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	05/14/2026

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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. Based on medical record reviews, observations, staff interviews, and policy review, the facility failed to ensure resident's medications were administered as ordered resulting in five medication errors out of 33 opportunities or a 15 percent (%) error rate. This affected two (#04 and #59) residents out of four reviewed for medication administration. The facility census was 65.Findings included:1.Review of the medical record for Resident #04 revealed an admission date of 04/08/25 with medical diagnoses of chronic obstructive pulmonary disease (COPD), morbid obesity, congestive heart failure (CHF), constipation, and chronic kidney disease stage III.Review of Resident #04's Minimum Data Set (MDS) assessment, dated 04/23/26, revealed Resident #04 had moderate cognitive impairment and was dependent upon staff for toilet hygiene and transfers, required substantial/maximum staff assistance for bathing and bed mobility and was independent with eating. Review of Resident #04's physician orders revealed orders dated 04/12/26 for furosemide 40 milligram (mg) tablet one by mouth two times per day, gabapentin 300 mg two tablets by mouth four times per day, and apixaban 5 mg one tablet by mouth two times per day, and orders dated 04/13/26 for potassium chloride 20 milliequivalent (meq) one tablet by month daily, Diltiazem 120 mg one tablet by mouth daily, metoprolol 20 mg one tablet by mouth daily, hydrochlorothiazide (HCTZ) 25 mg one tablet by mouth daily, escitalopram oxalate 20 mg give one half tab by mouth daily, Vitamin B-12 1000 micrograms (mcg) one tablet by mouth daily, cholecalciferol 25 mcg one tablet by mouth daily, magnesium hydroxide oral suspension 400 mg per 5 milliliter (ml) to give 30 ml by mouth every morning (constipation), and MiraLAX 17 grams by mouth daily. Further review revealed physician orders dated 04/20/26 for senna 8.6-50 mg give two tablets by mouth every morning (constipation) and ipratropium-albuterol solution 2.5 (3) mg per 3 ml to give 3 ml inhale orally via nebulizer every four hours. Observation on 05/14/26 at 8:02 A.M. revealed Licensed Practical Nurse (LPN) #201 prepared Resident #59's medications for morning medication administration. The observation revealed LPN #201 placed furosemide, potassium chloride, gabapentin, diltiazem, metoprolol, HCTZ, apixaban, escitalopram, Vitamin B-12, cholecalciferol into the medication cup as ordered. LPN #201 was observed to place one Senna 8.6-50 mg tablet into the medication cup. The observation also revealed that magnesium hydroxide oral solution was not available for administration. The observation revealed LPN #201 observed Resident #04 consuming the medications and Resident #04 refused the ipratropium-albuterol solution.Interview on 05/14/26 at 8:12 A.M. with LPN #201 confirmed Resident #04's order for senna was for two tablets to be administered and she had only administered one tablet. LPN #201 also confirmed that she was unable to administer the magnesium hydroxide oral suspension because the medication was not available and had to be ordered from the pharmacy. 2.Review of the medical record for Resident #59 revealed an admission date of 01/20/21 with medical diagnoses of CHF, COPD, atrial fibrillation, hypertension, bilateral hypertensive retinopathy, and glaucoma. Review of Resident #59's significant change MDS assessment, dated 04/23/26, revealed Resident #59 had moderate cognitive impairment and was dependent upon staff for toilet hygiene and transfers, required substantial/maximum staff assistance for bathing and bed mobility and was independent with eating. Review of Resident #59's physician orders revealed orders dated 06/24/24 for HCTZ 25 mg one tablet by mouth daily, metoprolol 50 mg one tablet by mouth daily, and cetirizine (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	5 mg one tablet by mouth daily, an order dated 07/18/24 for artificial tears ophthalmic solution to instill one drop in both eyes four times a day for dry eyes, an order dated 01/24/25 for dorzolamide HCL-Timolol ophthalmic solution 2-0.5% (used to lower high eye pressure caused by glaucoma or ocular hypertension) to instill one drop in left eye two times per day, an order dated 07/13/25 for senna 8.6 mg one tablet by mouth two times per day, an order dated 07/31/25 for brimonidine tartrate ophthalmic solution 2% to instill one drop in left eye two times per day for glaucoma, and orders dated 08/03/25 for levetiracetam 100 mg one tablet by mouth two times per day and buspirone 5 mg one tablet by mouth two times per day. Further review of Resident #59's physician orders revealed an order dated 08/20/25 for meclizine 12.5 mg one tablet by mouth three times per day, an order dated 11/25/25 for potassium chloride oral solution 40 meq per 15 ml to give 15 ml by mouth every morning, an order dated 01/17/26 for cyanocobalamin 500 mcg one tablet by mouth daily and an dated 04/20/26 for gabapentin 600 mg two tablets by mouth three times per day.Observation on 05/14/26 at 8:33 A.M. revealed LPN #203 prepared Resident #59's medication for morning medication administration. The observation revealed LPN #203 placed cetirizine, cyanocobalamin, HCTZ, metoprolol, meclizine, gabapentin, levetiracetam, buspirone, and senna tablets into a medication cup as ordered and poured 15 ml of potassium chloride solution into a medication cup. The observation revealed LPN #203 was unable to locate Resident #59's brimonidine tartrate ophthalmic solution or artificial tear bottles in the medication cart. The observation revealed LPN #203 observed Resident #59 consume medications and LPN #203 was observed to administer dorzolamide HCL-timolol ophthalmic solution to both of Resident #59's eyes. Interview on 05/14/26 at 8:56 A.M. with LPN #203 confirmed Resident #59's brimonidine tartrate ophthalmic solution or artificial tears were not administered because the medications were not available and had to be ordered from the pharmacy. LPN #203 stated she even checked the medication storage room and was not able to locate a bottle of artificial tears. LPN #203 also confirmed that she administered the dorzolamide HCL-timolol ophthalmic solution eye drops to both of Resident #59's eyes not just the left eye as ordered. Review of the facility policy titled, Administering Medications, revised April 2019, stated medications are to be administered in a safe and timely manner and as prescribed. This deficiency represents non-compliance investigated under Complaint Number 2998003.