STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365876	A. Building B. Wing	04/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aventura at Carriage Inn	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, staff interviews, review of facility investigation, and review of a clinical resource guidance, the facility failed to implement appropriate safety interventions to prevent an avoidable fall by not ensuring the resident was safely positioned in bed during incontinence care. This affected one (#70) of three residents reviewed for accidents. The facility census was 65.Findings include:Medical record review for Resident #70 revealed diagnoses included dementia, high blood pressure, and kidney disease. Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #70 was cognitively impaired and required total dependence from one staff for care. Review of the progress notes dated 03/06/26 revealed Resident #70 was on the floor beside her bed in a fetal position. Both side rails were raised. Review of the facility investigation dated 03/06/26 revealed Certified Nursing Assistant (CNA) #39 was providing incontinence care to Resident #70. CNA #70 rolled Resident #70 away from her causing the resident to fall from the bed feet first. Post fall evaluation revealed multiple bruises. A bruise was noted below the right eye measuring approximately 2.5 centimeters (cm) in length and 1.5 cm in width with no depth; an abrasion to the left arm; bruise noted right side of the left forearm measuring 2.0 cm in length and 1.5 cm. in width with no depth; A skin tear on right forearm measuring 7.5 cm in length and 0.5 cm in width with no depth; a skin abrasion to the right elbow measuring 5.0 cm in length and 5.0 cm in width with no depth; and an abrasion the middle of her back. Resident #70 was returned to bed. The doctor was notified and x-rays were obtained which revealed no fractures. Review of CNA #39's witness statement revealed the CNA was changing Resident #70. CNA #39 rolled the resident away from her instead of towards her. Resident #70 began sliding feet first from the bed to the floor. The facility determined the staff did not follow standards of practice and turned the resident away from the staff.Interview on 04/22/26 at 1:15 P.M. with CNA #39 confirmed she was provided counseling and knew when providing care by yourself, you should never roll a resident away from you to prevent them from falling out of bed. Interview with the Administrator on 04/22/26 at 2:30 P.M. revealed CNA #39 was counseled regarding positioning the residents in center of bed and rolling the resident towards her during care. Review of an online and undated clinical resource titled Turning Patients Over in Bed: Medline Plus Medical Encyclopedia found at: https://medlineplus.gov/ency/patientinstructions/000426.htm#:~:text=Standing%20with%20one%20foot%20ah revealed the following steps should be followed when turning a resident in bed: explain to the resident what you are planning to do so they know what to expect, encourage the person to help if possible, stand on the opposite side of the bed the resident will be turning towards, move the patient towards you, step around to the other side of the bed, and ask the resident to look towards you (this will be the direction in which the person is turning).This deficiency represents noncompliance investigated under Complaint Numbers 2802307, 2799717, and 2729262.

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