

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 02/04/2026
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>Based on medical record review, staff interview, and review of the facility policy, the facility failed to ensure accurate documentation in the medical record. This affected one (Resident #101) of three residents reviewed for documentation. The facility census was 83 residents. Findings include: Review of the medical record for Resident #101 revealed an admission date of 11/19/25 with diagnoses including metabolic encephalopathy, calculus of kidney, severe protein-calorie malnutrition, bipolar disorder, oropharyngeal dysphasia, chronic obstructive pulmonary disease (COPD). Review of the care plan for Resident #101 dated 11/22/25 revealed the resident was at risk for an alteration in nutrition/hydration related to a history of severe malnutrition, altered mental status, dysphagia, a low body mass index, and recent significant weight loss. Review of the Minimum Data Set (MDS) assessment for Resident #101 dated 11/25/25 revealed the resident was cognitively intact. Review of the nutritional assessment for Resident #101 dated 11/28/25 per Registered Dietician (RD) #261 revealed the resident was consuming an average of 25 to 50 percent (%) of the three daily meals. Review of the physician's orders for Resident #101 revealed an order dated 11/29/25 to monitor meal intake. Review of Nursing Assistant (NA) tracking sheets for Resident #101 dated November 2025 and December 2025 revealed there was no record of the resident's meal intake. Review of the dietary progress notes for Resident #101 dated 12/29/25 per RD #262 revealed the resident consumed 25 to 50% of the three daily meals. Interview on 02/03/26 at 3:05 P.M. with RD# 262 confirmed the dietary progress note for Resident #101 dated 12/29/25 was based on the NA tracking sheets for the month of December 2025. Interview on 02/04/26 at 3:03 P.M. with RD# 261 confirmed the nutritional assessment for Resident #101 dated 11/28/25 was based on the NA tracking sheets for the month of November 2025. Interview 02/04/26 at 4:00 P.M. with the Director of Nursing (DON) confirmed the facility was unable to provide documentation of tracking of meal intakes for Resident #101 for November 2025 and December 2025. Record review of the facility policy titled Guidelines for Documentation updated April 2012 revealed the purpose of charting was to provide a complete account of the resident's care , treatment, responses to the care, signs, symptoms of the resident's care, guidance for prescribers, a tool for measuring quality of care and for developing plans of care, and was a legal record that protected the resident, care providers and the facility.</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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