

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 12/01/2025
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observation and interview, the facility failed to ensure a clean and sanitary environment. This affected six residents (#08, #24, #39, #53, #65 and #82) of 11 residents reviewed for environment and had the potential to affect all the residents residing in the facility. The facility census was 75. Findings include: 1. Interviews with residents on 09/29/25 between 10:30 A.M. and 2:45 P.M. revealed Resident #24 stated the hallways and residents' rooms are not kept clean. Resident #39 stated her room was not kept clean daily, and the furniture in her room was worn out, and the bedside table and over-the-bed table had chipped wood. Resident #65 stated the rooms were not cleaned daily, and the furniture was worn with chipped wood. Resident #82 stated her room was not cleaned or mopped daily, and the facility was generally dirty.</p> <p>Observations on 09/29/25 between 10:30 A.M. and 2:45 P.M. revealed the hallways in the facility had a buildup of dirt along the edges of the halls, had yellowed wax buildup with stains and dried liquids on several of the hallways. The floors were scuffed and dull throughout the facility hallways and residents' rooms. Several floor tiles in the hallways were cracked and/or missing. Resident #39's room had dirt and grime, food crumb buildup along the edges on the room, and furniture with chipped wood along edges of the wooden furniture including the bedside table and over-the-bed table. There was food debris on the floor in the room. Resident #53's room was very dirty with a mat on the floor next to the bed with black built-up grime, and sticky/dirty floors. Resident #65's room had furniture in poor condition with chipped wood along the edges, and the floors were yellow with built-up grime along the edges of the room. Resident #82's room had dried liquid stains, black scuffs and stained, scratched floors tiles. Observations noted on 11/24/25 between 10:00 A.M. and 11:00 A.M. revealed the residents' rooms had a clear line where the hallway cleaning ended and the residents' rooms' rooms' floors were yellow with scuffs, staining and in need of stripping and re-waxing. There were several rooms with holes in the walls and built-up of dirt and grime along the edges of the rooms and bathrooms floors.</p> <p>On 09/30/25 at 3:41 P.M. an interview with Regional Director of Operations (RDO) #233 revealed the facility had a mock survey in July 2025 which had identified there was a deficiency in floor care, tile repair, stripping and waxing, missing tiles and accountability. RDO #233 agreed that the facility was still in need of repair and deep cleaning. RDO #233 agreed that the facility was aware of the environmental concerns since April, 2025 and had failed to address those concerns in a timely manner.</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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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An interview with the Administrator on 11/24/25 at 2:15 P.M. agreed the facility was in need of deep cleaning including stripping and waxing the floors in all areas of the building. The Administrator stated the residents had been complaining for months regarding the cleanliness of the building. The Administrator stated she did not know why the previous administration had not addressed the environmental issues in the facility. An interview with Licensed Practical Nurse (LPN) #128 on 11/24 25 at 2:30 P.M. verified the handrails on the 100, 300 and 400 hallways were chipped, floors were scuffed with stains. The main lobby had yellow wax with some of the wax worn off in places with three tiles in need of repair, walls with black scuff marks and the door frames of the residents' rooms had chipped paint and floors needed stripped and waxed. An interview with Housekeeping Manager (HM) #171 on 11/25/25 at 2:16 P.M. verified the environment needed repair and deep cleaning. HM #171 agreed the facility had been neglected for a very long time. HM #171 stated when the staff attempted to strip the floors of the wax, they found seven to ten layers of wax had been applied without properly stripping the wax off the tile before applying a new coat of wax. This caused the dirt and grime build-up and would take a very long time to deep clean the floors in the facility. HM #171 agreed with the findings above. HM #171 stated the floors should be stripped of wax every six months to maintain cleanliness and appearance. A review of the facility policy titled Floors, revised 12/2009, indicated floors shall be maintained in a clean, safe, and sanitary manner.1. All floors shall be mopped/cleaned/vacuumed daily in accordance with our established procedures.2. Floor cleaning procedures are maintained by the Environmental Services Director.3. Inquiries concerning floor care should be directed to the Director of Housekeeping Services.4. Mop heads shall be washed with a disinfectant and rinsed well after each use.5. Clean mop heads must be applied when changing areas of mopping and when used in isolation rooms. The facility policy and procedure titled Cleaning and Disinfection of Environmental Surfaces, dated 08/2021, indicated environmental surfaces will be cleaned and disinfected according to current centers for Disease Control and Prevention (CDC) recommendations for disinfection of healthcare facilities and the Occupational Safety and Health Administration (OSHA) Blood borne Pathogens Standard. 1. The following categories are used to distinguish the levels of sterilization/disinfection necessary for items used in resident care and those in the resident's environment: a. Critical items consist of items that carry a high risk of infection if contaminated with any microorganism. Objects that enter sterile tissue (e.g., urinary catheters) or the vascular system (e.g., intravenous catheters) are considered critical items and must be sterile. b. Semi-critical items consist of items that may come in contact with mucous membranes or non-intact skin (e.g., respiratory therapy equipment). Such devices should be free from all microorganisms, although small numbers of bacterial spores are permissible. (Note: Some items that may come in contact with non-intact skin for a brief period of time (e.g., hydrotherapy tanks, bed side rails) are usually considered non-critical surfaces and are disinfected with intermediate-level disinfectants). c. Non-critical items are those that come in contact with intact skin but not mucous membranes. (1) Non-critical environmental surfaces include bed rails, some food utensils, bedside tables, furniture and floors. (2) Most non-critical items can be decontaminated where they are used (as opposed to being transported to a central processing location). 2. Non-critical surfaces will be disinfected with an Environmental Protection Agency (EPA)-registered intermediate or low-level hospital disinfectants according to the label's safety precautions and use directions. a. Most EPA-registered hospital disinfectants have a label contact time of 10 minutes. b. By law, all applicable label instructions on EPA-registered products must be followed.3. Devices that are used by staff but not in direct contact with residents (e.g., computer keyboards, PDAs, etc.) shall be cleaned and disinfected regularly (according to facility schedule) by the environmental services staff and as needed by the nursing staff. 4. Intermediate and low-level disinfectants for non-critical items include: a. Ethyl or isopropyl alcohol; b. Sodium hypochlorite (5.25-6.15% diluted 1 :500 or per manufacturer's instructions); c. Phenolic germicidal detergents; d. Iodophor germicidal detergents; and e. Quaternary ammonium germicidal detergents (low-level disinfection only).5. Manufacturers' instructions will be followed for proper use of disinfecting (or detergent) products including: a. Recommended use-dilution; b. Material compatibility; c. Storage; d. Shelf-life; and e. Safe use and disposal.6. A one-step process and an EPA-registered hospital disinfectant designed for housekeeping purposes will be used in resident care areas where: a. uncertainty exists about the nature of the soil on the surfaces (e.g., blood or body fluid contamination versus routine dust or dirt); or b. uncertainty exists about the presence of multidrug-resistant organisms on such surfaces. 7</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. Record review revealed Resident #08 was admitted to the facility on [DATE]. Diagnoses include complete C1-C4 quadriplegia, patients non-compliance with other medical treatment and regimen due to unspecified reason, need for assistance with personal care and pressure ulcer of sacral region stage four.</p> <p>Record review of the quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #08 was dependent on staff for all activities of daily living.</p> <p>Record review of the care plans dated 10/29/25 revealed Resident #08 required assistance with dressing, bathing personal hygiene, transferring, toileting, changing position in bed and eating related to physical limitations of quadriplegia and wounds.</p> <p>Observation on 11/24/25 at 11:47 A.M. revealed dirt and debris on Resident #08's floor.</p> <p>Interview on 11/24/25 at 11:47 A.M. with Resident #08 revealed the floor needed swept and mopped. Interview with LPN #107 on 11/24/25 at 11:50 A.M.</p> <p>This deficiency represents noncompliance investigated under Master Complaint Number 2673324 and Complaint Number 2655011.</p>