

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366186	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/15/2025
NAME OF PROVIDER OR SUPPLIER Aventura at Humility House		STREET ADDRESS, CITY, STATE, ZIP CODE 755 Ohltown Road Austintown, OH 44515	

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 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, interview, review of the food committee meeting minutes and review of the facility policy, the facility failed to ensure dietary menus were followed. This affected one (Resident #13) of three reviewed for dietary concerns and had the potential to affect all residents receiving meals from the kitchen. The facility identified one (Resident #45) who did not consume anything by mouth. The facility census was 66. Findings include: Review of the medical record for Resident #13 revealed an admission date of 09/08/23 with diagnoses including diabetes, high cholesterol, arthritis and chronic pain. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #13 was cognitively intact. She was independent in eating, required supervision for oral hygiene and showers, partial assistance for personal hygiene and substantial assistance for toileting. Review of the food committee meeting minutes dated 07/03/25 revealed the residents were concerned the menu did not always match the meal being served. Review of the posted menu for breakfast dated 08/15/25 revealed breakfast would consist of hot or cold cereal, breakfast quiche and milk or juice. Observation of tray line on 08/15/25 at 7:37 A.M. revealed breakfast was being served which consisted of hot or cold cereal, scrambled eggs, yogurt and donuts. Interview at the time of the observation with Dietary Manager #200 revealed he had to make some changes to the breakfast menu at the last minute. He revealed the changes had not been corrected on the master menu. Interview on 08/15/25 at 8:12 A.M. with Resident #13 revealed she did not get to choose what she wanted for breakfast, she was given whatever the kitchen served. She revealed she would prefer to know ahead of time what was being served, and she confirmed today's breakfast consisted of scrambled eggs and a doughnut. Interview 08/15/25 and 8:21 A.M. with the Administrator confirmed there were issues with the facility following menus as posted. She verified this morning's breakfast menu should have been corrected and provided to residents when changes were made. Review of the facility policy titled Displaying the Menu, dated 2023, revealed planned menus would be posted each week in an area where residents could view them and the food and nutrition services staff were responsible for posting revisions to the plan the menu in a timely manner. This deficiency represents noncompliance investigated under Master Complaint Number 1344519 (OH00167046).</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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