

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365336	(X2) multiple construction a. building _____ b. wing _____	(X3) DATE SURVEY COMPLETED 05/14/2026
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name of provider or supplier LOCUST RIDGE HEALTHCARE LLC	street address, city, state, zip code 12745 ELM CORNER ROAD WILLIAMSBURG OH, 45176
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F 0000	<p>INITIAL COMMENTS</p> <p>ANNUAL SURVEY</p> <p>ADMINISTRATOR: Beth Gilmore, #7864</p> <p>CERTIFIED BED CAPACITY: 61</p> <p>CENSUS IN HOUSE: 59</p> <p>The following deficiencies are based on the annual survey completed 05/14/26.</p>	F 0000		

laboratory director's or provider/supplier representative's signature

title

(x6) date

BETH.GILMORE

06/04/2026

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.

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F 0582 F 0582 SS=D	Continued From page 1 483.10(g)(17)(18)(i)-(v) Medicaid/Medicare Coverage/Liability Notice §483.10(g)(17) The facility must-- (i) Inform each Medicaid-eligible resident, in writing, at the time of admission to the nursing facility and when the resident becomes eligible for Medicaid of- (A) The items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; (B) Those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and (ii) Inform each Medicaid-eligible resident when changes are made to the items and services specified in §483.10(g)(17)(i)(A) and (B) of this section. §483.10(g)(18) The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare/ Medicaid or by the facility's per diem rate. (i) Where changes in coverage are made to items and services covered by	F 0582 F 0582	This Plan of Correction is submitted as required under State and Federal law. This Plan of Correction does not constitute an admission on the part of the Facility that the findings cited are accurate, that the findings constitute a deficiency or that the scope and severity regarding the deficiency cited are correctly applied. Any changes to the Facility's policies and procedures should be subsequent remedial measures and should be inadmissible in any proceeding on that basis. Without admitting or denying the validity or the existence of the alleged noncompliance, the Facility submits this Plan of Correction with the intention that it be inadmissible by any third party in any civil or other action against the facility or any employee, agent, officer, director or shareholder of the Facility. The Facility is utilizing this Plan of Correction as its allegation of substantial compliance as of 05/29/2026 F-0582 Corrective action for resident/s: On 5/14/26 Resident #34 was informed of rights and responsibilities related to Advanced Beneficiary Notice and voiced understanding of information for future reference by administrator. Identification of other residents who may be affected: Any resident receiving skilled services from nursing or therapy services. The Administrator audited all residents who were discharged from skilled services in the past 30 days to ensure they were issued a Notice of Non-Coverage and Advanced Beneficiary Notice on 5/29/26. No non-compliance was noted. Measures for systemic change: On 5/14/2026 Business Office Manager, Director of Rehab, Minimum Data Set nurse, Director	05/29/2026

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F 0582	<p>Continued From page 2</p> <p>Medicare and/or by the Medicaid State plan, the facility must provide notice to residents of the change as soon as is reasonably possible.</p> <p>(ii) Where changes are made to charges for other items and services that the facility offers, the facility must inform the resident in writing at least 60 days prior to implementation of the change.</p> <p>(iii) If a resident dies or is hospitalized or is transferred and does not return to the facility, the facility must refund to the resident, resident representative, or estate, as applicable, any deposit or charges already paid, less the facility's per diem rate, for the days the resident actually resided or reserved or retained a bed in the facility, regardless of any minimum stay or discharge notice requirements.</p> <p>(iv) The facility must refund to the resident or resident representative any and all refunds due the resident within 30 days from the resident's date of discharge from the facility.</p> <p>(v) The terms of an admission contract by or on behalf of an individual seeking admission to the facility must not conflict with the requirements of these regulations.</p> <p>This STANDARD is not met as evidenced by:</p>	F 0582	<p>Of Nursing and Social Services Director were educated on proper procedure of issuing of Notice Of Medicare Non Coverage and Advanced Beneficiary Notice by administrator. All upcoming discharges from skilled services will be reviewed weekly at Utilization Review meeting to ensure notices will be delivered timely . How Corrective Action will be monitored: Administrator or designee to complete audits of all residents being discharged from skilled services to ensure they were issued a Notice of Non-Coverage and Advanced Beneficiary . This audit will be completed weekly x 4 weeks, then monthly x 2 months. Corrective action will be initiated for any noted non-compliance. Audit findings will be reviewed as part of the monthly quality assurance process to determine the need for further monitoring. Date of Compliance 5/29/26</p>	

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F 0582	<p>Continued From page 3</p> <p>Based on medical record review, staff interview, and facility policy review, the facility failed to issue a Skilled Nursing Facility Advance Beneficiary Notice (SNF ABN) when Medicare Part A services were discontinued and the resident had benefits days remaining. This affected one (Resident #34) of three residents reviewed for beneficiary notices. The facility census was 59 residents.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #34 revealed an admission date of 10/04/25 with diagnosis of metabolic encephalopathy.</p> <p>Review of the Minimum Data Set (MDS) assessment for Resident #34 dated 03/11/26 revealed the resident had intact cognition.</p> <p>Review of the SNF Beneficiary Notification Review for Resident #34 revealed the resident's Medicare Part A skilled services started on 02/11/26 and the last covered day of Part A service was 03/11/26. Per the SNF Beneficiary Notification Review, the facility initiated the discharge from Medicare Part A services when benefits days were not exhausted, and the resident was not issued a SNF ABN.</p> <p>During an interview on 05/13/2026 at</p>	F 0582		

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F 0582	<p>Continued From page 4</p> <p>12:28 PM, the Social Services Director (SSD) stated the SNF ABN was issued hours prior to the last covered day. The SSD reviewed her files and confirmed a SNF ABN was not issued to Resident #34 or the resident's representative. The SSD stated she thought the SNF ABN was only to be issued if one skilled service remained, and if all skilled services were being cut then only the Notice of Medicare Non-Coverage (NOMNC) would be issued.</p> <p>During an interview on 05/13/2026 at 3:00 PM, the Administrator stated a resident should always receive a SNF ABN and NOMNC when Medicare Part A services were discontinued and the resident still had benefits days remaining.</p> <p>Review of the facility policy titled Medicare Advance Beneficiary and Medicare Non-Coverage Notices dated 03/28/23 revealed the facility would issue SNF ABN notices for the following triggering events:</p> <p>a. Initiation – In the situation in which the direct of admissions or benefits coordinator believes Medicare will not pay for extended care items or services that a physician has ordered, a SNF ABN is issued to the beneficiary before those non-covered extended care items or services are furnished to the beneficiary.</p> <p>b. Reduction – In the situation in which the facility proposed to reduce a beneficiary's extended care items or</p>	F 0582		

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F 0582	Continued From page 5 services because it expects that Medicare will not pay for a subset of extended care items or services, or for any items or services at the current level and/or frequency of care that a physician has ordered, the SNF ABN is issued to the beneficiary before items or services to the beneficiary are reduced. c. Termination – In the situation in which the facility proposed to stop furnishing all extended care items or services to a beneficiary because it expects that Medicare will not continue to pay for the items or services that a physician has ordered and the beneficiary would like to continue receiving services.	F 0582		

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F 0759 F 0759 SS=D	Continued From page 6 483.45(f)(1) Free of Medication Error Rts 5 Prcnt or More §483.45(f) Medication Errors. The facility must ensure that its- §483.45(f)(1) Medication error rates are not 5 percent or greater; This STANDARD is not met as evidenced by: Based on medical record review, observation, staff interview, review of manufacturer information, and facility policy review, the facility failed to ensure the medication error rate was five percent (%) or less. The facility had three medication errors of 28 opportunities which resulted in a medication error rate of 10.71 percent (%.) This affected two (Residents #21 and #22) of three residents observed for medication administration. The facility census was 59 residents. Findings include: 1. Review of the medical record for Resident #21 revealed an admission date of 02/13/26 with a diagnosis of diabetes mellitus type two.	F 0759 F 0759	This Plan of Correction is submitted as required under State and Federal law. This Plan of Correction does not constitute an admission on the part of the Facility that the findings cited are accurate, that the findings constitute a deficiency or that the scope and severity regarding the deficiency cited are correctly applied. Any changes to the Facility's policies and procedures should be subsequent remedial measures and should be inadmissible in any proceeding on that basis. Without admitting or denying the validity or the existence of the alleged noncompliance, the Facility submits this Plan of Correction with the intention that it be inadmissible by any third party in any civil or other action against the facility or any employee, agent, officer, director or shareholder of the Facility. The Facility is utilizing this Plan of Correction as its allegation of substantial compliance as of 5/29/2026. F-0759 Corrective action for resident/s: Residents #21 and #22 were assessed and evaluated by nurse and Director of Nursing 5/14/26. Resident #21 and #22 both denied any adverse effects and none were noted upon assessment by the Director of Nursing on 5/14/2026. Notification made to physician on 5/14/2026. LPN # 2 competency Eval on insulin administration with the Director of Nursing completed 5/14/2026. Identification of other residents who may be affected: Diabetic residents on assignment of LPN #2/station 2 have the potential to be affected and were assessed by the DON/Designee on 5/14/26 and found to be within normal limits. Measures for systemic change: All Nurses were educated by the	05/29/2026

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F 0759	<p>Continued From page 7</p> <p>Review of the Minimum Data Set (MDS) assessment for Resident #21 dated 02/18/26 revealed the resident had moderate cognitive impairment and received insulin injections seven of the last seven days of the assessment period.</p> <p>Review of the physician's orders for Resident #21 revealed an order dated 05/11/26 for Novolog insulin 10 units per subcutaneous pen-injector before meals.</p> <p>Observation of medication administration for Resident #21 on 05/13/26 at 8:24 A.M. per Licensed Practical Nurse (LPN) #2 revealed the nurse administered 10 units of Novolog insulin to the resident but did not prime the pen prior to the injection. LPN #2 administered the insulin after Resident #21 had consumed approximately 50 % of his breakfast meal at the time of administration.</p> <p>Interview on 05/13/26 at 10:10 A.M. with LPN #2 confirmed she did not prime the pen prior to insulin administration for Resident #21. LPN #2 stated Resident #21's insulin was ordered to be administered prior to meals, but the resident had already consumed 50% of</p>	F 0759	<p>Director of Nursing on the steps for Insulin administration per competency, diabetes clinical protocol policy, Medication and treatment orders policy, administering medications policy, and Obtaining fingerstick Glucose Level policy On 5/14/2026. How Corrective Action will be monitored: Director of Nursing and Assistant Director of Nursing will complete insulin administration audits on 5 nurses. This audit will be completed weekly x 4 weeks, then monthly x 2 months. Corrective action will be initiated for any noted non-compliance. Audit findings will be reviewed as part of the monthly quality assurance process to determine the need for further monitoring. Date of Compliance: 5/29/2026</p>	

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F 0759	<p>Continued From page 8</p> <p>the breakfast meal when she administered the dose of insulin.</p> <p>Review of the manufacturer information for the Novolog FlexPen dated 2009 revealed the nurse should do an air shot to prime the needle prior to each administration using the following steps: dial two units, hold the syringe with needle pointing up and tap reservoir gently to move air bubbles to top of needle, press the push button on the syringe as far as it will go until a drop of insulin appears.</p> <p>2. Review of the medical record for Resident #22 revealed an admission date of 05/01/22 with a diagnosis of type two diabetes mellitus.</p> <p>Review of the physician's orders for Resident #22 revealed an order dated 06/04/24, for insulin glargine 35 units per subcutaneous pen injection twice per day and an order dated 03/20/26 for insulin lispro 20 units per subcutaneous injection before meals and an order dated 03/20/26 for insulin lispro 12 units per subcutaneous injection if the resident's blood glucose level was between 251 milligrams per deciliter (mg/dL) and 300 mg/dL.</p>	F 0759		

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F 0759	<p>Continued From page 9</p> <p>Review of the MDS assessment for Resident #22 dated 04/27/26 revealed the resident had intact cognition and received insulin injections seven of the last seven days of the assessment period.</p> <p>Observation of medication administration for Resident #22 on 05/12/26 at 8:27 A.M. per LPN #1 revealed the nures administered 35 units of insulin glargine and 32 units of insulin lispro but did not prime the pens prior to the injections. LPN #1 administered the insulin after Resident #22 had consumed approximately 90% of his breakfast meal at the time of administration.</p> <p>Interview on 05/13/26 at 2:06 P.M. with LPN #1 confirmed she could not remember if she had primed the pen prior to insulin administration for Resident #22. LPN #1 stated Resident #22's insulin was ordered to be administered prior to meals, but the resident had already consumed 90% of the breakfast meal when she administered the dose of insulin.</p> <p>Review of the manufacturer information for insulin lispro revised 05/02/25 revealed the insulin pen must be primed before each injection to make sure the pen is ready to dose. Performing the</p>	F 0759		

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F 0759	<p>Continued From page 10</p> <p>priming step is important to confirm that insulin comes out when you push the injection button and to remove air that may collect in the insulin cartridge during normal use. If you do not prime, you may get too much or too little insulin.</p> <p>Interview on 05/14/26 at 8:29 A.M. with the Director of Nursing (DON) confirmed she expected insulin to be administered as ordered without errors, and each insulin pen should be primed with two units of insulin prior to dialing the prescribed dosage of insulin to administer to the resident to ensure the resident received the prescribed dosage.</p> <p>Review of the facility policy titled Administering Medications dated 02/14/24 revealed medications are administered in a safe and timely manner, and as prescribed. The policy specified medications, including insulin and any oral or subcutaneous hypoglycemic, are administered in accordance with prescriber orders, including any required time frame.</p>	F 0759		