

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365783	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/10/2024
NAME OF PROVIDER OR SUPPLIER Aventura at Assumption Village		STREET ADDRESS, CITY, STATE, ZIP CODE 9800 Market Street North Lima, OH 44452	

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 0569</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48565</p> <p>Based on record review, interview, and admission contract review, the facility failed to convey a final accounting of overpayment to Resident #102's spouse within thirty days of discharge. This affected one resident (#102) of three residents who were discharged as private pay residents. The facility census was 101.</p> <p>Findings include:</p> <p>Review of the closed medical record for Resident #102 revealed a date of admission as [DATE] with diagnoses including dislocation of an unspecified cervical vertebrae and respiratory failure. The resident had severe cognitive impairment and expired in the facility on [DATE].</p> <p>A review of the document titled; Resident Admission Agreement, dated [DATE], revealed Resident #102 was admitted on [DATE]. The document was signed by Resident #102's spouse. Also included in the admission pack was an addendum page signed by Resident #102's spouse verifying Resident #102 was in the facility as private pay. The addendum was dated [DATE].</p> <p>A review of the document titled; Assumption Village AR Ledger, printed on [DATE] revealed a check was received by the facility in the amount of \$3825.00. The ledger also revealed the total cost for Resident #102 for the duration of stay was \$1020.00. A \$2805.00 refund was due to Resident #102's family.</p> <p>On [DATE] at 11:40 A.M. an interview with the Administrator and the Business Office Manager (BOM) #287 revealed they had received a call sometime in September of 2023 from the spouse of Resident #102 questioning the refund. BOM #287 stated she called their corporate office to process the refund. BOM #287 and the Administrator stated that all refunds go through their corporate office. There is no accounting of refunds for services done in the facility. BOM #287 and the Administrator verified the no check for a refund was issued to the spouse of Resident #102.</p> <p>A review of the Resident Admission Agreement revealed on page three, subsection H, that refunds will be made within 30 days of a resident's transfer and discharge.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00154001.</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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