

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  366199	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/28/2025
NAME OF PROVIDER OR SUPPLIER  Country Lane Gardens Rehab & Nursing Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 7820 Pleasantville Road Pleasantville, OH 43148	
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 0726  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.  (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

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review, resident and staff interviews, review of facility policy, and review of the Ohio Administrative Code, the facility failed to ensure qualified personnel removed a midline intravenous (IV) catheter. This affected two (#22 and #49) of four residents reviewed with midline or peripheral intravenous central catheters (PICC). The facility census was 87. Findings include: Review of the medical record for Resident #22 revealed an admission date of 09/15/25. Diagnoses included urinary tract infection (UTI). Review of the Interim Payment Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #22 was cognitively intact. Resident #22 received intravenous medications within the last fourteen days and had no noted behaviors of refusal of medication. Review of the physician's orders dated 10/10/25 for Resident #22 revealed medication orders including cefazolin sodium injection solution reconstituted (antibiotic) one gram (gm) use one gm intravenously every eight hours for UTI until 10/13/25. Cefazolin was administered from 10/10/25 through 10/13/25. The physician orders noted Resident #22 had a midline IV catheter placed. The midline IV catheter was placed at the facility by an outside specialty nursing services provider on 10/10/25. Review of Resident #22's nursing progress note dated 10/20/25 at 11:08 A.M. written by Licensed Practical Nurse (LPN) #301 revealed an order was received to remove right arm midline. The progress note dated 10/20/25 at 6:14 P.M. written by LPN #301 revealed the midline was removed, tip intact, pressure dressing applied, and there were no signs/symptoms of infection noted. The resident tolerated it well, and daughter was present. Interview on 10/28/25 at 8:40 A.M. with Resident #22 stated the midline IV catheter had been placed at the facility and LPN #301 had removed her midline IV catheter last week. Resident #22 stated she had no right arm discomfort and no issues or concerns at this time. 2. Review of the medical record for Resident #49 revealed an admission date of 06/23/25. Diagnoses included urinary tract infection (UTI). Review of the quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #49 was cognitively intact. Review of the physician order dated 10/11/25 through 10/17/25 revealed Meropenem intravenous solution reconstituted (antibiotic) one gram (gm) use one gram intravenously three times a day for UTI for seven days. Review of Resident #49's nursing progress note dated 10/20/25 at 11:07 A.M. written by Licensed Practical Nurse (LPN) #301 revealed an order was received from Doctor #610 to remove right arm midline. However, there was no physician order written. The progress note dated 10/20/25 at 6:18 P.M. and written by LPN #301 revealed the midline IV removed from right upper arm, tip intact, pressure dressing applied. Resident #49 tolerated the removal without issue and there were no signs or symptoms or infection. Review of the personnel file for LPN #301 revealed she had basic IV training certification dated from 2014, and no peripheral inserted central catheter (PICC) or midline IV training noted. Interview on 10/27/25 at 11:31 A.M. with Registered Nurse (RN) #324 stated LPN #301 was directed to remove the midline IV catheters for Residents #22 and #49 on 10/20/25 per LPN #309. RN #324 stated someone came up to the second floor where she was working and asked her about removing the midline IV, but then it was revealed to her that someone from corporate had stated that LPNs can remove midline IV catheters. RN #324 stated she did not remove the midline IV catheter for Resident #22 or Resident #49. RN #324 stated she was not aware that LPNs could change the midline IV dressings or remove the midline IV catheter. Interview on 10/27/25 at 2:23 P.M. with Regional Director of Clinical Services (RDCS) #500 stated she received a telephone call on 10/20/25 regarding LPNs and midline IVs. RDCS #500 revealed an email she had sent to LPN #309 which had a frequently asked questions article from the Ohio Board of Nursing Momentum issue dated Spring 2023. The article was titled LPN IV Therapy Updates and FAQs (frequently asked questions)-Updated Accordance with HB 509, effective 04/06/23. RDCS #500 stated she sent them the article so that no one should have any questions about what the LPNs could do with central lines. Subsequent interview on 10/27/25 at 4:34 P.M. with RDCS #500 stated she spoke to LPN #301 on 10/20/25 and LPN #301 had told her she felt comfortable with IVs and she had been working with IVs for years. RDCS #500 stated she had been at the building for only three weeks and that no IV training had been completed by any of the staff prior to her arrival or after her arrival. Interview on 10/28/25 at 8:36 A.M. with Resident #49 stated the midline IV catheter had been placed at the facility and LPN #301 removed her midline IV catheter last week. Resident #49 stated she had no right arm discomfort and no issues or concerns at this time. Interview on 10/28/25 at 12:46 P.M. with RDCS #500 confirmed the article titled LPN IV Therapy Updates and FAQs-Updated Accordance with HB 509 effective 04/06/23 made references to the Ohio Administrative</p>		