STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105458	A. Building B. Wing	04/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ormond Rehabilitation and Nursing Center	103 Clyde Morris Blvd Ormond Beach, FL 32174

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 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide for the safe, appropriate administration of IV fluids for a resident when needed. Based on interviews, record review, and facility policy review, the facility failed to ensure a peripherally intravenous (IV) used for the administration of intravenous fluids was removed in accordance with professional standards following the discontinuation of the IV for one (Resident #1) of three residents reviewed for intravenous care. Resident #1 was discharged home with the peripheral IV remaining in her arm.The finding include:On 4/2/26 at 9:30 AM, a phone interview was conducted with Resident #1's daughter. When asked about her mother's discharge from the facility, she stated, It was concerning that the facility would send her mother home with an IV, and thankfully she was ok from it.Review of Resident #1's medical record revealed an admission date of 1/23/26, and discharge date of 2/13/26. The resident's medical diagnoses included essential hypertension, unspecified atrial fibrillation, and supraventricular tachycardia, unspecified.Review of the physician's order dated 1/31/26 revealed, Ok for peripheral IV placement for fluids. A second physician's order revealed, Sodium Chloride Intravenous Solution 0.9 %, Use 1 liter intravenously one time only for low blood pressure for 1 Day 0.9% NS @ 75/hr. x 1 liter with end date of 2/1/26. Review of Resident #1's Medication Administration Record (MAR) and Treatment Administration Record (TAR) for January and February 2026 revealed no orders for IV care or flush.Review of the nursing assessment for Resident #1 dated 2/12/26, noted no IV's, no skin conditions, or areas of concern. A review of the resident's care plan revealed no mention of IV care.Review of a nursing note dated 2/16/26, indicated the resident's daughter called and said the IV was not taken out.During an interview with Registered Nurse (RN) A on 4/2/26 at 10:00 AM, she was asked about current residents with peripherally inserted central catheter (PICC line)/IV therapy. Specifically, how she would care for it and then document the care she provided. She stated, We have standing orders for dressing changes, flushes. They are documented on the MAR and TAR. When asked about documenting observations of IV site on her skin assessment, she stated she did not, and that she would check for skin breakdown or redness, not IV site condition.During an interview with the Director of Nursing (DON) on 4/2/26 at 12:25 PM, she was asked about IV care by the facility. She stated the facility has an outside company that would start any IV that is ordered. The nursing staff (RNs) would be responsible for the ongoing care of the IV as well as documentation. She stated all care of the IV should be documented in the progress notes. When the IV is discontinued, this would be documented as well in the progress notes. When asked about skin checks, she stated if the IV was present it should be documented there as well.On 4/2/26 at 1:09 PM, a phone interview was conducted with RN B, who completed the IV therapy for Resident #1. When asked if she had discontinued the resident's IV after therapy was completed, she stated, I honestly don't remember. When asked how she would maintain an IV, she stated she would ask the practitioner for orders. She further stated they should have flush orders. When asked if she documented the discontinuation of an IV, she stated she would if I remember to.A review of the facility's policy titled Intravenous (IV) Therapy (Peripheral), dated 11/2025, indicated the following: Purpose: To provide a manner for the safe initiation, maintenance, and discontinuation of peripheral IV therapy in residents. section 8. Discontinuation of IV: Document removal. (Photographic evidence obtained)

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