

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365876	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/11/2024
NAME OF PROVIDER OR SUPPLIER  Aventura at Carriage Inn		STREET ADDRESS, CITY, STATE, ZIP CODE  5040 Philadelphia Drive Dayton, OH 45415	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46613</p> <p>Based on medical record review, staff interview, and policy review, the facility failed to ensure a resident's representative was notified of development of new pressure ulcer and treatment plan. This affected one (#75) out of three residents reviewed for pressure ulcers. The facility census was 61.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #75 revealed an admitted [DATE] with medical diagnoses of cerebral atherosclerosis, protein calorie-malnutrition, chronic obstructive pulmonary disease, and obstructive and reflux uropathy.</p> <p>Review of the medical record for Resident #75 revealed a quarterly Minimum Data Set (MDS) assessment, dated 06/17/24, which indicated Resident #75 had severe cognitive impairment and required partial/moderate staff assistance with toilet hygiene, bed mobility, and transfers. The MDS indicated Resident #75 required substantial/maximum staff assistance with bathing and no pressure ulcer/injuries were noted.</p> <p>Review of the medical record for Resident #75 revealed a wound observation evaluation, dated 07/25/24, which stated Resident #75 had a Stage III pressure ulcer to the left heel. The evaluation stated the wound was first observed on 07/25/24, the physician was notified, and a treatment was ordered. Review of the evaluation revealed no documentation to support the facility notified Resident #75's representative of the new pressure ulcer or treatment plan.</p> <p>Interview on 09/11/24 at 10:56 A.M. with Administrator confirmed the medical record for Resident #75 did not contain documentation to support Resident #75's representative was notified of the left heel pressure ulcer and treatment.</p> <p>Review of the facility policy titled, Change in Resident's Condition or Status, revised May 2017 stated the facility shall promptly notify the resident, his/her attending physician, and representative of changes in the resident's medical/mental condition and/or status.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00156810.</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 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**</b> 46613</p> <p>Based on observation, medical record review, staff and resident interviews, and policy review, the facility failed to follow infection control procedures. This affected one (#22) out of three residents reviewed for wound care. The facility census was 61.</p> <p>Findings include:</p> <p>Review of the medical record for Resident #22 revealed an admitted [DATE] with medical diagnoses of heart failure, diabetes mellitus, severe protein calorie malnutrition, peripheral vascular disease, and hypertension.</p> <p>Review of the medical record for Resident #22 revealed a quarterly Minimum Data Set (MDS) assessment, dated 06/30/24, which indicated Resident #22 was cognitively intact and was independent with eating, bed mobility, and transfers, required supervision with bathing, and set-up assistance with toileting. The MDS did not indicate Resident #22 had any skin areas.</p> <p>Review of the medical record for Resident #22 revealed a wound observation evaluation, dated 08/28/24, which stated Resident #22 had a Stage III pressure ulcer to her sacrum and treatment was in place.</p> <p>Review of the medical record for Resident #22 revealed a physician order dated 08/28/24 for treatment to gluteal cleft which was to apply alginate and cover with bordered foam dressing daily. Review of the medical record including physician orders and care plan revealed there was no documentation to support Enhanced Barrier Precautions (EBP) were ordered or implemented.</p> <p>Interview on 09/10/24 at 8:35 A.M. with Licensed Practical Nurse (LPN) #191 confirmed Resident #22 had a pressure ulcer and received wound care daily. LPN #191 confirmed Resident #22 did not have an order for EBP or a EBP sign posted on her door or personal protective equipment (PPE) cart located near her room. LPN #191 stated staff did not don a gown when providing wound care for Resident #22.</p> <p>Observation with interview on 09/10/24 at 9:00 A.M. revealed Resident #22 lying in bed. Resident #22 confirmed she had an open area to her bottom and staff complete dressing changes daily. Resident #22 confirmed staff did not wear gowns but did wear gloves when providing wound care.</p> <p>Interview on 09/10/24 at 11:20 A.M. with Administrator confirmed the facility had not had EBP in place for the residents with wounds or indwelling devices. Administrator stated the facility identified the issue that morning and entered orders for all residents with wounds, gastrostomy tubes, ostomies, and indwelling or suprapubic catheters. Administrator stated all staff would be educated on EBP and signs would be posted outside of those resident's rooms along with a cart with proper PPE.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility policy titled, Enhanced Barrier Precautions, stated Enhanced Barrier Precautions (EBP) are used in conjunction with standard precautions and expand the use of personal protective equipment (PPE) during high-contact resident care activities both inside and outside the residents' room, which can result in transferring multi-drug resistive organisms (MDRO) to staff hands and clothing. The policy stated PPE was to include gloves and gown and eye protection may be indicated if a splash risk exists. The policy stated EBP's are indicated for residents with infection or colonization with a Center for Disease Control targeted MDRO when contact precautions do not otherwise apply, wounds and/or indwelling medical devices (central lines, urinary catheters, feeding tubes, and tracheostomies).</p> <p>This deficiency is based on incidental findings discovered during the course of this complaint investigation.</p>