

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365934	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/08/2026
NAME OF PROVIDER OR SUPPLIER Crestwood Ridge Skilled Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 141 Willettsville Pike Hillsboro, OH 45133	
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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** THE FOLLOWING DEFICIENCY REPRESENTS AN INCIDENT OF PAST NON-COMPLIANCE THAT WAS SUBSEQUENTLY CORRECTED PRIOR TO THIS SURVEY. Based on resident record review, staff interview, review of hospital records, and review of facility policy, the facility failed to ensure a resident was transferred in a manner which prevented accidents. This affected one resident (#16) out of the four residents reviewed for falls. The facility census was 47. Findings include: Record review for Resident #16 revealed the resident was admitted to the facility on [DATE] and had diagnoses which included osteopenia, age-related osteoporosis with current pathological fracture, functional quadriplegia, epilepsy, and cerebral palsy. Review of the 5-Day Minimum Data Set assessment, dated 06/14/26, revealed the resident was assessed to have impaired cognition. Review of the care plan, revised 10/30/23, revealed the resident required assistance with Activities of Daily Living (ADLs). Interventions included hooyer lift for all transfers. Review of the nurses progress note, dated 05/28/26, revealed on 05/27/26 staff nurse was alerted to residents room after two staff members were transferring the resident back into bed with a mechanical lift. Noted lift pad not properly placed and resident was lowered to floor. Wheelchair and bed breaks were both locked. Resident assessed by staff nurse, range of motion completed with complaints of pain to left lower extremity. Physician notified and resident was transferred to the hospital for evaluation. Review of the hospital visit notes, dated 05/27/26, revealed active problem osteoporosis with current pathological fracture. Resident complaining of pain to right knee. Telephone interview on 07/07/26 at 4:37 P.M. with Certified Nursing Assistant (CNA) #206 confirmed on 05/27/26 Resident #16 was being transferred from the wheelchair to the bed by herself and CNA #291 using a hooyer lift. CNA #206 confirmed the two CNAs placed the four loops on the corners of the lift pad onto the hooks of the hooyer lift and began raising Resident #16 up when the loop supporting the left lower side of the resident popped off the hook and the resident began sliding off the lift pad. CNA #206 confirmed she immediately caught the resident and CNA #291 rushed over to help her gently lower the resident to the floor. CNA #206 confirmed Resident #16 did not hit any part of her body on anything during the incident. CNA #206 confirmed the lift pad and hooyer lift were not broken before or after the incident. Telephone interview on 07/07/26 at 4:48 P.M. with CNA #291 confirmed she was assisting CNA #206 to transfer Resident #16 from the wheelchair to the bed using a hooyer lift on 05/27/26. CNA #291 confirmed the lift pad loops were placed on the hooyer lift hooks appropriately and as they began to raise the resident up in the air one of the loops popped off the hook causing the resident to begin to slide towards the floor. CNA #291 confirmed CNA #206 immediately caught the resident, preventing her from falling to the floor roughly, and she rushed over to help CNA #291 gently lower the resident to the floor. CNA #291 confirmed Resident #16 did not hit any part of her body on anything during the transfer. CNA #291 confirmed the (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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	lift pad and hoier lift were not broken before or after the incident. Interview on 07/08/26 at 8:40 A.M. with the Administrator and Director of Nursing (DON) confirmed on 05/27/26 Resident #16 was lowered to the floor by CNA #206 and CNA #291 after a lift pad loop came loose from the hook of the hoier lift causing the resident to begin falling to the floor. They confirmed both CNA #206 and CNA #291 denied Resident #16 hitting any part of her body on any machines or furniture in the room as they were able to catch her and gently lower her to the floor. They confirmed the resident was sent to the hospital and x-rays were taken which showed the resident had a pathological fracture of the left femur. They confirmed the resident had osteopenia and osteoporosis and a history of previous fracture of the left femur. The deficient practice was corrected on 05/28/26 when the facility implemented the following corrective actions: On 05/27/26 at 7:00 P.M. Registered Nurse (RN) #409 completed a head-to-toe assessment of Resident #16. The resident was subsequently sent to the hospital for examination. On 05/27/26 at 7:08 P.M. RN #409 notified the DON of the incident. On 05/27/26 at 7:19 P.M. RN #409 notified the Administrator of the incident. On 05/27/26 at 7:20 P.M. RN #409 notified the residents physician and the residents guardian of the incident. On 05/27/26 at 8:00 P.M. the DON inspected the hoier lift pad used to transfer Resident #16 and found it was in good repair. On 05/27/26 from 8:00 P.M. to 8:30 P.M. the DON provided education to all CNAs and licensed nurses regarding the proper use of the hoier lift, inspection of the hoier pad to ensure it is in good repair, and ensuring the hoier lift was functioning properly. On 05/27/26 and 05/28/26 Maintenance Director #600 completed a house-wide audit on all hoier pads in the facility to ensure they were all in good repair. Any hoier pads deemed unsafe/in poor repair were taken out of service. On 05/28/26 at 7:40 A.M. Maintenance Director #600 completed a house-wide audit of all mechanical lift in the facility to ensure proper function and safety with no concerns identified. On 05/28/26 at 10:00 A.M. a root-cause analysis of the incident was completed by the DON, the Administrator, and Medical Director #503. On 05/28/26 at 1:00 P.M. the DON finished completing competencies with all CNAs and licensed nurses on transferring a resident with a mechanical lift. The DON will conduct weekly audits for four weeks, then randomly thereafter, of five residents who are transferred using a mechanical lift to ensure transfers are completed safely and per policy and to ensure at least two staff are present and participating in the transfer of a resident using a mechanical lift. Any non-compliance will result in Ad-hoc education. Maintenance Director #600 will conduct weekly audits for four weeks, then randomly thereafter, of the hoier pads in house and mechanical lifts to ensure they are all in good repair and functioning properly. Any hoier pads or mechanical lifts found not to be in good repair will immediately be taken out of service. The DON will complete an audit on all residents requiring a mechanical lift, then make a color chart to go with it matching lift size based on manufacturing instructions. Housekeeping Supervisor #700 will complete education with all housekeeping staff on 05/28/26 regarding daily sling inspections as they come through the laundry. Results of the audits will be reviewed during the facility QAPI meetings to ensure compliance. A one-time QAPI meeting was held in house on 05/28/26 at 10:00 A.M. This deficiency represents non-compliance investigated under Complaint Number 3054605.		