STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365603	A. Building B. Wing	05/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aventura at West Park	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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observation, resident interview, staff interview, and facility policy review, the facility failed to ensure appropriate water temperatures in the north hallway shower room and in individual resident rooms and failed to maintain bathrooms and shower rooms in a clean and sanitary manner. This affected five facility-identified (Residents #12, #42, #55, #82, #90) who use the north hallway shower room and three (Residents #7, #12, #78) and had the potential to affect all of the residents residing in the facility. The facility census was 88 residents. Findings include: 1.Observation on 05/11/26 at 4:27 P.M. with Certified Nurse Aide (CNA) #413 revealed she allowed Resident #7's bathroom sink water to run for several minutes and obtained a water temperature of 83 degrees Fahrenheit (F).Interview on 05/11/26 at 4:27 P.M. with CAN #413 confirmed the water temperature in Resident #7's bathroom sink was 83 degrees F. 2.Observation on 05/11/2026 at 4:31 P.M. with CNA #413 revealed she allowed Resident #12's bathroom sink run for several minutes and obtained a temperature reading of 83 degrees F.Interview on 05/11/26 at 4:31 P.M. with CNA #413 confirmed the water temperature in Resident #12's bathroom sink was 83 degrees F. 3. Observation on 05/11/26 at 2:52 P.M. in the area outside the bathroom door in Resident #78's room revealed the ceiling light was out and the area was darkened. Observation inside Resident #78's bathroom revealed the ceiling light had multiple bugs in the light fixture. Observation after letting the water in Resident #78's bathroom sink run for several minutes revealed the water was cold.Interview on 05/11/26 at 2:52 P.M with Resident #78 confirmed the water in his room was too cold and he did not take a shower because the water in the shower room was also too cold. Resident #78 stated the room was too dark because the light was out and no one had fixed it.Observation on 05/11/26 at 4:35 P.M. with CNA #413 revealed she allowed the water to run from Resident #78's bathroom sink for several minutes and obtained a water temperature of 84 degrees F.Interview on 05/11/26 at 4:35 P.M. with CAN #413 confirmed the water temperature in Resident #78's bathroom sink was 84 degrees F. 4. Observation on 05/11/26 at 4:38 P.M. with CNA #413 confirmed the light to the resident hallway near the entrance to the east shower room was out and this darkened that part of the hallway. The east shower room floor and walls were dirty. The light in the east shower room had multiple insects in the light fixture and one of the light bulbs was not working. There was a buildup of dirt and debris on the fan in the shower room. CNA #413 allowed the shower to run for several minutes with notably weak water pressure and obtained a water temperature reading of 92 degrees F. Interview on 05/11/26 at 4:40 P.M. with CNA #413 confirmed the dirty shower room floor and walls and fan. CNA #413 confirmed the insects in the light fixture and the nonfunctioning light bulb. CNA #413 stated several residents had complained about the water temperature in the shower room, the weak water pressure of the shower, and the general lack of cleanliness to the east shower room. Interview on 05/13/26 at 10:23 A.M. with the Director of Nursing (DON) confirmed the facility had experienced an ongoing concern with water temperatures being cold throughout the facility. Interview on 05/13/26 at 12:15 P.M. with the Administrator confirmed the facility had an ongoing issue with providing residents with appropriate water temperatures. The Administrator stated the facility should be running with three hot water pumps but only had one operating pump. Review of the facility policy titled Resident Environmental Quality undated revealed (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
	365603	A. Building B. Wing	05/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aventura at West Park	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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	the facility would provide a safe, functional, sanitary and comfortable environment for residents, staff and the public. The facility would implement preventative maintenance schedules for the maintenance of the building and equipment. All facility personnel were responsible for reporting broken, defective or malfunctioning equipment or furnishings immediately upon identification of the issue. This deficiency represents noncompliance investigated under Complaint Number 1370707 and Complaint Number 1370723 and Complaint Number 2726701 and Complaint Number 2989675.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365603	A. Building B. Wing	05/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aventura at West Park	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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, staff interview, and policy review, the facility failed to store food in accordance with professional standards for food service safety. This had the potential to affect all of the residents residing in the facility with the exception of three facility-identified residents who did not receive food from the kitchen. The facility census was 88 residents. Findings include: Observations during initial kitchen tour on 05/07/26 at 8:48 A.M. revealed a rack containing bread products including 4 full bags of hamburger buns, not dated, 2 partial bags of hamburger buns, not dated, one half loaf of bread, not dated. Inside the refrigerator there was a half full bag of Asian stir-fry, not dated, and two bags of tater tots not dated. Interview on 05/07/26 at 8:48 A.M. with Corporate Support Manager (CSM) #600) confirmed the undated foods in the kitchen. Review of the facility policy titled Food Storage (Dry, Refrigerated and Frozen) dated 08/12/23 revealed foods should be dated upon opening. This deficiency represents noncompliance investigated under Complaint Number.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365603	A. Building B. Wing	05/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aventura at West Park	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. Based on record review, employee file review, staff interview, review of online resources from the Centers for Disease Control and Prevention (CDC), and facility policy review, the facility failed to ensure a comprehensive water management plan was implemented to minimize the risk of waterborne pathogens including Legionella. The facility also failed ensure new employees were screened for tuberculosis (TB) and/or were screened annually for TB. This had the potential to affect all residents living in the facility. The facility census was 88 residents.Findings include: 1. Review of the facility's infection control documents revealed they did not include water management plan to prevent the growth of Legionella. Interview on 05/13/26 at 11:47 A.M. with Maintenance Director (MD) #311 verified the facility did not have a water management plan in place to prevent the growth of Legionella. Interview on 05/13/26 at 12:15 P.M. with the Administrator verified the facility did not have a water management plan in place to prevent the growth of Legionella. Review of facility policy titled Legionella Water Management Program undated revealed the facility was committed to the prevention, detection and control of water-borne contaminants, including Legionella. As part of the infection prevention and control program, the facility had a water management program which was overseen by the water management team. The purpose of the water management program was to identify areas in the water system where Legionella bacteria can grow and spread, and to reduce the risk of Legionnaire's disease. Review of online resources from the CDC at https://www.cdc.gov/control-legionella/php/wmp/wmp-steps.html titled Steps to Develop a Water Management Program revealed development of a water management program was a multi-step process that required continuous review. An approved plan consisted of the following seven steps to build an effective Legionella water management program: establish a water management program team, describe the building water systems, identify areas where Legionella could grow and spread, decide where to apply and how to monitor control measures, establish interventions when control limits aren't met, make sure the program runs as designed and is effective, document and communicate all the activities. 2. Review of employee files revealed the facility failed to complete the TB new hire screening and/or annual screening for the following employees; Registered Nurses (RNs) #345 and #343, Business Office Manager (BOM) #213, the Administrator, Certified Nursing Assistants (CNAs) #473, #381, #393. Interview on 05/12/26 at 2:12 P.M. with Infection Control Preventionist (ICP) #305 confirmed staff are offered testing and screening for TB as part of the new hire process. Infection Control Preventionist (ICP) #305 confirmed each employee should complete a TB risk questionnaire annually as the facility was determined to be at low risk for TB. Interview on 05/14/26 at 3:30 P.M. with Human Resource Manager (HRM) #253 confirmed the facility failed to complete the TB new hire screening or annual screening for the following employees; RNs #345 and #343, BOM #213, the Administrator, CNAs #473, #381, #393. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365603	A. Building B. Wing	05/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aventura at West Park	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Review of the facility policy titled Tuberculosis, Employee Screening dated January 2026 confirmed all employees are to be screened for latent TB and active TB and TB symptoms prior to beginning employment. Retesting of current employees was based on individual risk factors. This deficiency represents noncompliance investigated under Complaint Number 2786610.