

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 01/31/2024
NAME OF PROVIDER OR SUPPLIER Locust Ridge Healthcare LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 12745 Elm Corner Road Williamsburg, OH 45176	

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 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to manage his or her financial affairs.</p> <p>Based on resident and staff interview and record review, the facility failed to ensure residents had access to funds on weekends and evenings. This had the potential to affect 34 residents (#1, #2, #3, #4, #5, #7, #10, #11, #13, #16, #17, #18, #19, #20, #21, #22, #24, #25, #26, #27, #28, #29, #31, #32, #37, #39, #40, #41, #42, #46, #49, #50, #51, and #52) who had funds with the facility. The facility census was 55.</p> <p>Findings include:</p> <p>Record review of Resident #4 revealed an admission date of 09/13/19 with pertinent diagnosis of: schizoaffective disorder bipolar type, anemia, major depressive disorder, post traumatic stress disorder, seizures, hypertension, seizures, and hypertension.</p> <p>Interview with Resident #4 on 01/28/24 at 12:30 P.M. revealed she is unable to get funds on the weekends.</p> <p>Interview with Business Office Manager (BOM) #25 on 01/31/24 at 9:50 A.M. revealed someone has the keys to the office on the weekends. There is no sign that you can get money on the weekends and we do not advertise that.</p> <p>Interview with State Tested Nurse Aide (STNA) #10 on 01/31/24 at 12:25 P.M. revealed they was not sure how to get funds if the family does not provide, and the BOM is not here.</p> <p>Interview with Registered Nurse (RN) #12 on 01/31/24 at 12:27 P.M. revealed they was not for sure how to get money on the weekends or evenings.</p> <p>Interview with STNA #14 on 01/31/24 at 12:32 P.M. revealed they was not sure how a resident would get funds if the BOM was not here, and they would ask the nurse on duty.</p> <p>Interview with RN #20 on 01/31/24 at 12:35 P.M. revealed they had a resident asked for funds after hours, and RN #20 told them no one is here to get money.</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
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