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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365917 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 11/26/2024 |
| NAME OF PROVIDER OR SUPPLIER Aventura at Oakwood Village | | STREET ADDRESS, CITY, STATE, ZIP CODE 1500 Villa Road Springfield, OH 45503 | |

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) |
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| <p>F 0770</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide timely, quality laboratory services/tests to meet the needs of residents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36303</p> <p>Based on medical record review, staff interview, and review of facility policy, the facility failed to obtain a laboratory value (labs) as ordered by physician. The affected one (#4) out of four residents reviewed for lab services. The census was 107.</p> <p>Findings include:</p> <p>Review of Resident #4's closed medical record revealed an admitted [DATE]. Diagnoses listed included heart failure, chronic kidney disease, hypertension, type two diabetes mellitus, and peripheral vascular disease.</p> <p>Review of an admission Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #4 had intact cognition and was occasionally incontinent of urine.</p> <p>Review of physician orders revealed an order dated 09/23/24 to collect an urinalysis (UA) with reflex culture.</p> <p>Further review of Resident #4's closed medical record revealed no documentation of the UA with reflex culture being collected on 09/23/24. The review revealed there was no laboratory results were documented.</p> <p>Review of hospital documentation dated 10/04/24 through 10/10/24 revealed Resident #4 was treated for an urinary tract infection (UTI) in the emergency roaignom on [DATE].</p> <p>During an interview on 11/26/24 at 2:09 P.M. the Director of Nursing (DON) confirmed an UA with reflex culture results were not obtained for Resident #4 on 09/23/24. The DON stated that the UA with reflex culture was collected but was not picked up in time and thrown away. The DON confirmed Resident #4's UA with reflex culture was not re-collected.</p> <p>Review of the facility's policy titled Lab and Diagnostic Test Results-Clinical Record dated revised November 2018 revealed the physician will identify and order diagnostic and lab testing based on the resident's diagnostic and monitoring needs. The staff will process test requisitions and arrange for tests. The laboratory, diagnostic radiology provider, or other testing source will report test results to the facility.</p> <p>This deficiency represents non-compliance investigated under Complaint Number OH00159454.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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