

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365603	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/18/2024
NAME OF PROVIDER OR SUPPLIER  Aventura at West Park		STREET ADDRESS, CITY, STATE, ZIP CODE 2950 West Park Drive Cincinnati, OH 45238	

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)
<p>F 0620</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Not require residents to give up Medicare or Medicaid benefits, or pay privately as a condition of admission; and must tell residents what care they do not provide.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49771</b></p> <p>Based on medical record review and staff interview, the facility failed to ensure new residents were provided written Admission Agreements at the time of admission. This affected four (#8610, #8611, #8613 and #8618) of five residents reviewed for admission procedures. The facility census was 66.</p> <p>Findings Include:</p> <p>1. Review of the medical record for Resident #8610 revealed an admitted [DATE]. Diagnoses included diabetes mellitus type II, lumbar disc degeneration, congestive heart failure and acute myocardial infarction. Resident #8610 was discharged home on 06/14/24.</p> <p>Review of the Minimum Data Set (MDS) Discharge-Return Not Anticipated assessment dated [DATE] revealed Resident #8610 had intact cognition, was occasionally incontinent of bowel and bladder, was independent with eating, oral hygiene and bed mobility, and required set up assistance with toileting, bathing, dressing, personal hygiene and transfers.</p> <p>2. Review of the medical record for Resident #8611 revealed an admitted [DATE]. Diagnoses included adult failure to thrive, diabetes mellitus type II, non-pressure chronic ulcer of left heel and foot, morbid obesity, acute kidney failure and depression. Resident #8611 discharged to home on 07/08/24.</p> <p>Review of the MDS Discharge-Return Not Anticipated assessment dated [DATE] revealed Resident #8611 had intact cognition, was frequently incontinent of bladder and occasionally incontinent of bowel, required set up assistance for eating and oral hygiene, supervision for personal hygiene and moderate assistance for toileting, bathing, dressing, bed mobility and transfers.</p> <p>3. Review of the medical record for Resident #8613 revealed an admitted [DATE]. Diagnoses included acute osteomyelitis right ankle and foot, diabetes mellitus type II, morbid obesity, partial traumatic amputation of right foot and polyneuropathy. Resident #8613 discharged to home on 06/22/24.</p> <p>Review of the MDS Discharge-Return Not Anticipated assessment dated [DATE] revealed Resident #8613 had intact cognition, was frequently incontinent of bowel and bladder, was independent with eating, oral hygiene and bed mobility and required supervision with toileting, bathing, dressing, personal hygiene and transfers.</p> <p>(continued on next page)</p>

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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NAME OF PROVIDER OR SUPPLIER  Aventura at West Park		STREET ADDRESS, CITY, STATE, ZIP CODE 2950 West Park Drive Cincinnati, OH 45238	
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<p>F 0620</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>4. Review of the medical record for Resident #8618 revealed an admitted [DATE]. Diagnoses included bilateral osteoarthritis of both hips, morbid obesity and edema. Resident #8618 discharged to home on 07/02/24.</p> <p>Review of the MDS Discharge-Return Not Anticipated assessment dated [DATE] revealed Resident #8618 had intact cognition, was always incontinent of bladder and frequently incontinent of bowel. required set up assistance with eating and oral and personal hygiene, maximal assistance with toileting and bathing, moderate assistance with bed mobility and transfers and was dependent for dressing.</p> <p>A record request was made on 07/17/24 at 10:30 A.M. to the Business Office Manager (BOM) #102 for evidence written Admission Agreements were provided to Residents #8603, #8610, #8611, #8613 and #8618. BOM #102 did not provide the requested evidence.</p> <p>Interview on 07/17/24 at 1:45 P.M. with the Administrator confirmed the facility had no evidence written Admission Agreements were provided to Residents #8610, #8611, #8613 and #8618.</p> <p>Follow-up interview on 07/18/24 at 12:20 P.M. with the Administrator re-confirmed Residents #8610, #8611, #8613 and #8618 did not have Admission Agreements signed upon admission to the facility.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00154443.</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>49771</p> <p>Based on observations and staff interviews, the facility failed to ensure carpets were maintained in a clean and sanitary manner. This affected all 10 residents (#6, #7, #17, #30, #33, #41, #43, #54, #62 and #63) residing on the third floor. The facility census was 66.</p> <p>Findings include:</p> <p>Observations on 07/17/24 of the third floor revealed carpeting with multiple stains throughout the main corridors and sitting area.</p> <p>Interview on 07/17/24 at 10:35 A.M. with Maintenance Aid (MA) #201 confirmed the stained carpeting throughout the third floor.</p> <p>Interview on 07/17/24 at 2:00 P.M. with the Administrator verified the condition of the third floor carpeting. The Administrator indicated steps were being taken to replace the flooring but was unable to provide any specific information on when this was to be completed.</p> <p>This deficiency represents non-compliance investigated under Master Complaint Number OH00155422 and Complaint Number OH00154443.</p>		