STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365469	A. Building B. Wing	03/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Batavia Nursing Care Center	4000 Golden Age Drive Batavia, OH 45103

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31404 Based on staff interview, observation, record review, and facility policy review, the facility failed to provide care for a peripherally inserted central catheter (PICC) consistent with standards of practice when they did have physician orders for the dressing change of the PICC line, did not flush the catheter per order, and did not change the PICC line dressings weekly. This affected one, (Resident #59) of three residents reviewed for intravenous lines. The facility census was 92. Finding include: Record review for Resident #59 revealed an admitted [DATE] with pertinent diagnoses of cerebral infarction due to thrombosis, dependence on respirator, tracheostomy status, gastrostomy status, persistent vegetative state, chronic respiratory failure with hypoxia, thrombocytopenia, pulmonary embolism, anemia, hypertension, retention of urine, and hirsutism. Review of the 01/10/25 quarterly Minimum Data Set (MDS) 3.0 assessment revealed the resident was in a persistent vegetative state and was dependent for all activities of daily living. The Resident used a ventilator for breathing. Review of Physician Orders dated 02/28/25 revealed Sodium Chloride Solution 0.9 % use 10 milliliters (ml)intravenously every shift for flush. Review of the Physician Orders on 03/26/25 at 11:30 A.M. revealed no order for changing PICC line dressings for Resident #59. Interview with Licensed Practical Nurse (LPN) #22 on 03/26/25 at 11:40 A.M. revealed there were two residents on her hallway with intravenous (IV) lines. She stated she was an LPN but was not IV certified. Observation of Resident #59's PICC line on 03/26/25 at 11:50 A.M. revealed the dressing was dated as changed 03/07/25. Interview with the Director of Nursing (DON) on 03/26/25 at 11:50 A.M. verified the PICC line dressing was dated 03/07/25 and the dressing was suppose to be changed every seven days. (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
	365469	A. Building B. Wing	03/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Batavia Nursing Care Center	4000 Golden Age Drive Batavia, OH 45103

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	Review of the medication administration record for Resident #59 on 03/26/25 at 12:10 P.M. revealed there were nine times the PICC line flush was not signed off as completed during the month of March 2025. Interview with the DON on 03/26/25 at 12:55 P.M. verified there was no Physician Order for PICC line dressing change and there were nine spots on the medication administration record for March 2025 where the every shift PICC lines flushes were not sign off as completed when Licensed Practical Nurse #22 worked as Resident #59's nurse. Review of the facility 10/01/10 midline dressing changes policy revealed change midline catheter dressing 24 hours after catheter insertion, every five to seven days, or if it is wet, dirty, not intact, or compromised in any way. This deficiency represents non-compliance investigated under Complaint Number OH00163050.