STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E095	A. Building B. Wing	12/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Batavia Rehabilitation & Health Care Center	520 Fabyan Parkway Batavia, IL 60510

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E095	A. Building B. Wing	12/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Batavia Rehabilitation & Health Care Center	520 Fabyan Parkway Batavia, IL 60510

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to protect a resident's right to be free from physical abuse by an employee. This applies to 1 of 3 (R1) residents reviewed for physical abuse. This past noncompliance occurred from 8/24/2025 to 9/10/2025. Findings include: R1's EMR (Electronic Medical Record/EMR) showed she was admitted to the facility on [DATE] with multiple diagnoses, including dementia with mood disturbances of restlessness and agitation. R1's Abuse Risk assessment dated [DATE] said she was at risk for abuse due to her mental, emotional, physical, and behavioral changes related to her dementia. R1's care plan said she required staff to give her time and redirection to minimize her behaviors. R1's MDS (Minimum Data Set) dated 11/12/2025 said she was severely cognitively impaired. On 12/08/2025 at 9:15 AM, R1 was calmly sitting in the common area. R1 was severely cognitively impaired and unable to be interviewed regarding her reported abuse incident on 8/24/2025. At 10 AM, V8 (Certified Nurse Assistant/CNA) said she routinely cared for R1 and, at times, R1 would display behaviors of agitation related to her dementia and required redirection to reduce her anxiety. V8 said after R1's reported abuse incident involving V3 (CNA), the facility conducted mandatory education on dementia care and abuse prevention. On 12/08/2025 at 12 PM, V3 was contacted for an interview regarding R1's physical abuse incident on 8/24/2025 but was unavailable. On 12/08/2025 at 12:25 PM, V4 (Agency RN) was also contacted for an interview regarding R1's physical abuse incident on 8/24/2025 but was unavailable. V4's witness statement dated 8/24/2025 said that approximately at 3 PM, he observed V3 pulling R1's hair and pushing her to sit back down into her chair. V4's statement further said V3 denied the incident. Then he contacted all the responsible parties to report the incident. V4 also performed a skin check on R1 after the incident, and no injury was noted, and R1 did not display any signs of distress. The Final Reportable from R1's 8/24/2025 incident showed Abuse substantiated based off witness statement. CNA employment terminated. Resident has no noted ill effects from incident, no injury noted and no change in behavior/demeanor. On 12/08/2025 at 12:30 PM, V2 (Director of Nursing/DON) said V1 (Administrator) was the facility's abuse coordinator and was immediately notified of R1's incident on 8/24/2025. V2 said the facility implemented their abuse policy and concluded the allegation of physical abuse from V3 (CNA) towards R1 was substantiated based on V4's eye-witness statement. V2 said all residents had the right to be free from abuse. V1 also reported V3 was unavailable for an interview after she was terminated on 8/24/2025. The facility's Abuse policy dated 03/2025 said all residents had the right to be free from abuse, corporal punishment, and involuntary seclusion. Residents must not be subjected to abuse by anyone. The facility's abuse prohibition program includes the following components: Screening, Training, Prevention, Identification, Investigation, Protection, and Reporting/Response. Residents will be monitored for behavior changes, and intervention strategies will be implemented to prevent the occurrence of abuse. Prior to the survey date of 12/08/25, the facility had taken the following actions to correct the noncompliance:On 8/24/2025, V3 (CNA) was removed from the facility immediately and officially terminated from the facility.On 9/02/2025, a facility-wide staff in-service titled Prevention and Prohibition on Dementia Care Education was completed.On 9/10/2025, a facility-wide staff in-service regarding the facility's Abuse Prevention policy was completed, which included a post-quiz on the topic and was completed for all staff. The Administrator/Abuse Coordinator continues to review all resident grievances and abuse allegations. The facility has not identified any abuse allegations after the incident on 8/24/2025.On 9/10/2025, the facility performed a QA (Quality Assurance) meeting with the facility's Medical Director, Administrator, and Director of Nursing to review the facility's plan of correction and monitoring plan.