STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365705	A. Building B. Wing	12/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aventura at Walton Hills	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)
F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on observation, record review, interview and facility policy review, the facility failed to ensure the staff prepared food that was palatable with seasoning and had the ingredients to prepare the food according to the dietitian approved recipes. This affected 72 out of 75 residents who ate their meals in the facility. The facility identified three residents (#4, #9, #29) who received no food by mouth. The facility census was 75.Findings include:A review of Resident #38's clinical record revealed an admission date of 12/20/24 with diagnoses including type II diabetes mellitus, chronic respiratory failure, hearing loss, above the right knee amputation, major depression, diabetic peripheral angiopathy, anxiety, obesity, insomnia, obstructive sleep apnea, and chronic obstructive pulmonary disease.Resident #38's physician order dated 01/30/25 indicated a consistent carbohydrate/liberal diabetic diet, with regular consistency, and thin liquidsAn interview with Resident #38 at 2:40 P.M. revealed the food tasted bland and had no flavor and tended to repeat the same recipes over and over.A review of Resident #60's clinical record revealed an admission date of 10/07/21 with diagnoses including vascular dementia, atherosclerosis of extremity arteries, high blood pressure, hypertensive heart failure, asthma, anxiety, cerebral vascular disease (stroke) with hemiplegia and hemiparesis of left side, gastroesophageal reflux disease, high cholesterol and severe obesity.Resident #60s physician order dated 08/17/23 indicated a regular diet with regular consistency and thin liquids.An interview with Resident #60 on 09/29/25 at 11:00 A.M. revealed the hamburgers were tasteless, and the food was generally bland.A review of Resident #65's clinical record revealed an admission date of 07/07/25 with diagnoses including multiple sclerosis, paraplegia, morbid obesity, osteoporosis, vitamin D deficiency, constipation, depression, cataracts, cognitive communication deficit, gastroesophageal reflux disease, and lymphedema.A review of Resident #65's physician order dated 07/07/25 indicated a diet order for regular diet, regular consistency with thin liquids.An interview with Resident #65 on 09/29/25 at 10:55 A.M. revealed the food was often very bland with tough dry meat.An interview with [NAME] #125 on 11/25/25 at 4:15 P.M. revealed she did not have a recipe for the food items she prepared for the dinner meal including jerked chicken and rice and beans. [NAME] #125 stated she made the jerked chicken by coating the boneless chicken thighs with olive oil and coating the pieces of chicken with a mixture of jerk seasoning, garlic powder, a little thyme and ginger. [NAME] #125 stated she allowed the coated chicken to sit for a while. [NAME] #125 stated she prepared the white rice according to the cooking directions and added water, butter, salt and kidney beans. [NAME] #125 agreed she did not prepare the jerked chicken and rice/beans according to the recipe. An observation of [NAME] #125 on 11/25/25 at 4:20 P.M. revealed the dinner meal had been prepared according to the menu. The food items prepared included jerked chicken, rice and beans, macaroni or potato salad, apple sauce and Jello. At 4:50 P.M. the staff started to plate the food items. Several of the plates used to serve the food were chipped along the rim of the plate. The Jello and apple sauce were served in clear plastic disposable containers with a lid. A test tray was inspected and tasted. The rice and bean side dish was overcooked and had a bland flavor.A review of the recipe for the food items served during the meal revealed the rice and beans recipe included the following ingredients:10 pounds of rice1 cup garlic minced3 number 10 cans of kidney beans1/3 quart of water1/8 teaspoon salt2 cups of (continued on next page)

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
	365705	A. Building B. Wing	12/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aventura at Walton Hills	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)
F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	scallions/green onions2 tablespoons of black pepperThe directions indicated to prepare the rice according to the directions. Heat oil in a steamed-jacketed kettle or tilt skillet. Add onions and garlic and cook until transparent. Add beans, water and seasoning to vegetables. Bring to a boil, reduce heat and simmer until the beans are tender for 40 to 50 minutes. Most of the water should be evaporated when the beans are done. Stir the rice into the beans in a 12-inch by 10-inch by 4-inch pan. Garnish with sliced green onions.The recipe for preparing the jerked chicken included the following ingredients and cooking directions:18 pounds of chicken1 and 1/8 quart of lime juice2 and 1/4 quart of water23 and 2/3 teaspoons of allspice6 teaspoons of nutmeg12 teaspoons salt23 and 2/3 tablespoon vegetable oil12 teaspoons of brown sugar23 and 2/3 teaspoons of dry thyme leaves23 and 1/2 teaspoons of chopped fresh onions1 gallon of chopped green onions23 and 2/3 teaspoons of minced garlicThe directions included placing the boneless chicken thighs in a bowl and cover with lime juice and water, set aside. In a food processor, place allspice, nutmeg, salt, brown sugar, thyme, ginger, black pepper, and vegetable oil and blend well, then mix in onions and garlic until almost smooth. Pour most of the mixture (marinade) into the bowl with the chicken, reserving a small amount to use for basting while cooking, cover the chicken, and marinate in the refrigerator for at least two hours. Grill chicken, turning and basting frequently until the internal temperature reached 165 degrees Fahrenheit.An interview with Dietary Manager (DM) #110 on 11/25/25 at 5:23 P.M. revealed he had not ordered the ingredients needed to prepare the jerked chicken and rice and beans as indicated on the recipe including the lime juice and green onions. DM #110 verified the recipes were not available for the cooks to use to prepare the meals. DM #110 stated the recipes needed updated because the residents had voiced, they didn't like some of the ingredients used to prepare the jerked chicken and other foods. DM #125 stated the Jello and apple sauce should have been served in the small dinnerware bowls and not the disposable containers.A review of the undated facility policy and procedure titled Standardized Recipes indicated the policy was for the staff to use standardized recipes for the preparation of each menu food item. The procedure included the recipes to be readily available to the cooks and production staff. Staff should notify the Dietary Manager if they don't have a standardized recipe for a menu food item. The cook should notify the manager if they don't have the ingredients to make the menu food item. Standardized recipes are followed throughout the production process. If a menu substitution was necessary, the Dietary Manager would be notified to approve an alternate ingredient available or if a menu substitution would be necessary. The recipe file was maintained in the Dietary Manager's office and available to all cooks throughout their tour of duty.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365705	A. Building B. Wing	12/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aventura at Walton Hills	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)
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 interviews and facility policy review, the facility failed to ensure food items were stored in a safe and clean manner to prevent cross contamination, exposure to air, and failed to ensure the kitchen work areas were clean and free of debris and grease buildup. This had the potential to affect all residents who received food from the kitchen. The facility identified three residents (#4, #9 and #29) who received no food by mouth. The facility census was 75.Findings include:Observation of kitchen on 09/29/25 at 8:15 A.M. with Facility [NAME] #117 and Dietary Manager #110 revealed multiple items that were uncovered and exposed to air or pests. The thickener used to puree foods was open and uncovered and placed next to kitchen mixer which was observed to have fruit flies around the container. New coffee cups and Styrofoam food containers were being stored in a cardboard box on a shelf under the coffee machine which sustained liquid damage and splatter from spilled coffee. The shelf under the tray line had old, stained parchment paper which had clean plates on it to use for serving residents.Observation of the walls in the kitchen by the blender revealed a large amount of puree splatter and food debris.Inside the walk-in freezer revealed a large buildup of ice by the entrance as well as food items close to the freezer door. The freezer door was unable to close all the way due to the ice dam buildup around the door edges. Open shelving in the freezer did not have any liners to prevent food spillage or contamination to the shelving below. A large bag of hashbrowns, chicken tenders, and full box of pork patties were open, exposed to air and undated.In the walk-in refrigerator, a large grilled roast was on the bottom shelf with dirty parchment paper that contained old spillage from meat.In the dry storage area, a box of fettuccini dry noodles was open-to-air and undated. There were five bottles of Lime Away cleaner next to dry cereal boxes.The stove/grill area had a notable amount of grease buildup throughout and in the hood, and located on the wall next to the grill was a temperature regulator which was hanging off the wall with batteries and the motherboard exposed.Additionally, all the flooring throughout the kitchen area had marked staining, crumbs, and old debris.Interview with Dietary Manager #110 on 09/20/25 at 8:35 A.M. confirmed all findings in the kitchen. Facility [NAME] #117 did remove all open and unlabeled food items in freezer, and the exposed roast in the refrigerator as well as the contaminated coffee cups and Styrofoam bowls under the coffee maker. Dietary Manager #110 stated there should never be cleaning supplies stored next to food items and removed the Lime Away cleaners immediately from the dry storage area. Dietary Manager #110 also stated maintenance placed a work order on the freezer unit because the fan was not turning off and caused the ice dam to form around the door of the freezer. No work order was provided to surveyor regarding freezer fan/motor issue.Review of the facility policy titled, Kitchen Sanitary Policy, revised October 2008, revealed the food service area shall be maintained in a clean and sanitary manner and that areas shall be clean, free from litter and rubbish and protected from rodents, roaches, flies and other insects.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365705	A. Building B. Wing	12/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aventura at Walton Hills	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)
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. **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. 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. 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. 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 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365705	A. Building B. Wing	12/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aventura at Walton Hills	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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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 IO 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 l :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. She1f-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. Detergent and water will be used for cleaning surfaces in non-resident care areas (e.g., administrative offices).8. High-level disinfectants/liquid chemical sterilant will not be used for disinfection of non-critical surfaces. 9. Housekeeping surfaces (e.g., floors, tabletops) will be cleaned on a regular basis, when spills occur, and when these surfaces are visibly soiled. 10. Environmental surfaces will be disinfected (or cleaned) on a regular basis (e.g., daily, three times per week) and when surfaces are visibly soiled. 11. Walls, blinds, and window curtains in resident areas will be cleaned when these surfaces are visibly contaminated or soiled. 12. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365705	A. Building B. Wing	12/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aventura at Walton Hills	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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Disinfecting (or detergent) solutions will be prepared as needed and replaced with fresh solution frequently (e.g., floor mopping solutions will be replaced every three resident rooms, or changed no less often than at 60-minute intervals). 13. Mop heads and cleaning cloths will be decontaminated regularly (e.g., laundered and dried at least daily).14. Horizontal surfaces will be wet dusted regularly (e.g., daily, three times per week) using clean cloths moistened with an EPA-registered hospital disinfectant (or detergent). The disinfectant (or detergent) will be prepared as recommended by the manufacturer. 15. Spills of blood and other potentially infectious materials will promptly be cleaned and decontaminated. Blood-contaminated items will be discarded in compliance with federal regulations (i.e., OSHA Bloodborne Pathogens Standard). 16. Procedures for the cleaning of mopheads are maintained by the Director of Housekeeping Services. 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. 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. 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. Observation on 11/24/25 at 11:47 A.M. revealed dirt and debris on Resident #08's floor. 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. This deficiency represents noncompliance investigated under Master Complaint Number 2673324 and Complaint Number 2655011.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365705	A. Building B. Wing	12/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aventura at Walton Hills	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)
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review and facility policy review, the facility failed to ensure dependent residents could reach their call lights. This affected one resident (#37) of eleven residents reviewed for environmental concerns. The facility census was 75.Findings include:Record review of Resident #37 revealed he was admitted to the facility 4/10/25 and had diagnoses including hemiplegia, major depressive disorder, and end stage renal disease. His Minimum Data Set (MDS) assessment dated [DATE] revealed he had mild or no cognitive impairment and he was dependent on staff assistance for chair-to-bed transfers and for mobility in his wheelchair.Observation of Resident #37 on 09/29/25 at 2:05 P.M. revealed he was in his room in a wheelchair in a reclined position with a Hoyer (mechanical lift) pad beneath him. The call light was tied to his bed rail and on the floor out of reach, roughly four feet from his wheelchair. Interview with Resident #37 at this time revealed he wanted assistance getting to bed but could not reach the call light.Interview with Certified Nurse Aide (CNA) #600 on 09/29/25 at 2:19 P.M. confirmed Resident #37's call light was out of reach.Record review of the call system policy dated 07/2025 revealed all residents were to have a means to call staff for assistance through a direct communication system.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365705	A. Building B. Wing	12/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aventura at Walton Hills	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)
F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, interview and facility policy review, the facility failed to ensure the physician orders were implemented in a timely manner for Resident #38 and Resident #43. This affected two residents (#38 and #43) out of five residents reviewed for unnecessary medications. The facility census was 75.Findings include:1. A review of Resident #38's clinical record revealed an admission date of 12/20/24 with diagnoses including diabetes mellitus type II, neuropathy, chronic respiratory failure with hypoxia, hearing loss, above the knee amputation of the right knee, major depression disorder, diabetic angiopathy without gangrene, anxiety, asthma, epilepsy, and schizophrenia.A review of Resident #38's Medication Regimen Review form dated 05/19/25 revealed the pharmacist recommended the physician provide an order for a valproic acid level based on review of Resident #38's medication list. The most recent valproic acid level was obtained on 03/25/25. The Medication Regimen Review also indicated to increase the Lantus insulin dose to 30 units subcutaneously twice a day based on Resident #38's blood sugar level had routinely been greater than 250 milligrams (mg)/diluent. The physician agreed with the recommendations on 06/10/25. A review of Resident #38's laboratory results dated [DATE] to 11/27/25 revealed a valproic acid level had not been obtained.A review of Resident #38's physician orders dated 11/01/25 to 11/30/25 revealed to administer Lantus 25 units subcutaneously twice a day.A review of Resident #38's clinical record revealed no valproic level had been obtained, and the dosage of Lantus insulin had not been increased as ordered on 06/10/25.2. A review of Resident #43's clinical record revealed an admission date 07/31/24 and re-admission date 11/30/24 with diagnoses including cerebral infarction (stroke) with hemiparesis and hemiplegia affecting the left side, dysphagia (trouble swallowing), dysarthria (slurred speech), anxiety, insomnia, gastroesophageal reflux disease (GERD), high cholesterol, high blood pressure, chronic pain, mild cognitive impairment and depression.A review of Resident #43's Medication Regimen Review form dated 06/18/25 revealed the pharmacist recommended Colace, Ibuprofen, Cepacol, Flonase, ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3 milliliters (ml), and polyethylene glycol powder as needed medications be discontinued based on they had not been administered to Resident #43. The physician agreed with the recommendation.A review of Resident #43's Medication Administration Record (MAR) and physician orders dated 11/01/25 to 11/30/25 revealed the above listed medications were not discontinued and had not been administered to Resident #43.A review of Resident #43's Medication Regimen Review form dated 07/25/25 and 09/10/25 revealed the pharmacist had recommended to decrease the dosage of gabapentin based on the renal dose adjustment to 900 mg/day in two to three divided dosages instead of the 1600 mg/day dosage currently ordered. The physician agreed with the recommendation and ordered the dosage of gabapentin be decreased to 300 mg three times a day. Resident #43's Medication Regimen Review form dated 09/22/25 indicated the pharmacist had recommended to obtain a lipid panel routinely for Resident #43 based on his diagnosis of high cholesterol. The physician agreed with the recommendation and indicated to obtain a lipid panel twice a year and a liver function test once a year.A review of Resident #38's physician orders and MAR dated 07/25/25 to 09/10/25 revealed the dosage of the gabapentin medication remained to administer 400 mg orally four times a day (total 1600 mg/day) until 09/12/25. On 09/12/25 a physician order was entered to change the dosage of the gabapentin to 900 mg/day. On 09/24/25 an order was written to obtain a lipid panel and liver function test once a year.An interview with Administrator on 11/25/25 at 2:39 P.M. verified the above findings and agreed the staff failed to ensure the pharmacy recommendations and physician orders were implemented in a timely manner.A review of the facility's policy and procedure titled Physician Orders, revised 04/2012, revealed each resident must be under the care of a licensed physician authorized to practice medicine in this state and must be seen at least once every 60 days. A current (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365705	A. Building B. Wing	12/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aventura at Walton Hills	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)
F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	list of physician orders must be maintained in the clinical record of each resident. Physician orders must be maintained in chronological order.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365705	A. Building B. Wing	12/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aventura at Walton Hills	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, interview and facility policy review, the facility failed to ensure staff followed infection control practices to prevent cross contamination of germs during Resident #42's incontinence care. This affected one resident (#42) out of three residents reviewed for bowel and bladder incontinence. The facility census was 75.Findings include: A review of Resident #42's clinical record revealed an admission date of 09/14/23 and re-admission date of 12/02/23 with diagnoses including breast cancer, lumbago with sciatica, depression, osteoarthritis of both knees, Alzheimer's disease, cervical spondylosis with myelopathy, right knee contracture, spinal fusion of lumbar region, atherosclerotic heart disease, high blood pressure, hearing loss, glaucoma with cataracts, high cholesterol, vitamin D deficiency, A review of Resident #42's Minimum Data Set (MDS) assessment dated [DATE] indicated Resident #42 was always incontinent of bowel and bladder and was not on a toileting program.A review of Resident #42's plan of care dated 09/26/25 revealed Resident #42 would be assisted with bowel and bladder incontinence care and would remain free from complications related to urinary incontinence. Interventions included to assist Resident #42 to the toilet as needed.An observation on 11/27/25 at 9:33 A.M. of Hospice Certified Nursing Assistant (HCNA) #231 and Certified Nursing Assistant (CNA) #205 assist Resident #42 with incontinence care revealed a failure to maintain infection control standards during the procedure. HCNA #231 pushed Resident #42's call light button and CNA #205 responded to assist HCNA #231 with providing incontinence care for Resident #42. CNA #205 did not perform hand hygiene before/after assisting Resident #42 to the toilet or before exiting the room. Both staff assisted Resident #42 to the toilet, but she was unable to stand and pivot to use the toilet. Both staff assisted Resident #42 back in her wheelchair and pushed her to the bed and assisted her to bed to change her incontinence brief. HCNA #231 removed Resident #42's outer clothing and found she was wearing two incontinence briefs. HCNA #231 removed both incontinence briefs soiled with feces and then placed both briefs directly on the floor. HCNA #231 cleaned Resident #42's perineal area using two wash cloths and then placed the soiled washcloths on the floor next to the bed. HCNA #231 then assisted Resident #42 with donning a clean brief and pushed her call light. CNA #205 responded and assisted HCNA #231 with transferring Resident #42 back to her wheelchair and then exited the room. CNA #205 did not perform hand hygiene before or after assisting Resident #42 to transfer to her wheelchair.On 11/27/25 at 10:00 A.M. an interview with HCNA #231 and CNA #205 verified the above findings and agreed they didn't maintain infection control practices during Resident #42's incontinence care task.A review of the facility policy and procedure titled Handwashing/Hand Hygiene, revised 08/2015. indicated the following:1. All personnel shall be trained and regularly in-serviced on the importance of hand hygiene in preventing the transmission of healthcare-associated infections.2. All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors.3. Hand-hygiene products and supplies (sinks, soap, towels, alcohol-based hand rub, etc.) shall be readily accessible and convenient for staff use to encourage compliance with hand-hygiene policies.4. Triclosan-containing soaps will not be used.5. Residents, family members and/or visitors will be encouraged to practice hand hygiene through the use of fact sheets, pamphlets and/or other written materials provided at the time of admission and/or posted throughout the facility.6. Wash hands with soap (antimicrobial or non-antimicrobial) and water for the following situations:a. When hands are visibly soiled; andb. After contact with a resident with infectious diarrhea including, but not limited to infections caused by norovirus, salmonella, shigella and C. difficile.7. Use an alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations:a. Before and after coming on duty;b. Before and after direct contact with residents;c. Before preparing or handling medications;d. Before performing any non-surgical invasive procedures;e. Before and after handling an (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365705	A. Building B. Wing	12/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aventura at Walton Hills	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	invasive device (e.g., urinary catheters, IV access sites);f. Before donning sterile gloves;g. Before handling clean or soiled dressings, gauze pads, etc.;h. Before moving from a contaminated body site to a clean body site during resident care;i. After contact with a resident's intact skin;j. After contact with blood or bodily fluids;k. After handling used dressings, contaminated equipment, etc.;l. After contact with objects (e.g., medical equipment) in the immediate vicinity of the resident;m. After removing gloves;n. Before and after entering isolation precaution settings;o. Before and after eating or handling food;p. Before and after assisting a resident with meals; andq. After personal use of the toilet or conducting your personal hygiene.8. Hand hygiene is the final step after removing and disposing of personal protective equipment.9. The use of gloves does not replace hand washing/hand hygiene. Integration of glove use along with routine hand hygiene is recognized as the best practice for preventing healthcare-associated infections.10. Single-use disposable gloves should be used:a. Before aseptic procedures;b. When anticipating contact with blood or body fluids; andc. When in contact with a resident, or the equipment or environment of a resident, who is on contact precautions.11. Wearing artificial fingernails is strongly discouraged among staff members with direct resident-care responsibilities and is prohibited among those caring for severely ill or immunocompromised residents. The Infection Preventionist maintains the right to request the removal of artificial fingernails at any time if he or she determines that they present an unusual infection control risk.