COMMON PLEAS COURT
LICKING CO. OHIO
FILED: 7/24/2026 10:05 AM
OLIVIA C. PARKINSON
CLERK

IN THE COURT OF COMMON PLEAS
LICKING COUNTY, OHIO

ESTATE OF ERIC LEEK, DECEASED Through Estate Representative Brian D. Leek c/o Michael Hill Trial Law 815 Superior Avenue, Suite 623 Plaintiff, vs. FLINT RIDGE NURSING AND REHABILITATION AKA FLINT RIDGE NURISNG AND REHABILITATION CENTER, 1450 W. Main Street, Newark, Ohio 43055 Also Serve c/o Registered Agent: Flint Ridge Healthcare, LLC 15 American Avenue, Suite 304 Lakewood, New Jersey 08701 and CCH HEALTHCARE AKA CCH HEALTHCARE OH, LLC C/O Registered Agent: Taft Service Solutions Corp. 200 Public Square, Suite 3500 Cleveland, OH 44114 and FLINT RIDGE NURISNG HOLDINGS, LLC C/O Registered Agent: Taft Service Solutions Corp. 200 Public Square, Suite 3500 Cleveland, OH 44114 and FLINT RIDGE PROPCO LLC C/O Registered Agent: Taft Service Solutions Corp. 200 Public Square, Suite 3500 Cleveland, OH 44114	CASE NO. 2026-CV-01509 JUDGE Marcelain, Thomas **COMPLAINT WITH JURY DEMAND AND AFFIDAVIT OF MERIT ATTACHED**

Plaintiff, the Estate of Eric Leek, Deceased, through Estate Representative Brian D. Leek, for this Complaint against the above-named Defendants, states and avers upon information and belief:

INTRODUCTION

1. This action involves multiple claims (medical negligence, recklessness, wrongful death, Resident's Rights Law violations, civil conspiracy, and fraud) involving Flint Ridge Nursing and Rehabilitation aka Flint Ridge Nursing and Rehabilitation Center's ("Facility's") inadequate care of Eric Leek and the corporate control of the facility leading to such inadequate care that led to Eric Leek's untimely and wrongful death on August 14, 2025.

2. In July 2025, Eric Leek was living in an assisted living facility. On July 27, 2025, Eric was admitted to Licking Memorial Hospital due to experiencing frequent falls and generalized weakness.

3. On August 3, 2025, Eric was discharged from Licking Memorial Hospital and admitted to Flint Ridge Nursing and Rehabilitation aka Flint Ridge Nursing Rehabilitation Center, a skilled nursing facility, for short term care and rehabilitation.

4. Upon his admission, Flint Ridge Nursing and Rehabilitation knew that Eric was a high fall risk. Flint Ridge Nursing and Rehabilitation knew that the reason Eric and his family were trusting the Facility with his care was because Eric had experienced multiple falls, was diagnosed with syncope and collapse, and would often lose his balance and fall while standing.

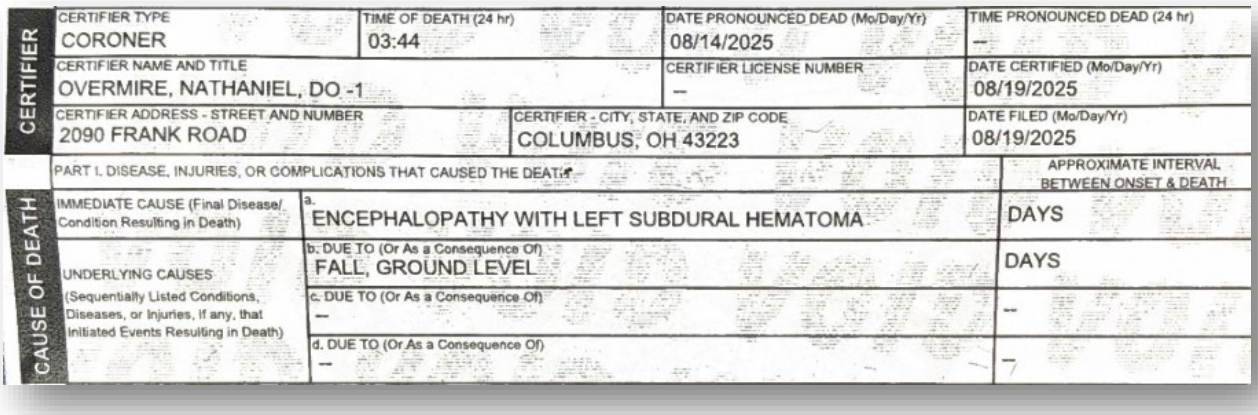
5. On August 5, 2025—two days after admission to the Facility—Eric experienced an unwitnessed fall at Flint Ridge Nursing and Rehabilitation. Eric suffered a head injury and was transported by ambulance to Licking Memorial Hospital.

6. After receiving treatment at Licking Memorial Hospital, Eric was readmitted to Flint Ridge later that same day: August 5, 2025. The Facility's knowledge of Eric Leek's risk for falls had increased, and specific concerns for Eric included the fact that he exhibited loss of balance while standing, had general weakness in his legs, and would often collapse. The Facility knew that Eric Leek was experiencing dizziness and that if he fell as a result of dizziness, he usually fell backwards. Because of Eric's high risk of falling, the Facility was on heightened notice that he required a safe environment. Finally, the facility knew that Eric required assistance with toileting.

7. On August 7, 2025, shortly after midnight, Eric Leek fell while trying to use the toilet. Eric fell backwards while standing trying to urinate, striking his head on the door, and suffering a traumatic brain injury.

8. Eric never recovered from the traumatic blow to his head resulting from the fall on August 7, 2025, and passed away on August 14, 2025.

9. Eric's death certificate, completed by the Coroner, notes the cause of death as bleeding on the left side of the brain creating a pool of blood, and further notes that the brain bleed was caused by a fall.



CERTIFIER				
CERTIFIER TYPE: CORONER	TIME OF DEATH (24 hr): 03:44	DATE PRONOUNCED DEAD (Mo/Day/Yr): 08/14/2025	TIME PRONOUNCED DEAD (24 hr): --	
CERTIFIER NAME AND TITLE: OVERMIRE, NATHANIEL, DO -1		CERTIFIER LICENSE NUMBER: --	DATE CERTIFIED (Mo/Day/Yr): 08/19/2025	
CERTIFIER ADDRESS - STREET AND NUMBER: 2090 FRANK ROAD	CERTIFIER - CITY, STATE, AND ZIP CODE: COLUMBUS, OH 43223		DATE FILED (Mo/Day/Yr): 08/19/2025	
CAUSE OF DEATH	PART I. DISEASE, INJURIES, OR COMPLICATIONS THAT CAUSED THE DEATH			APPROXIMATE INTERVAL BETWEEN ONSET & DEATH
IMMEDIATE CAUSE (Final Disease/ Condition Resulting in Death)	a. ENCEPHALOPATHY WITH LEFT SUBDURAL HEMATOMA			DAYS
UNDERLYING CAUSES (Sequentially Listed Conditions, Diseases, or Injuries, If any, that Initiated Events Resulting in Death)	b. DUE TO (Or As a Consequence Of) FALL, GROUND LEVEL			DAYS
	c. DUE TO (Or As a Consequence Of) --			--
	d. DUE TO (Or As a Consequence Of) --			--

Figure 1: Death Certificate of Eric E Leek completed by Coroner Nathaniel Overmire, D.O.

10. Plaintiff requests a trial by jury.

11. An Affidavit of Merit is attached.

12. Plaintiff brings this action for compensation for the harms and losses sustained as the result of the negligence, recklessness, conscious disregard, reckless disregard, conduct by which—through heedless indifference to the consequences—the Defendants or their staff disregarded a substantial and unjustifiable risk that the health care provider's conduct is likely to cause, at the time those services or that treatment or care were rendered, an unreasonable risk of injury, death, or loss to person or property, or intentional misconduct or willful or wanton misconduct, and other wrongful conduct described herein or discovered during litigation.

DEFENDANTS

13. Flint Ridge Nursing and Rehabilitation aka Flint Ridge Nursing and Rehabilitation Center is an Ohio corporation that holds itself out to the public as a provider of medical and nursing care, including but not limited to, rehabilitation and skilled nursing care, through its agents, operatives and / or employees and does business as Flint Ridge Nursing and Rehabilitation aka Flint Ridge Nursing and Rehabilitation Center.

14. CCH Healthcare aka CCH Healthcare OH, LLC is an Ohio corporation that holds itself out to the public as a provider of medical and nursing care, including but not limited to, rehabilitation and skilled nursing care, through its agents, operatives and / or employees and does business as Flint Ridge Nursing and Rehabilitation aka Flint Ridge Nursing and Rehabilitation Center. CCH Healthcare aka CCH Healthcare OH, LLC manages and controls Flint Ridge Nursing and Rehabilitation aka Flint Ridge Nursing and Rehabilitation Center.

15. Flint Ridge Nursing Holdings, LLC is an Ohio limited liability company that holds itself out to the public as a provider of medical and nursing care, including but not limited to, rehabilitation and skilled nursing care, through its agents, operatives and/or employees and does business as Flint Ridge Nursing and Rehabilitation aka Flint Ridge Nursing and Rehabilitation Center. Flint Ridge Nursing Holdings, LLC manages and controls Flint Ridge Nursing and Rehabilitation aka Flint Ridge Nursing and Rehabilitation Center.

16. LLC Flint Ridge Propco, LLC is an Ohio limited liability company that holds itself out to the public as a provider of medical and nursing care, including but not limited to, rehabilitation and skilled nursing care, through its agents, operatives and/or employees and does business as Flint Ridge Nursing and Rehabilitation aka Flint Ridge Nursing and Rehabilitation Center. FLINT RIDGE PROPCO LLC manages and controls Flint Ridge Nursing and Rehabilitation aka Flint Ridge Nursing and Rehabilitation Center.

17. The Defendants employ, manage, and direct the care and service providers who were responsible for Eric Leek's care, treatment, and safety at Flint Ridge Nursing and Rehabilitation aka Flint Ridge Nursing and Rehabilitation Center while they were a resident there, and / or are responsible for creating unsafe conditions at the Facility through their control of the Facility management that directly led to Eric Leek's injuries and untimely and wrongful death on August 14, 2025.

18. The Defendants direct and control operations at the Facility and are therefore directly liable for mismanagement of the Facility without regard to piercing the corporate veil.

19. The Defendant organization controls the other corporations in a way that is so complete that the corporations have no separate mind, will, or existence of their own, is exercised in such a manner as to commit fraud or an illegal act against the person seeking to disregard the corporate entity; and injury or unjust loss resulted to the plaintiff from such control and wrong, meaning the Defendants should be held directly liable for such harms and losses.

20. The Defendants collectively own, manage, control, and/or are responsible for the care delivered to residents of Flint Ridge Nursing and Rehabilitation aka Flint Ridge Nursing and Rehabilitation Center directly or through their domination and control of any putative entity license holder.

VICARIOUS LIABILITY

21. The Defendants employ the care providers who were responsible for ensuring Eric Leek's care and safety.

22. The Defendants manage, control, and/or employ the nursing staff at the Facility.

23. Eric Leek and their family looked to the Defendants for care based upon their representations.

24. The Defendants are vicariously liable for the negligent actions of their employees and agents (respondeat superior and agency liability) and/or independent contractors (Clark v. Southview agency by estoppel), including visiting physicians and nurse practitioners contracted with any of the Defendants and / or provided to residents as default or house care providers.

JURISDICTION AND VENUE

25. This Court has Jurisdiction over Defendants because, among other things, all Defendants do, and all times relevant did, purposefully avail themselves of the laws of the State of Ohio, and/or committed tortious acts within the State of Ohio.

26. Venue is proper in Licking County, Ohio under Civil Rule 3(B) because, among other reasons: (a) one or more Defendants reside, domicile, or carry on their principal place of business in that county; and (b) part of the claim for relief arose in that county.

COMMON FACTS

27. Defendants hold themselves out to the public as providers of long-term nursing home, skilled nursing, and memory care services.

28. Defendants' for-profit model means their primary goal is to maximize profit, measured by revenues minus expenses.

29. For nursing homes generally, the largest individual revenue source is residents (filling beds), and the largest individual expense is the cost of employing nursing staff to provide care to those residents. This creates a financial incentive to take on more residents with greater care needs than the nursing staff can properly care for, a violation of federal nursing home regulations regarding staffing levels.

30. The Defendants manage, control, and / or employ the nursing staff at Facility.

31. The Defendants exercise actual control over the Facility's management and operations to maximize profits, including control over facility-level:

a. Policies and procedures, including regarding resident care;

b. Finances, including obtaining credit and loans, guaranteeing loans

(both at the corporate and individual facility level), maintaining funds and banking, obtaining, owning, and leasing facility land and buildings, and capital expenditures.

c. Budgeting, including controlling the amount of funds available for staffing facilities;

d. Personnel management, including hiring and firing, or having authority to hire and fire, the supervisory and management personnel in each facility;

e. Supervision of management, care providers, and staff in each facility, including compliance with federal and state regulations;

f. Employment, such as setting pay scales, shifts, and time and vacation policies;

g. Systems for training, monitoring, and supervising staff;

h. Medical record systems and management;

i. Financial control systems, including budgeting and payment processing;

j. Marketing, including setting the image and expectations residents and their family should expect at the facility, and even the name of the facility;

k. Reporting procedures, including reporting to Medicare as to individual resident care and facility-wide issues.

32. As the result of this control, the Defendants make decisions that affect the day-to-day care of residents of the Facility, such as the resources available for providing nursing staff and care to residents like Eric Leek, meaning they are responsible for the foreseeable harm that results from careless decisions while voluntarily exercising that control.

33. Defendants failed to ensure, through their operational, budgetary, consultation and managerial decisions and actions, that the facilities were sufficiently staffed to meet the individual needs of its residents, including Eric Leek.

34. This lack of sufficient staff directly resulted in Eric Leek not receiving basic and necessary services to prevent, among other things, neglect leading to their injuries and death.

35. The Defendants also exercise operational and managerial control, and apply this profits-over-safety model, at the following facilities in the State of Ohio:

a. Cedars of Lebanon Rehabilitation & Nursing Care
102 East Silver Street, Lebanon, OH 45036

b. Cedarview Rehabilitation & Nursing Care
115 Oregonia Road, Lebanon, Ohio 45036

c. Clovernook Healthcare
7025 Clovernook Avenue, Cincinnati, Ohio 45231

d. Countryside Manor
1865 Countryside Drive, Fremont, Ohio 43420

e. Fountian View Nursing & Rehabilitation
6922 Ohio Avenue, Cincinnati, OH 45236

f. Lincoln Crawford Care Center
1346 Lincoln Avenue, Cincinnati, Ohio 45206

g. Locust Ridge
12745 Elm Corner Road, Williamsburg, Ohio 45176

h. Louisville Gardens
4466 Lynnhaven Avenue NE, Louisville, Ohio 44641

i. Harrison Pavillion Rehabilitation & Nursing Care
2171 Harrison Avenue, Cincinnati, Ohio 45211

j. Meadowbrook Care Center
8211 Weller Road, Cincinnati, Ohio 45242

k. Meadow Wind Healthcare Center
300 23rd Street NE, Massillon, Ohio 44646

l. Maple Grove Nursing & Rehabilitation
3627 Harvey Avenue, Cincinnati, OH 45229

m. Sunrise Manor

3434 Oh-132, Amelia, Ohio 45102

n. Scarlet Oaks Community
440 Lafayette Avenue, Cincinnati, Ohio 45220

o. Solon Pointe
5625 Emerald Ridge Parkway, Solon, Ohio 44139

p. Northcrest Rehab & Nursing Center
240 Northcrest Drive, Napoleon, Ohio 43545

q. Twilight Gardens Nursing & Rehabilitation
196 W Main Street, Norwalk, Ohio 44857

Reporting Data – Nursing Home

36. The Defendants are required to report significant amounts of data to the federal agency that oversees operations of nursing homes receiving federal or state funding, the Centers for Medicare and Medicaid Services, or "Medicare."

37. The data the Defendants submit to Medicare regarding its facility includes data on its residents (numbers, care needs, and bed days), its finances, and its nurse and nursing aide staffing levels as compared to resident care needs.

38. This data is certified correct by the Defendants and / or submitted under penalty of perjury and / or civil or criminal penalties.

39. Medicare uses some of this data submitted by Defendants to produce its nursing home 5-star rating system, also known as "Nursing Home Compare."

Nursing Home Resident Care Needs and Staffing Levels (MDS and PDPM Scores)

40. Every nursing home receiving Medicare or Medicaid funding—the clear majority of nursing homes, including Flint Ridge Nursing and Rehabilitation aka Flint Ridge Nursing and Rehabilitation Center and others operated and / or controlled by Defendants—is required to provide detailed information regarding the health status, care

and treatment, and services provided to each resident in the facility using a questionnaire called the Minimum Data Set, or MDS. This evaluation is done for all nursing home residents regardless of whether their care is being paid for by Medicare.

41. Nursing homes like Flint Ridge Nursing and Rehabilitation aka Flint Ridge Nursing and Rehabilitation Center are required to evaluate every resident using the Minimum Data Set questionnaire shortly after the time of admission, every 90 days thereafter, when a resident has a significant improvement or decline in health (physical, mental, or psychosocial), and upon discharge.

42. Based on this Minimum Data Set, each resident's individual care needs (called "acuity level") are assigned into a group signifying how much nursing or staff care the resident requires, called a Patient-Driven Payment Model score, or PDPM score. The PDPM score is calculated for physical therapy, occupational therapy, speech-language pathology, non-therapy ancillary services, and nursing services.

43. Each resident's PDPM score for nursing services is contained in the patient's Minimum Data Set evaluations, meaning the total nursing care needs of the residents in any facility at a specific time is available by totaling the residents' PDPM scores from various sections of the Minimum Data Set evaluations corresponding to increased needs for nursing care.

44. When these PDPM scores are combined for all residents in a nursing home facility, the nursing home knows exactly how many minutes of nursing and nursing aide care should be provided, on average, to meet the expected care needs of their residents.

Misleading Advertising

45. In an effort to persuade the families of patients to become customers, Defendants make promises to the families of such potential residents that they will

provide a level of care that they know they are incapable of providing.

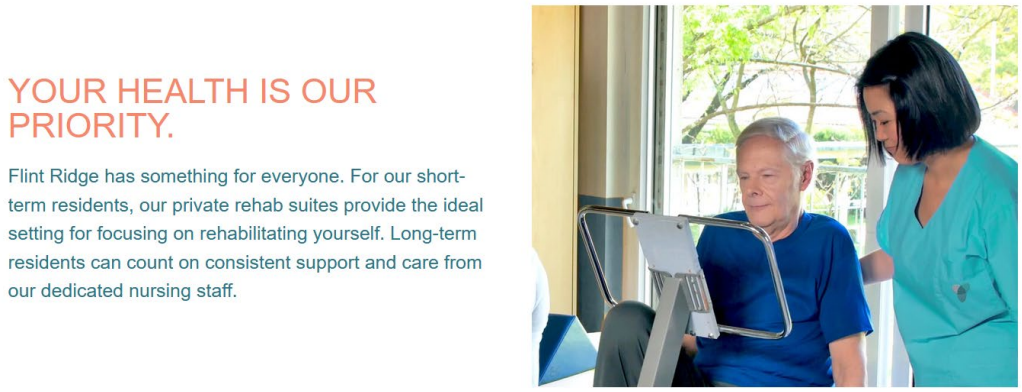


Figure 2: Flint Ridge and Rehabilitation advertises that it will provide the ideal setting for focusing on rehabilitation, and that long-term residents can rely on consistent support from the nursing staff. This data was taken directly from https://flintridgehc.com/about-us/ on June 30, 2026.

46. The intent and outcome of this misleading practice is to cause residents, their families, and external care providers to believe the nursing facility is much better staffed to provide the promised care than what is actually the practice of the Defendants with regard to staffing the Facility.

47. The intent and outcome of this misleading practice is to drastically limit the budget and overhead needed to run a safe facility in order to maximize profits and syphon resources at the expense of patient safety.

Systemic Understaffing and Eric Leek's Care

48. Defendants failed to ensure, through their operational, budgetary, consultation and managerial decisions and actions, that Flint Ridge Nursing and Rehabilitation aka Flint Ridge Nursing and Rehabilitation Center was sufficiently staffed, and the staff appropriately trained and informed, to meet the individual needs of Eric Leek during the period he was a resident at the facility.

49. This lack of sufficient staff directly resulted in Eric Leek not receiving basic and necessary services, assessments, and interventions to prevent, among other things, neglect leading to their injuries at Flint Ridge Nursing and Rehabilitation aka Flint Ridge Nursing and Rehabilitation Center during the period they were a resident at the Facility.

Defendants' Negligence and Recklessness with Eric Leek

50. Defendants accepted Eric Leek for short-term care for rehabilitation following Eric's hospitalization at Licking Memorial Hospital, resulting from frequent falls caused by dizziness and general weakness.

51. Defendants agreed to accept Eric Leek as a resident and provide care for him in exchange for monetary payment.

52. Upon his admission, Flint Ridge Nursing and Rehabilitation knew that Eric was a high fall risk. Flint Ridge Nursing and Rehabilitation knew that the reason Eric and his family were trusting the Facility with his care was because Eric had experienced multiple falls, was diagnosed with syncope and collapse, and would often lose his balance and fall while standing.

53. Two days after admission to the Facility, Eric experienced an unwitnessed fall at Flint Ridge Nursing and Rehabilitation, and sustained an injury to the back of his head, leading to his transportation by ambulance to Licking Memorial Hospital.

54. Eric was discharged from Licking Memorial Hospital and readmitted to Flint Ridge on August 5, 2025. The Facility's knowledge of Eric Leek's risk for falls had increased, and specific concerns for Eric included the fact that he exhibited loss of balance while standing, had general weakness in his legs, and would often collapse. The Facility knew that Eric Leek was experiencing dizziness and that if he fell as a result of dizziness, he usually fell backwards. Because of Eric's high risk of falling, the Facility was on

heightened notice that he required a safe environment. Finally, the facility knew that Eric required assistance with toileting.

55. On August 7, 2025, shortly after midnight, Eric Leek fell while trying to use the toilet. Eric fell backwards while standing at the toilet, striking his head on the door, and suffering a traumatic brain injury.

56. Eric never recovered from the traumatic blow to his head resulting from the fall on August 7, 2025, and passed away on August 14, 2025.

57. Eric's death certificate, completed by the Coroner, notes the cause of death as bleeding on the left side of the brain creating a pool of blood, and further notes that the brain bleed was caused by a fall.

58. Eric Leek endured mental and physical pain suffering and death as a direct and proximate result of Defendants' failure to provide adequate care due to understaffing the facility.

FIRST CAUSE OF ACTION
(MEDICAL NEGLIGENCE / RECKLESSNESS)

59. Plaintiff incorporates all other paragraphs of this Complaint as if fully rewritten herein.

60. Eric Leek depended on the Defendants, and their respective nursing and medical staff, for medical and nursing care, treatment, evaluation, and assistance.

61. The Defendants had a duty to provide proper care and treatment to Eric Leek and to avoid causing injury to Eric Leek.

62. The Defendants, including their medical and nursing staff, failed to provide proper care and treatment to Eric Leek, which they knew or should have known they

required, and their negligence was the direct and proximate cause of the injuries that Eric Leek suffered.

63. The Defendants' failure to provide proper care and treatment included, but is not limited to:

a. Choosing to put inadequate prevention and response interventions in place to prevent injuries;

b. Choosing to provide inadequate resident observation, supervision, and monitoring;

c. Choosing to provide improper training to staff members regarding resident monitoring, assessment, response, and treatment;

d. Choosing to provide too few, and / or underqualified nursing staff members for resident needs at each facility to protect and provide adequate care to residents like Eric Leek;

e. Choosing to not provide accurate, adequate, or timely information to Eric Leek's family;

f. Choosing to provide inadequate supervision to prevent accidents and falls;

g. Choosing to violate orders relating to care of Eric Leek;

h. Choosing to violate state and federal regulations governing care and staffing levels in nursing home facilities by which residents like Eric Leek are a member of the class of persons intended to be protected from injuries like those they suffered;

i. Failing to ensure the rights and safety of its residents, including Eric Leek, as required by Ohio and federal regulations;

j. Choosing not to provide appropriate care to Eric Leek while they were a resident of the Facility; and

k. Such other acts or omissions described in this Complaint or discovered in litigation.

64. These actions constituted a conscious disregard for Eric Leek's rights and safety with a great probability of causing substantial harm from this misconduct, by which—through heedless indifference to the consequences—the Defendants or their staff

disregarded a substantial and unjustifiable risk that the health care provider's conduct was likely to cause, at the time those services or that treatment or care were rendered, constituting an unreasonable risk of injury, death, or loss to person or property, or intentional misconduct or willful or wanton misconduct. The Defendants were aware of the great probability of the harm that could result from their willful, wanton, and/or reckless misconduct.

65. The Defendants' disregard for the rights and safety of residents like Eric Leek created circumstances under which it became substantially certain that serious injuries would result, entitling Plaintiff to awards for compensatory and punitive damages.

66. The Defendants are directly liable for their own willful, wanton, and/or reckless misconduct.

67. The Defendants are also vicariously liable for their employees' and agents' willful, wanton, and/or reckless misconduct.

68. The Defendants and their medical and nursing staff provided care to Eric Leek that fell below the standard of care expected of medical care and nursing home organizations, under the same or similar circumstances.

69. The departures from the standard of care are evidenced by violations of sections of Federal Regulations, 42 C.F.R. § 483 et seq., and Ohio Administrative Code sections, OAC 3701-17 et seq., and the Ohio Resident's Rights Law, R.C. section 3721.13.

70. As a direct and proximate result of the negligent and/or willful, wanton and/or reckless actions of the Defendants described above, Eric Leek sustained permanent injury and loss including, but not limited to, conscious pain and suffering, disability, and death.

71. WHEREFORE, Plaintiff demands judgment against the Defendants, jointly, in an amount more than Twenty-Five Thousand Dollars ($25,000.00), for conscious pain and suffering, loss of enjoyment, together with costs of suit, attorney's fees and expenses, punitive and exemplary damages, and any other relief to which the Plaintiff may be entitled to and/or that the court finds is appropriate and/or equitable.

SECOND CAUSE OF ACTION
(WRONGFUL DEATH)

72. Plaintiff incorporates all other paragraphs of this Complaint as if fully rewritten herein.

73. Eric Leek depended on the Defendants, and their respective nursing and medical staff, for medical and nursing care, treatment, evaluation, and assistance.

74. The Defendants had a duty to provide proper care and treatment to Eric Leek and to avoid causing injury to Eric Leek.

75. The Defendants, including their medical and nursing staff, failed to provide proper care and treatment to Eric Leek, which they knew or should have known he required, and their negligence was the direct and proximate cause of the Eric Leek's untimely and wrongful death.

76. Eric Leek's next-of-kin suffered damages as set forth in the Ohio Wrongful Death statute, R.C. 2125.01 et seq., including mental anguish, grief, and loss of Decedent's society and companionship.

77. WHEREFORE, Plaintiff demands judgment against Defendants, in an amount more than $25,000.00 to compensate the decedent's next of kin and heirs at law, together with costs of suit, attorneys' fees and expenses, and any other relief the court finds is appropriate and / or equitable.

THIRD CAUSE OF ACTION
(NURSING HOME RESIDENT RIGHTS VIOLATION R.C. 3721.13)

78. Plaintiff incorporates all other paragraphs of this Complaint as if fully rewritten herein.

79. Defendants, directly or through their employees or agents, violated Eric Leek's rights as a resident of the Defendants' facilities, as enumerated in Ohio Revised Code section 3721.13, including, but not limited to:

a. The right to a safe and clean living environment;

b. The right to adequate and appropriate medical treatment and nursing care and to other ancillary services that comprise necessary and appropriate care;

c. The right to have any significant change in the resident's health status reported to the resident's sponsor.

80. These violations are evidence of negligence and conscious disregard of Eric Leek's rights and safety, and give rise to a statutory cause of action.

81. As a direct and proximate result of Defendants' violations of R.C. 3721.13, Eric Leek conscious pain, suffering, and disability, and other harms and losses, including death.

82. WHEREFORE, Plaintiffs demand judgment against the Defendants, jointly, in an amount in excess of $25,000.00, together with costs of suit, attorney's fees and expenses, punitive and exemplary damages, and any other relief to which the court finds is appropriate and / or equitable.

FOURTH CAUSE OF ACTION
(CIVIL CONSPIRACY)

83. Plaintiff incorporates all other paragraphs of this Complaint as if fully rewritten herein.

84. Defendants had an express agreement, mutual understanding, or tacit agreement to, and/or their agents maliciously combined efforts to:

a. defraud residents and their families by delivering wholly inadequate care, contrary to their promises;

b. systemically understaff their facilities in violation of federal regulations, and for the purposes of their own profit, at the expense of resident health and safety;

c. under-capitalize the facilities and syphon money to themselves and related entities for the purposes of their own profit at the expense of resident health and safety;

d. inflate resident RUG levels to obtain excessive and unjustified payments from Medicare and Medicaid while not providing the care paid for with these taxpayer dollars;

e. not provide the level of care, by understaffing the facility, paid for by taxpayer dollars;

f. misrepresenting to Medicare the staffing level of the facility to increase their rating; and

g. as otherwise may be described in the Complaint or learned through discovery.

85. This understanding constitutes a malicious combination to injure residents of the Facility, including Eric Leek.

86. In pursuance of this common plan or design to commit tortious acts, the Defendants actively took part in it, or furthered it by cooperation or request, or lent aid or encouragement to the wrongdoers, or ratified and adopted the wrongdoers' acts done for their benefit.

87. The conspiracy caused injury to Eric Leek.

88. WHEREFORE, Plaintiffs demand judgment against the Defendants, jointly, in an amount in excess of $25,000.00, together with costs of suit, attorney's fees and expenses, punitive and exemplary damages, and any other relief to which the court finds is appropriate and / or equitable.

FIFTH CAUSE OF ACTION
(FRAUD)

89. Plaintiff incorporates all other paragraphs of this Complaint as if fully rewritten herein.

90. Defendants concealed facts concerning their staffing levels, pay, and the amount of care they were actually capable of providing at Flint Ridge Nursing and Rehabilitation aka Flint Ridge Nursing and Rehabilitation Center.

91. Not only did Defendants conceal this information, they publicly and privately represented that they provide exceptional services in an effort to induce the family of Eric Leek and other potential customers to place their loved ones in their care and custody.

92. These inducements were made falsely, with knowledge of their falsity, or with such utter disregard and recklessness as to whether they were true or false that knowledge may be inferred with the intent of misleading Eric Leek's family and other potential customers into placing their loved ones in the care and custody of Defendants.

93. Eric Leek's family and the family members of other potential customers reasonably relied on Defendants' representations and concealments regarding the degree of care they provide.

94. The result of these inducements and concealments was that Eric Leek's family, and the family of numerous other residents, allowed their loved one to be placed in Defendants' facility.

95. As a direct and proximate result of Defendants' actions, representations, and concealments, Eric Leek suffered conscious pain and suffering and death.

96. WHEREFORE, Plaintiff demands judgment against the Defendants, jointly, in an amount in excess of Twenty-Five Thousand Dollars ($25,000.00), together with costs of suit, attorney's fees and expenses, punitive and exemplary damages, and any other relief to which the court finds is appropriate and/or equitable.

A TRIAL BY JURY IS HEREBY DEMANDED

Respectfully Submitted,

/s/ C. Joseph McCoy
C. JOSEPH MCCOY (0092669)
MATTHEW MOONEY (0093332)
LINA GIRGIS (0106469)
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www.protectseniors.com
Counsel for Plaintiff

STATE OF OHIO)
) **AFFIDAVIT OF MERIT**
CUYAHOGA COUNTY)

Affiant KAPIL GULATI, MD, having been first duly sworn, states:

1. I am an adult, have no known disability preventing my truthful testimony, and have personal knowledge of the matters contained within this affidavit.

2. I am a full-time practicing physician in the field of Internal Medicine, licensed in the state of Ohio, board certified in Internal Medicine, spending more than 50% of my professional time providing direct patient care.

3. Through my specialized knowledge, skill, training, experience, and education, I am familiar with the standard of care applicable to the medical and nursing care and treatment that was provided to Eric Leek while a resident of Flint Ridge Nursing and Rehabilitation aka Flint Ridge Nursing and Rehabilitation Center, CCH Heathcare aka CCH Healthcare OH, LLC, Flint Ridge Nursing Holdings, LLC, and Flint Ridge Propco LLC.

4. I have reviewed all medical records reasonably available to Estate of Eric Leek, Deceased concerning the allegations contained in the Complaint.

5. To a reasonable degree of medical probability, the Defendants, Flint Ridge Nursing and Rehabilitation aka Flint Ridge Nursing and Rehabilitation Center, CCH Heathcare aka CCH Healthcare OH, LLC, Flint Ridge Nursing Holdings, LLC, and Flint Ridge Propco LLC, breached the standard of care and the breach caused Eric Leek's injuries and death.

FURTHER AFFIANT SAYETH NAUGHT.

Kapil Gulati
KAPIL GULATI, MD

SWORN TO BEFORE ME and subscribed in my presence this 13th day of July, 2026.

NOTARY PUBLIC
Beth Dvorak
My commission has no expiration date pursuant to RC 147.03