STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366439	A. Building B. Wing	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Otterbein Union Township	1114 Neighborhood 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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on Interview and Record Review, the facility failed to ensure resident care conferences were held quarterly for all residents. This affected Residents #1, #4, #5, #7, #9, #10, #36, and #51. The facility census was 51 at the time of survey. Findings include: 1.Review of the medical record revealed Resident #4 was admitted to the facility on [DATE]. Diagnoses included multiple sclerosis, type II diabetes mellitus, essential hypertension, and acute kidney failure. Review of the most recent Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed the resident was cognitively intact, had no behaviors, did not reject care, and did not wander. Review of Resident #4's medical records revealed that one care conference was documented on 08/29/25 with no further care documentation of care conferences. Interview on 01/14/26 at 1:50 P.M. with Social Service Director (SSD) #125 verified Resident #4 had no further care conferences for 2025. 2.Review of the medical record revealed Resident #9 was admitted to the facility on [DATE]. Diagnoses included Alzheimer's Disease, atherosclerotic heart disease, major depressive disorder, and generalized anxiety disorder. Review of the most recent MDS 3.0 assessment dated [DATE] revealed the resident was cognitively impaired, had no behaviors, did not reject care, and did not wander. Review of Resident #9's medical record revealed Care Conference Summary documentation on 05/20/25 and 08/28/25 with no further care conference documentation noted. 01/14/2026 1:50 PM Interview with SSD #125 verified Resident #9 had no further care conferences for 2025. 3.Review of the medical record revealed Resident #10 was admitted to the facility on [DATE]. Diagnoses included chronic obstructive pulmonary disease, morbid obesity, dementia without behavioral disturbance, and rheumatoid arthritis. Review of the most recent MDS 3.0 assessment dated [DATE] revealed the resident was cognitively (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
	366439	A. Building B. Wing	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Otterbein Union Township	1114 Neighborhood 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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	intact, had no behaviors, did not reject care, and did not wander. Record review reveals that Resident #10 has documentation titled Care Conference Summary dated 6/10/25 and 7/1/25 with no further care conferences noted. Interview on 01/14/26 at 1:50 P.M. with SSD #125 verified Resident #10 had no further care conferences for 2025. 4.Review of the medical record revealed Resident #51 was admitted to the facility on [DATE]. Diagnoses included paroxysmal atrial fibrillation, osteoarthritis, anxiety disorder, and spondylosis. Review of the most recent MDS 3.0 assessment dated [DATE] revealed the resident was cognitively intact, had no behaviors, did not reject care, and did not wander. Review of care conference documentation for Resident #51 reveals that care conferences were completed on 12/19/24, 06/02/25, 11/13/25, 11/24/25, and 12/17/25. Further review of care conference documentation dated 06/02/25 revealed no documentation of resident or resident representative attendance or participation in care conference. Interview on 01/14/26 at 1:50 P.M. with SSD #125 verified Resident #51 had no care conferences for from 12/19/2024 through 06/02/2025 and 06/02/2025 through 11/13/2025. 5. Review of the medical record revealed Resident #1 was admitted to the facility on [DATE] with diagnoses of chronic obstructive pulmonary disease, acute respiratory failure with hypoxia, myocardial infarction, cerebrovascular accident with right (dominant) side hemiplegia and diabetes mellitus type II. Review of the MDS Quarterly assessment dated [DATE] revealed Resident #1 had intact cognition and was always incontinent of bowel and frequently incontinent of bladder. The resident required set up assistance for eating, moderate assistance for oral and personal hygiene and bed mobility, and maximal assistance for toileting, bathing, dressing and transfers. Review of care conference documentation for Resident #1 revealed there was no documentation that Resident #1 was offered or had a care conference in the second, third and fourth quarters of 2025. Interview on 01/14/25 at 1:47 P.M. with Social Services Director #125 verified the facility failed to provide care conferences for Resident #1 in the second, third and fourth quarters of 2025. 6. Review of the medical record revealed Resident #7 was admitted to the facility on [DATE] with diagnoses of Alzheimer's disease, anxiety disorder, major depressive disorder and heart failure. Review of the MDS Annual assessment dated [DATE] revealed Resident #7 had severe cognitive deficit and was always incontinent of bowel and bladder. The resident required maximal assistance for eating, bed mobility and transfers, and was dependent for oral and personal hygiene, toileting, bathing and dressing. Review of care conference documentation for Resident #7 revealed there was no documentation that Resident #7 was offered or had a care conference in the second and fourth quarters of 2025. Social Services Director #125 provided documentation the facility provided Resident #7 care conferences on (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366439	A. Building B. Wing	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Otterbein Union Township	1114 Neighborhood 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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	02/05/25 (first quarter) and 08/25/25 (third quarter) but the care conference was attended only by Social Services Director #125 and Resident #7, who the Social Services Director #125 verified had severe cognitive deficit. Interview on 01/14/25 at 1:48 P.M. with Social Services Director #125 verified the facility failed to provide care conferences for Resident #7 in the second and fourth quarters of 2025, and that the care conferences conducted in the first and second quarters of 2025 were meaningless due to Resident #7's severe cognitive deficit. 7. Review of the medical record of Resident #5 revealed an admission date of 09/02/22. Diagnoses included vascular dementia, unspecified dementia, major depressive disorder, and anxiety disorder. Review of the most recent quarterly MDS 3.0 assessment dated [DATE] revealed the resident had severe problems with thinking and memory and demonstrated no behaviors. The resident required maximal assistance for eating, and was dependent for oral hygiene, toileting, bathing, upper and lower body dressing, transfers, personal hygiene and mobilizing her wheelchair. Review of a document titled Care Conference Form dated 03/19/25 for Resident #5 revealed a care conference was conducted on 03/19/25 without the resident but with two resident representatives and review of a document titled Care Conference Summary [NAME] - V 4 dated 08/25/25 did not indicate attendance by either the resident or a resident representative and did not include an explanation for the resident and/or resident representative not being in attendance. Interview with Quality of Life Coordinator (SSD) #125 on 01/14/26 at 12:43 P.M. revealed that care conferences should be completed at least quarterly. Further interview with SSD #125 on 01/15/26 at 8:17 A.M. confirmed care conference documentation dated 03/19/25 and 08/25/25 was accurate as provided, no additional care conference documentation existed for Resident #5, and no additional care conferences had occurred for Resident #5. 8. Review of the medical record of Resident #36 revealed an admission date of 04/20/21. Diagnoses included vascular dementia, cerebral infarction, major depressive disorder, and generalized anxiety disorder. Review of the most recent quarterly MDS 3.0 assessment dated [DATE] revealed the resident had severe problems with thinking and memory and demonstrated no behaviors. The resident required maximal assistance for eating, oral hygiene, upper and lower body dressing, and personal hygiene and was dependent for toileting, bathing, transfers, and mobilizing her wheelchair. Review of a document titled Care Conference Form dated 02/06/25 for Resident #36 revealed a care conference was conducted on 02/06/25 with the resident and no resident representatives and review of a document titled Care Conference Summary [NAME] - V 4 dated 06/02/25 did not indicate attendance by either the resident or a resident representative and did not include an explanation for the resident and/or resident representative not being in attendance of the care conference. Interview with Quality of Life Coordinator (SSD) #125 on 01/14/26 at 12:43 P.M. revealed that care conferences should be completed at least quarterly. Further interview with SSD #125 on 01/15/26 at 8:17 A.M. confirmed care conference documentation dated 02/06/25 and 06/02/25 for Resident #36 was accurate as provided, no additional care conference documentation existed for this resident, and no additional care conferences had occurred for Resident #36.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366439	A. Building B. Wing	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Otterbein Union Township	1114 Neighborhood 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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide activities to meet all resident's needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, observation, staff interview, and review of facility policy, the facility failed to provide an ongoing activities program. This affected four residents,(Residents #42, #15, #39 and #16) of four residents reviewed for activities. The facility census was 51.Findings Include: 1.Review of the medical record revealed Resident #16 was admitted to the facility on [DATE] with diagnoses of myocardial infarction, chronic obstructive pulmonary disease, congestive heart failure, hypertension and diabetes mellitus type II, Resident #16 currently serves as the House Council President. Review of the Minimum Data Set (MDS) Medicare Five-Day assessment dated [DATE] revealed Resident #16 had intact cognition and was occasionally incontinent of bowel and always incontinent of bladder. The resident required set up assistance for eating, moderate assistance for oral hygiene, bed mobility and transfers, and maximal assistance for personal hygiene, toileting, bathing and dressing. The resident required a manual wheelchair for mobility with assistance from a staff member. Review of the local area temperature website, Weather Spark, on 01/12/26 at 2:00 P.M. the outside temperature was 39 degrees Fahrenheit and on 01/13/26 at 2:00 P.M. the outside temperature was 25 degrees Fahrenheit. Observation on 01/12/26 at 2:00 P.M. and on 01/15/26 at 2:00 P.M. revealed multiple residents transported to an activity located in another unit approximately 30 to 50 yards from the original residents' unit. Interview on 01/14/25 at 9:48 A.M. with Resident #16 revealed Resident #16 did not like that some activities are scheduled in an alternate location which requires her to be transported in her wheelchair, outside, by a staff member. Resident #16 said this is especially difficult in inclement weather. The resident stated she would forego activities, even those she really wanted to attend, if the weather was inclement and the distance was so far away. She stated there was no alternative activity provided if the weather was inclement. Resident #16 also said some activities listed on the calendar either don't match the activity provided or just are not done. Interview on 01/15//25 at 11:16 A.M. the Administrator verified the residents were transported to various units, some up to approximately 50 yards away from the resident's unit, outside in weather. There was no alternative activity offered to those who wanted to go to the activity but chose not to go due to the inclement weather. 2. Record review of Resident #42 revealed the resident was admitted to the facility on [DATE]. Diagnoses for Resident #42 include heart failure, malnutrition, myocardial infarction, quadriplegia, and stenosis of carotid artery and left leg amputation. Review of the Minimum Data Set, (MDS) comprehensive assessment dated 12/20 25 revealed the resident had intact cognition and required maximum assistance for mobility.Review of the Plan of Care revealed Resident #42 had a mood disorder with intervention to provide and activity program developed with meaningful and of interest. This included talking time to express feelings. There was no documentation the resident resisted activities. Review of Resident #42 document, Basic Daily Activity, listed Resident #42 from 12/16/25 through 01/13/26 of only watching television in her room for two shifts. There were no other activities listed as attended.Review of email sent by a Consultant Activity Representative ,(CAR) # 150 , revealed the Resident #42 received a one to one visit by CAR #150 on 12/19/26. There was no note the resident resisted visits of CAR #150.Review of the scheduled and printed resident activity January calendar revealed seven days at 8:00 A.M. Daily Icon activity, 10:00 pet therapy every Tuesday and Thursday, 2:30 Bingo on every Monday and Wednesday, and other once a week repeated day shift activity, such as weekly church service, yoga, and 6:30 P.M. board games. Saturday consisted of each week of 8:00 A.M Daily Icon and 1:00 P.M. puzzles. There were no other activities listed. Sunday consisted of Daily Icon at 8:00 A.M. and Church services at 8:00 A.M. There were no other activities listed. There was a notation of AH ?, all house , and numbers, notation the facility unit, location of activities.Interview on 01/13/26 at 1:00 P.M. Resident $#42 stated she was a social person, liked to talk and liked to do crafts. She stated she would like to do crafts, like painting, but is not provided any means to do crafts, with her contacted hands. She does not receive one to one (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366439	A. Building B. Wing	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Otterbein Union Township	1114 Neighborhood 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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	talking time but only rarely. She stated she likes pet visits but the visits are not consistent two times a week as listed on the calendar. She stated she did not know what Daily Icon, as listed on the calendar was, and did not receive any materials in her room by the activities department. Interview on 01/13/26 at 2:07 P.M., the Certified Nursing Assistant, (CNA) # 40 verified that had been no pet therapy on 01/13/26 at10:00 A.M. as listed on the calendar. She stated she did not know what the daily 8:00 A.M. Daily Icon activity was as listed on the calendar. She stated the CNAs do not perform any (AH) all house activities, including Daily Icon. Interview on 01/13/26 at 4:00 P.M. , AD #90 verified she had developed the January calendar and did not know what Daily Icon the activity was. She stated it was an AH activity, which the CNAs should be providing. She verified there were no one on one activities documented for Resident #42 in the CNA charting. There had been no knowledge the resident wanted to do crafts. Interview on 01/14/26 at 1:00 P.M., the CNAs #20 and #30 verified they did not know what Daily Icon activity was and did not provide to the residents, although it was listed as an AH activity , for the CNAs to provide. The CNA verified Resident #42 like to stay in her room and there as no documentation there were one on one activities for the resident. 3. Record review of Resident #15 revealed the resident was admitted to the facility on [DATE]. Diagnoses for Resident #15 include morbid obesity, hypertension, and osteoarthritis. Review of the Minimum Data Set, (MDS) comprehensive assessment dated [DATE] revealed the resident had intact cognition and was dependent for staff for mobility. The resident was assessed to report participation in religious services was very important and group activities somewhat important.Review of the January activity calendar redealed Sunday consisted of Daily Icon at 8:00 A.M. and Church services at 8:00 A.M. There were no other activities listed.Review of Resident #15 Basic Activity record, revealed the resident only attended church services during the weekdays and not on Sundays.Interview on 01/12/26 at 9:30 A.M the Resident #15 verified going to church services with other residents is important to her. She stated she liked Sunday services but the facility they did not always have them. She stated there were very little weekend activity choices and she would more activity on the weekend. She did not know what Daily Icon activity every Saturday and Sunday was and did not receive any materials for that activity.Interview on 01/13/26 at 3:00 P.M. the Facility Chaplin,(FC) #100 revealed she did not provide weekend church services. Interview on 01/13/26 at 4:00 P.M. , AD #90 verified she had developed the January calendar and did not know who provided Sunday church services at 8:00 A.M. She verified it was listed as AH, all house, activity so the CNAs should be providing the services. She verified Daily Icon was on each Saturday and Sunday at 8:00 A.M. and did not know what it consisted of. She stated it was to be provided by the CNAs. Observation on 01/12/26 through 01/15/26 at 8:00 A.M. revealed no Daily Icon activity was provided in House #19. There was no Therapy pet activity observed on 01/13/26 as listed on the activity calendar.4. Record review of Resident #39 revealed the resident was admitted to the facility on [DATE]. Diagnoses for Resident #39 include heart failure, and insomnia. Review of the Minimum Data Set, (MDS) comprehensive assessment dated [DATE] revealed the resident had intact cognition and required set up assistance. The residents were assessed for activity interests included having books to read , and attending church services with others. Review of the January activity calendar revealed Sunday consisted of Daily Icon at 8:00 A.M. and Church services at 8:00 A.M. There were no other activities listed.Review of Resident #39 Basic Activity record, revealed the resident attended church services during the weekdays and not on Sundays.Interview on 01/12/26 at 9:40 A.M Resident 39 revealed there was not much activity on the weekends, and with no church services, as was listed on the calendar. She stated she liked games in the evening but games were not listed on the calendar on the weekends. She stated she did not know what Daily Icon activity was and it was not offered. She was not offered additional reading materials. She stated the CNAs on day shift do not do any listed activities due to time constraints ,and evening staff provide board games when it can be fitted into the staff routine.Interview on 01/13/26 at 4:00 P.M. , AD #90 verified she had developed the January calendar and did not know who provided Sunday church services at 8:00A.M. She verified it was listed as AH, all house, activity so the CNAs should be (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366439	A. Building B. Wing	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Otterbein Union Township	1114 Neighborhood 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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	providing the services. She verified Daily Icon was on each Saturday and Sunday at 8:00 A.M. and did not know what it consisted of. She stated Daily Icon was to be provide in the mornings and board games were to be provided in the evenings by the CNAs. Interview on 01/14/26 at 1:00 P.M., the CNAs #20 and #30 verified they did not know what Daily Icon activity was and did not provide to the residents, although it was listed as an AH activity, for the CNAs to provide. Review of the facility policy titled, Engagement and Activity, dated February 2009, revealed the facility will provide a choice of meaningful engagement experiences. The staff is held accountable to properly document the engagement experience.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366439	A. Building B. Wing	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Otterbein Union Township	1114 Neighborhood 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 0680 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure the activities program is directed by a qualified professional. Based on record review and interviews, the facility failed to provide an activity program directed by a qualified professional. This had the potential to affect 50 residents of the 51 residents receiving the activity program. This did not affect Resident #22. The facility census total was 51. Findings Include: Findings include: Review of personnel file of hired Activity Director, (AD) #90 revealed the AD #90 was hired on 10/21/25. The AD #90 was not licensed or registered by the state. The was no evidence the AD #90 had met the qualifications to be the Activities Director. There was a payment invoice dated on 01/14/26 the AD #90 had been paid to be enrolled in the certification for activity professional.Interviewed with Resident #22 on 01/12/26 at 8:30 A.M. revealed she did not want to attend any activities and did not want any activities provided to her. She wanted left alone in her room and was satisfied with visits from her family.Interview on 01/13/26 at 4:00 P.M. , AD #90 verified she had not met the qualifications to be the Activity Director when she was hired and has not started or completed a qualifying activity director program since hire. She stated she was supposed to start the activity certification program shortly after she was hired but had not been approved to be enrolled. She stated there was not a qualified activity profession overseeing her work, but a sister facility activity person who checked in with her sometimes on the phone. AD #90 stated she had created the activity calendar for all residents for the month of December 2025 and January 2026, completed the residents Minimum Data Set activity assessments and coordinated the Resident Council monthly meetings. Interview on 01/15/26 at 11:16 A.M. the Administrator verified the AD #90 had not met the qualifications to be the Activities Director upon hire on 10/21/25 and has not met the requirements to be the Activities Director since hire. The AD #90 had four days of overlap training from the previous activity director and attended a one-day Activity Director phone conference. There was no documentation provided as evidence AD #90 had direct oversight of the duties she performed as an Activity Director by other certified activity professionals. There had not been payment for AD #90 to be enrolled in an activity certification program until 01/14/26.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366439	A. Building B. Wing	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Otterbein Union Township	1114 Neighborhood 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 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. Based on medical record review and staff interview, the facility failed to provide an Advanced Beneficiary Notice of Non-Coverage (ABN) prior to discharge from Medicare Part A services as required. This affected one (Resident #39) of two residents reviewed for ABNs. The facility census was 51.Findings include: Review of SNF Beneficiary Protection Notification Review document for Resident #39 revealed Resident #39 was not issued a Skilled Nursing Facility Advanced Beneficiary Notice of Non-Coverage (ABN) Form prior to discharge from Medicare Part A services on 09/29/25. Interview on 01/14/25 at 12:58 PM with the Administrator verified Resident #39, who remained in the facility after the discontinuation of Medicare Part A services on 09/29/25, was not issued the Facility Advanced Beneficiary Notice of Non-Coverage (ABN) Form.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366439	A. Building B. Wing	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Otterbein Union Township	1114 Neighborhood 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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, observation, staff interview, and review of facility policy, the facility failed to provide equipment to prevent physical decline . This affected two residents,(Residents #24 and #42) of two residents reviewed for equipment to prevent physical decline. The facility census was 51. Findings Include: Record review of Resident #24 revealed the resident was admitted to the facility on [DATE]. Diagnoses for Resident #24 include Alzheimer's disease, malnutrition, osteoporosis, adult failure to thrive, and congested heart failure. Review of the Minimum Data Set, (MDS) comprehensive assessment dated [DATE] revealed the resident had severely impaired cognition and required extensive staff assistance for Activities of Daily Living skills. The resident received hospice care. The resident had physician orders for positioning device to left hand as tolerated and pressure relieving boots at all times as tolerated. Observation on 01/12/26 and 01/13/26 from approximately 9:00 A.M. to 3:30 P.M., Resident #24 did not have a positioning device to left hand and did not have on pressure relieving boots. The resident was observed in a reclining chair in the common area of the unit. The rest was not combative or resistive to care. Interview on 01/13/26 at 1:07 P.M., the Director of Therapy, (DT) #60 verified Residents #24 did have on her hand device or the pressure prevention boots as ordered. Interview on 01/13/26 at 2:07 P.M. Certified Nursing Assistant, (CNA) #40 verified she had worked on 01/12/26 and 01/13/26 from 7:00 A.M. through 3:00 P.M. and Resident #24 did not have a positioning device to left hand and did not have on pressure relieving boots during her shift. CNA #40 stated she was unaware of when the devices were to be applied. Interview on 01/15/26 at 8:55 A.M. the Director of Nursing (DON) verified Resident #24 should have a positioning device to left hand and should have had the pressure relieving boots on at all times. The DON verified the Resident #24 tolerated the devices without resistance and there was no documentation to show the resident did not tolerate the devices on 01/12/26 or 01/13/26. 2. Record review of Resident #42 revealed the resident was admitted to the facility on [DATE]. Diagnoses for Resident #42 include heart failure, malnutrition, myocardial infarction, quadriplegia, and stenosis of carotid artery and left leg amputation. Review of admission notes of 01/05/24 revealed the Resident #42 was admitted with right leg contracture. Review of the Minimum Data Set, (MDS) comprehensive assessment dated 12/20 25 revealed the resident had intact cognition and required maximum assistance for mobility. The resident had a physician order for right knee extension splint up to four to six hours a day as tolerated. Review of plan of care revealed there was no documentation the Resident #42 and refused the application of the right left splint. Review of the Medication Administration Record of January 2026 and December of 2025 revealed the nursing staff had not documented the Resident #42 had refused the application of the right leg splint. Observations on 01/12/26 and 01/13/26 from approximately 9:00 A.M. to 3:30 P.M., Resident #42 did not have on the right knee extension splint. Observation on 01/13/26 at 1:46 P.M with the DT #60 revealed the Resident #42 right leg splint was at the bottom of her closet covered with items. Observation of the interview of Resident #42 by DT #60 revealed the resident was willing to have the right leg splint applied but the inner leg was reddened and the DT #60 deferred treatment to the nurse. The Resident #42 was agreeable to have therapy services to have the right leg splint reapplied. Interviews on 01/12/26 at 9:30 A.M. 01/13/26 ay 8:30 A.M and 01/14/26 at 8:45 A.M. Resident #42 reported the staff had not applied the right leg splint during the 24 hours. The resident stated she had not had the legs splint applied for several months. The resident stated she had refused a few times but the staff had not attempted to reapply the splint for several months. Interview on 01/13/26 at 1:46 P.M. the DT #60 verified the right leg splint was located at the bottom of resident #42 closet. The DT #60 stated she was unaware the Resident #42 had been ongoing refusing the application of the leg splint. Interview on 01/15/26 at 8:55 A.M. the Director of Nursing (DON) verified Resident #42 should have the right knee extension splint applied up to four to six hours a day. The DON verified there was no documentation the resident (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366439	A. Building B. Wing	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Otterbein Union Township	1114 Neighborhood 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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	directly refused the device in the December 2025 and January 2026 MAR, in the plan of care or in the nursing progress notes. There was no facility policy provided regarding application of splint and pressure reliving devices.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366439	A. Building B. Wing	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Otterbein Union Township	1114 Neighborhood 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 0810 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide special eating equipment and utensils for residents who need them and appropriate assistance. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, observation, staff interview, and review of facility policy, the facility failed to provide adaptive feeding devices as ordered by the physician. This affected two residents (Residents #22 and #42) of two residents for adaptive feeding utensils. The facility census was 51.Findings Include:1.Record review of Resident #42 revealed the resident was admitted to the facility on [DATE]. Diagnoses for Resident #42 include heart failure, malnutrition, myocardial infarction, quadriplegia, and stenosis of carotid artery and left leg amputation. Review of the Minimum Data Set, (MDS) comprehensive assessment dated 12/20 25 revealed the resident had intact cognition and required assistance for feeding. The resident received a regular diet with a order for a built up plate and spoons only. Review of admission notes of 01/05/24 revealed the Resident #42 was admitted with right and left had contractures.Review of plan of care revealed the resident was to receive a plate with sides and spoons at meals.Observations on 01/12/26 at the lunch meal and 01/13/26 breakfast and lunch meals, from approximately 8:30 A.M. and 12:30 P.M. Resident #42 did not have a built-up plate at meals. Interviews on 01/12/26 at breakfast and 01/13/26 at breakfast and lunch, the Resident #42 verified she was supposed to receive a built-up plate edge to scoop her food onto the spoon, and she does not always receive them. She verified she had not received them for the past two days. Interview on 01/13/26 at 2:07 P.M. Certified Nursing Assistant, (CNA) #40 verified she had worked on 01/12/26 and 01/13/26 from 7:00 A.M. through 3:00 P.M. and Resident #42 did not receive the built up plate at the breakfast and lunch meal of 01/12/26 and 01/13/26, CNA #40 stated she was unaware Resident #42 was to receive a built-up plate at each meal. Interview on 01/15/26 at 8:55 A.M. the Director of Nursing (DON) verified Resident #42 should have received the built-up plate at all meals, as ordered.2. Record review of Resident #22 revealed the resident was admitted to the facility on [DATE]. Diagnoses for Resident #22 include arthritis. Review of the Minimum Data Set, (MDS) comprehensive assessment dated [DATE] revealed the resident had intact cognition and required assistance with meals. The resident received a Regular diet and supplement before meals breakfast every day. The resident was to receive a specialized drinking cup and built-up handled utensils and curved handled spoon. Observations on 01/12/26 at the lunch meal and 01/13/26 breakfast and lunch meals, from approximately 8:30 A.M. and 12:30 P.M., Resident #22 did not have a built up handled and curved handled utensils at the meals. Interviews on 01/12/26 at breakfast and 01/13/26 at breakfast and lunch , the Resident #22 verified she was supposed to receive a built utensils and she does not always receive them. She verified she had not received them for the past two days. Interview on 01/13/26 at 2:07 P.M. Certified Nursing Assistant, (CNA) #40 verified she had worked on 01/12/26 and 01/13/26 from 7:00 A.M. through 3:00 P.M. and Resident #22 did not receive the built up handled utensils at the breakfast and lunch meal of 01/12/26 and 01/13/26, CNA #40 stated she was unaware Resident #22 was to receive built up utensils at each meal. Interview on 01/15/26 at 8:55 A.M. the Director of Nursing (DON) verified Resident #22 should have received the built-up food utensils at all meals, as ordered.Review of the facility policy, Adaptive Services, dated June 2008, revealed specialized eating equipment is provided to the residents who need devices to eat more independently.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366439	A. Building B. Wing	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Otterbein Union Township	1114 Neighborhood 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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, staff interviews, and review of facility policy, the facility failed to store foods in a safe and sanitary manner. This had the potential to affect all 51 residents who received food from the kitchen. The facility census was 51. Findings include:Observation on 01/12/22 at 8:55 A.M. with Diet Technician #50 revealed the following concerns in House #16's kitchen. 1. An unopened container of cottage cheese with expiration date 01/10/26. 2. Opened cottage cheese opened date of 12/01/26 and expiration date of 02/27/26. Two containers of opened yogurt, one opened 01/08/26 with expiration date of 02/21/26 and the other container labeled opened on 01/01/26 and expiration date of 02/06/26. No containers had a use by or discard date labeled on the containers.3. Review of the food temperature monitor logs revealed on 01/09/26, all three meals had no food temperatures recorded, 01/07/26 had no breakfast temperatures recorded, and 01/10/26 had no breakfast and lunch meal temperatures recorded.4. Review of the dishwasher log of 01/01/26 through 01/11/26 revealed there were three shifts of temperatures record , day , evening and night shifts. There was no record that three meals of dishwasher temperatures were obtained as well as nighttime food preparation shift dishwasher temperatures were obtained. Observation on 01/12/22 at 9:05 A.M. with Diet Technician #50 revealed following concerns in House #14's kitchen:1. The ventilation hood above the stove had a heavy built up of gray debris hanging from the hood above food on the stove. 2. In the reach in refrigerator, there was an open cottage cheese with an open date of 12/29/35 and with expiration date of 01/28/26. The container had no use by or discard date labeled on the container. 3. In the reach-in refrigerator, the thermometer read 52 degrees Fahrenheit.4. Review of the food temperature monitor logs revealed on 01/12/26 had no breakfast temperatures recorded, and 01/10/26 had no breakfast and lunch meal temperatures recorded.5. Review of the dishwasher log of 01/01/26 through 01/11/26 revealed there were three shifts of temperatures record, day, evening and nightshifts. There was no record that three meals of dishwasher temperatures were obtained as well as nighttime food preparation shift dishwasher temperatures were obtained. Observation on 01/12/22 at 9:35 A.M. with Diet Technician #50 revealed the following concerns in House #15's kitchen:1. Container of opened applesauce opened container of sour cream, and container of opened cottage cheese with no open date. Expiration dates were 05/01/27, 02.04/26 and 02/04/26, respectively. There were no use or discard dates labeling.2. The reach in freezer had no thermometer.3. In the dry storage area, the refrigerator and freezer had no internal thermometer. 4. There was an opened container of food, identified as a resident's food item, dated 12/28/25.5. The inside bottom floor of the oven had several areas of brown dried debris. Observation on 01/12/22 at 9:45 A.M. with Diet Technician #50 revealed the following concerns in House #17's kitchen.1. The ventilation hood above the stove had a heavy built up of gray debris hanging from the hood above food on the stove.2. Open container of coffee creamer dated 01/03/26 with expiration date of 06/20/26. There was no use or discard date.3. Review of the dishwasher log of 01/01/26 through 01/11/26 revealed there were three shifts of temperatures record, day, evening and nightshifts. There was no record that three meals of dishwasher temperatures were obtained as well as nighttime food preparation shift dishwasher temperatures were obtained. Observation on 01/12/22 at 9:55 A.M. with Diet Technician #50 revealed the following concerns in House #19's kitchen.1. The ventilation hood above the stove had a heavy built up of gray debris hanging from the hood above food on the stove.2. Open container of cottage cheese dated 01/01/26 with expiration date of 12/28/25. There was no use or discard date.3. Opened package pf cheese opened 12/16/25 with no de0iscard date and expiration date of 03/18/26. Opened cheese dip dated 01/06/26 with expiration date of 03/18/26.4. Review of the dishwasher log of 01/01/26 through 01/11/26 revealed there were three shifts of temperatures record, day, evening and nightshift. There was no record that three meals of dishwasher temperatures were obtained as well as nighttime food preparation shift dishwasher temperatures were obtained. 5. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366439	A. Building B. Wing	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Otterbein Union Township	1114 Neighborhood 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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The reach in freezer had no internal thermometer.6. In the dry storage area, there was an opened clear container containing a white dry substance. There was no label or date.7. The deep freezer had no internal thermometer Interview on 01/12/26 at 9:55 A.M. Diet Technician, (DT) #50 verified all above observations. The DT #50 stated opened foods, without a use or discard date written on the container, could be used up until the expiration date, even though the listed expiration date on the observed food items was up to two months past the opened date. The DT #50 stated she had never used a use by date or discard date, just the expiration date, after the food was opened. The DT #50 verified the stove hood screens needed cleaned, and the oven needed cleaned in House #15. The DT #50 verified the dishwasher log did not reflect three meals of dishes being cleaned, and the additional nightshift meal preparation. There were two meals during first shift and only one area to record the dishwasher temperature for Breakfast and Lunch.Interview on 01/13/26 at 1:00 P.M Certified Nursing Assistant, (CNA) # 30 revealed she had been instructed to use the expiration date of the food items as there was no discard or use date listed on food items. She did not know what the time fame was to discard opened foods, so unless there was noted spoilage, she used the expiration date which could be up to two months from when opened.Interview on 01/15/26 at 2:30, the DT #50 verified she was incorrect regarding the use of expiration date instead of a use by date. DT #50 verified opened foods should be labeled with a date when the product was opened and needed to be discarded within four to seven days of the open date. DT #50 verified without a use or discard date, the CNA would use the expiration date, which would be outside of safe food practices. Review of facility policy titled, Food Storage Best Practice Policy and Procedure, dated Augusts 2022, revealed opened food should be covered, dated, and labeled with the month and day which it was opened and used by four to seven days after the food was opened/prepared. Review of facility policy titled, Hood, Oven Cleaning Procedures, dated September 2007, revealed the hood screens, with a heavy buildup of grease, need cleaned to reduce the risk of fire and to provide a sanitary environment.