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	03/17/2026

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on observation, staff interview, medical record review, and review of the facility policy, the facility failed to ensure medications were administered per physician orders. This affected one (#78) of five residents reviewed for medication administration. The facility census was 97.Findings include:Review of Resident #78's medical record revealed an admission date of 04/29/21. Diagnoses included low back pain and chronic pain. Review of the quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 01/19/26, revealed Resident #78 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident had intact cognition. The MDS indicated Resident #78 received a scheduled pain medication regimen. Review of the physician orders revealed Resident #78 had an order dated 11/21/24 for a lidocaine external patch four percent (%), apply to sacrum topically one time a day for pain/discomfort, 12 hours on and 12 hours off, and remove per schedule. Review of the Medication Administration Record (MAR) from 03/01/26 to 03/31/26 revealed the transcription of a physician order dated 11/22/24 to apply a lidocaine external patch to the resident's sacrum one time a day for pain/discomfort, with instructions to apply the lidocaine patch at 9:00 A.M. and remove the lidocaine patch at 9:00 P.M. Further review revealed on 03/09/26 at 9:00 P.M., Licensed Practical Nurse (LPN) #8 initialed the resident's MAR to indicate she removed the resident's lidocaine patch. Observation on 03/10/26 at 8:48 A.M. of medication administration with Registered Nurse (RN) #7 revealed a lidocaine external patch was obtained for administration to Resident #78's sacrum. Continued observation revealed Resident #78 had a lidocaine patch on their sacrum dated 03/09/26. RN #7 removed the lidocaine patch dated 03/09/26 and applied a new lidocaine patch dated 03/10/26 to the resident's sacrum. During an interview on 03/10/26 at 11:40 A.M., RN #7 confirmed she removed a lidocaine patch dated 03/09/26 from Resident #78's sacrum prior to applying a new lidocaine patch this morning. RN #7 stated the lidocaine patch she removed from the resident's sacrum should have been removed during the night shift on 03/09/26.During an interview on 03/10/26 at 7:20 P.M., LPN #8 stated she was assigned to care for Resident #78 on 03/09/26 and did not remember seeing the lidocaine patch, even though she signed the resident's MAR to indicate she removed the lidocaine patch. LPN #8 stated she was expected to remove the lidocaine patch as ordered by the physician. LPN #8 confirmed the lidocaine patch was to be placed on the resident by day shift staff and removed by the night shift staff. During an interview on 03/11/26 at 2:45 P.M., the Director of Nursing (DON) stated staff were expected to remove Resident #78's lidocaine patch as ordered by the physician.During an interview on 03/11/26 at 2:54 P.M., the Administrator stated staff were trained and expected to follow physician orders and to remove any patches accordingly. Review of the facility policy titled, Pain Assessment and Management, dated 03/31/16, revealed pharmacological interventions were provided in accordance with physician orders.

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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on observation, staff interview, and medical record review, the facility failed to ensure accurate medical records. This affected one (#78) of five residents reviewed for medication administration. The facility census was 97. Findings include: Review of Resident #78's medical record revealed an admission date of 04/29/21. Diagnoses included low back pain and chronic pain. Review of the quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 01/19/26, revealed Resident #78 had a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident had intact cognition. The MDS indicated Resident #78 received a scheduled pain medication regimen. Review of the physician orders revealed Resident #78 had an order dated 11/21/24 for a lidocaine external patch four percent (%), apply to sacrum topically one time a day for pain/discomfort, 12 hours on and 12 hours off, and remove per schedule. Review of the Medication Administration Record (MAR) from 03/01/26 to 03/31/26 revealed the transcription of a physician order dated 11/22/24 to apply a lidocaine external patch to the resident's sacrum one time a day for pain/discomfort, with instructions to apply the lidocaine patch at 9:00 A.M. and remove the lidocaine patch at 9:00 P.M. Further review revealed on 03/09/26 at 9:00 P.M., Licensed Practical Nurse (LPN) #8 initialed the resident's MAR to indicate she removed the resident's lidocaine patch. Observation on 03/10/26 at 8:48 A.M. of medication administration with Registered Nurse (RN) #7 revealed a lidocaine external patch was obtained for administration to Resident #78's sacrum. Continued observation revealed Resident #78 had a lidocaine patch on their sacrum dated 03/09/26. RN #7 removed the lidocaine patch dated 03/09/26 and applied a new lidocaine patch dated 03/10/26 to the resident's sacrum. During an interview on 03/10/26 at 11:40 A.M., RN #7 confirmed she removed a lidocaine patch dated 03/09/26 from Resident #78's sacrum prior to applying a new lidocaine patch this morning. RN #7 stated the lidocaine patch she removed from the resident's sacrum should have been removed during the night shift on 03/09/26.During an interview on 03/10/26 at 7:20 P.M., LPN #8 stated she was assigned to care for Resident #78 on 03/09/26 and did not remember seeing the lidocaine patch, even though she signed the resident's MAR to indicate she removed the lidocaine patch. LPN #8 stated she was expected to remove the lidocaine patch as ordered by the physician. LPN #8 confirmed the lidocaine patch was to be placed on the resident by day shift staff and removed by the night shift staff. During an interview on 03/11/26 at 2:45 P.M., the Director of Nursing (DON) confirmed staff were expected to never sign the MAR if an order had not been completed.