

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365705	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/11/2025
NAME OF PROVIDER OR SUPPLIER  Aventura at Walton Hills		STREET ADDRESS, CITY, STATE, ZIP CODE  19859 Alexander Rd Walton Hills, OH 44146	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43063</b></p> <p>Based on record review, observation and interview, the facility failed to ensure staff followed enhanced barrier precautions during catheter care. This affected one (Resident #15) of three residents reviewed for catheters. The facility census was 72.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #15 revealed an admitted [DATE] with diagnoses including paraplegia (paralysis of the legs and lower body) and neuromuscular dysfunction of the bladder (condition where nervous system injury or disease affects the bladder).</p> <p>Review of the physician's orders for Resident #15 revealed an order dated 12/03/24 for catheter care every shift. He also had an order dated 01/13/25 for enhanced barrier precautions.</p> <p>Observation of catheter care to Resident #15 on 02/11/25 at 9:18 A.M. with Licensed Practical Nurse (LPN) #206 revealed he was on enhanced barrier precautions. There was a sign for enhanced barrier precautions on his door stating that all staff must wear gloves and gown when providing hygiene and care of urinary catheter. There was noted to be an isolation cart outside of his room by the door with gowns, gloves and masks. LPN #206 had a surgical mask on and went into his room. After setting up her supplies to provide suprapubic catheter care, she put gloves on and provided care. After the care was completed, LPN #206 verified she did not don a gown as instructed by the enhanced barrier precautions sign on the door.</p> <p>Review of the facility policy titled, Enhanced Barrier Precautions, updated March 28 (unknown year), revealed residents for which enhanced barrier precautions are indicated, enhanced barrier precautions are employed when performing care including providing hygiene, changing briefs, assisting with toileting and urinary catheter care. Personal protective equipment included gloves and gown.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00161853.</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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