 6 hours if cooked and cooled. Specific cooking temperatures, such as 165 F for poultry and 155 F for ground meat, must be achieved, and rapid cooling from 135 F to 70 F within 2 hours, followed by 41 F within 4 more hours, is mandatory. Additionally, foods not reheated to 165 F for at least 15 seconds must be discarded.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365485	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/05/2025
NAME OF PROVIDER OR SUPPLIER  Flint Ridge Nrsg & Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51068</b></p> <p>Based on observation, staff interview, and policy review, the facility failed to prepare, store, and serve food in a manner that to prevent contamination. This had the potential to affect 71 out of 76 residents with five residents being on nothing by mouth (NPO) diets. The facility census was 76.</p> <p>Findings include:</p> <p>Observation of the kitchen on [DATE] at 8:59 A.M. revealed multiple items including: undated and unlabeled shredded cheese in a plastic container, a bag of shredded cheese which expired in [DATE], cinnamon rolls in the freezer that were opened with no label or expiration date, peas that were both loose in a box and in a bag in the freezer with no label or expiration date, cinnamon streusel coffee cake mix with an arrive date of [DATE] with no expiration date, four bags of opened cereal with no label or expiration date.</p> <p>Observation on [DATE] at 9:15 P.M. revealed the ice machine had black grime on the inside above the ice with water dripping from this area onto the ice.</p> <p>Interview on [DATE] at 9:18 A.M. with Dietary manager #456 confirmed all of the above mentioned items.</p> <p>Observation on [DATE] at 10:47 AM, during a food temperature and preparation check with [NAME] #533, food thermometer use was observed to be inconsistent with safe food handling practices. She checked the temperature of each food item but for the pureed chicken and mashed potatoes she pushed the thermometer passed the cleaned area and the digital screen that was uncleaned went into the food.</p> <p>Interview on [DATE] at 11:04 with [NAME] #533 confirmed she pushed the uncleaned part of the thermometer into the food.</p> <p>Observation on [DATE] at 11:09 AM, a fan covered in dust was observed pointing directly at clean dishware. This was immediately confirmed with Dietary Manager # 456 who immediately decommissioned the fan until staff properly cleaned it.</p> <p>Observation on [DATE] at 11:20 AM, [NAME] #533 was observed washing hands and donning gloves appropriately, but then using gloved hands to touch the outside of a bun bag, then touching the bun and returning to using utensils without changing gloves or washing hands. She was also observed to cut a hotdog with the same gloved hands without changing gloves or performing hand hygiene after handling packaging materials.</p> <p>Interview on [DATE] at 11:49 A.M. with [NAME] #533 and dietary manager #456 confirmed the above findings.</p> <p>Review of facility policy titled Food Receiving and Storage policy dated [DATE], all food items must be properly labeled, dated, stored in clean and sanitary conditions, and handled in a manner that prevents contamination.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365485	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/05/2025
NAME OF PROVIDER OR SUPPLIER  Flint Ridge Nrsg & Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  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 0812  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	Review of the facility policy titled, Handwashing/Hand Hygiene policy dated [DATE], staff are required to follow proper hand hygiene practices, including performing hand hygiene before and after resident contact, after glove removal, and when handling potentially contaminated items or surfaces, in order to prevent the spread of healthcare-associated infections.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365485	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/05/2025
NAME OF PROVIDER OR SUPPLIER  Flint Ridge Nrsg & Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement a program that monitors antibiotic use.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 51068</p> <p>Based on record review, staff interview, and policy review, the facility failed to ensure antibiotic use was appropriate. This affected one (Resident #40) of three residents reviewed for urinary tract infections (UTI). The facility census was 76.</p> <p>Findings include:</p> <p>Review of the medical record for the Resident #40 revealed an original admitted [DATE] with a re-entry on 09/20/24. Diagnoses included unspecified systolic (congestive) heart failure, muscle weakness, difficulty walking, dysphagia in the oropharyngeal phase, cognitive communication deficit, Enterococcus as the cause of disease classified elsewhere, obstructive and reflux uropathy, benign prostatic hyperplasia with lower urinary tract symptoms, bilateral hearing loss, presence of a cardiac pacemaker, gastrointestinal hemorrhage, urinary retention, cardiac murmur, hypertension, and nonrheumatic aortic valve stenosis.</p> <p>Review of the quarterly Minimum Data Set (MDS) assessment, dated 03/17/25, revealed the resident had impaired cognition with a brief interview for mental status (BIMS) score of 4, an indwelling catheter, always incontinent for bowels, and no bowel toileting program.</p> <p>Review of the plan of care dated 09/21/24 and revised 12/18/24 revealed the resident had an indwelling catheter related to urinary retention and obstructive and reflux uropathy. Interventions included monthly catheter changes and as needed (PRN) changes for blockage or dislodgement, monitoring for signs and symptoms of UTI, and notifying the physician for clinical changes.</p> <p>Review of physician orders for the months of October 2024 through March 2025 identified the following antibiotic orders for UTIs:</p> <p>Ciprofloxacin 500 milligrams (mg) by mouth twice daily - ordered and discontinued on 10/04/2024.</p> <p>Amoxicillin-Clavulanate 875-125 mg twice daily for six days - 10/04/2024 to 10/10/2024.</p> <p>Ciprofloxacin 500 mg twice daily for six days - 10/04/2024 to 10/10/2024.</p> <p>Ciprofloxacin 500 mg twice daily for 10 days - 11/12/2024 to 11/22/2024.</p> <p>Nitrofurantoin (Macrobid) 100 mg twice daily for 10 days - 11/02/2024 to 11/12/2024.</p> <p>Ciprofloxacin 500 mg twice daily for 10 days - 12/05/2024 to 12/06/2024 (discontinued after one day).</p> <p>Cefepime two grams intravenous (IV) daily for UTI - 12/09/2024 to 12/12/2024 (discontinued after three days).</p> <p>Ertapenem (Invanz) one gram (g) intravenous (IV) daily for UTI - 12/12/2024 to 12/26/2024.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365485	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/05/2025
NAME OF PROVIDER OR SUPPLIER  Flint Ridge Nrsg & Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Sulfamethoxazole-Trimethoprim (Bactrim DS) 800-160 mg twice daily - 02/24/2025 to 03/06/2025.</p> <p>Doxycycline 100 mg twice daily - 02/28/2025 to 03/07/2025.</p> <p>Review of the results for the urine cultures there was no evidence that a culture and sensitivity was completed for the Ciprofloxacin and Amoxicillin-pot clavulanate oral tablets after Resident #40 went to the Emergency Department on 10/04/24 and the medications were still administered by the facility from 10/04/24 to 10/10/24. Additionally the culture and sensitivity completed on 02/19/25 did not include results for Doxycycline stating whether it is sensitive or resistant but was still administered from 02/28/25 to 03/07/25.</p> <p>Interview on 05/01/25 at 1:41 P.M. with the Director of Nursing (DON) and the Director of Clinical Services (DCS #615) revealed that when a resident returns from the hospital with an order for antibiotics, the facility does not obtain a urinalysis or urine culture and sensitivity, even if the hospital did not complete those tests. They confirmed that Resident #40 received the above-mentioned antibiotics without a culture and sensitivity being completed prior to administration.</p> <p>Review of the facility policy titled, Antibiotic stewardship dated December 2016 revealed when a resident is admitted from an emergency department, acute care facility, or other care facility the admitting nurse will review discharge and transfer paperwork for current antibiotic/anti-infective orders. Additionally, when a culture and sensitivity is ordered lab results and the current clinical situation will be communicated to the prescriber as soon as available to determine if antibiotic therapy should be started, continued, modified, or discontinued.</p>		