STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366186	A. Building B. Wing	05/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aventura at Humility House	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on open and closed medical record review and staff interview, the facility failed to ensure physician ordered daily weights for the monitoring of medical conditions were obtained. This affected three (#30, #55, and #85) of three residents reviewed for daily weights. The facility census was 64. Findings include:1. Review of Resident #30's medical record revealed an admission date of 08/01/25. Diagnoses included Alzheimer's disease, dementia, diabetes, edema, and congestive heart failure (CHF).Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #30 was moderately cognitively impaired.Review of a physician order dated 03/02/26 revealed daily weights every night shift.Review of the documented weights in Resident #30's medical record for March 2026 revealed no evidence weights were obtained on 03/05/26, 03/06/26, 03/07/26, 03/09/26, 03/12/26, 03/13/26, 03/14/26, 03/17/26, 03/18/26, 03/23/26, 03/26/26, 03/27/26, and 03/28/26.2. Review of Resident #36's medical record revealed an admission date of 03/31/24. Diagnoses included end stage renal disease (ESRD), shortness of breath (SOB), chronic kidney disease (CKD), diabetes, and CHF.Review of the MDS assessment dated [DATE] revealed Resident #36 was cognitively intact.Review of a physician order dated 03/27/26 revealed daily weights every day shift for health monitoring, notify the physician if a four pound (lb.) or greater weight gain.Review of the documented weights in Resident #36's medical record for April 2026 revealed no evidence weights were obtained on 04/04/26, 04/05/26, 04/11/26, 04/12/26, 04/18/26, and 04/19/26.3. Review of the closed medical record for Resident #85 revealed he was admitted on [DATE] with diagnoses including CHF, dementia, Alzheimer's disease, COPD, and acute kidney failure.Review of the MDS assessment dated [DATE] revealed Resident #85 was moderately cognitively impaired. Review of physician orders dated 06/24/25 revealed an order for daily weights related to monitoring fluid status.Review of the documented weights in Resident #85's medical record for March 2026 revealed no evidence weights were obtained on 03/09/26, 03/19/26, 03/21/26, 03/22/26, 03/25/26, 03/27/26, and 03/30/26. Further review of the documented weights for April 2026 revealed no evidence daily weights were obtained on 04/05/26, 04/09/26, 04/10/26, 04/14/26, 04/15/26, 04/16/26, 04/18/26, 04/19/26, and 04/20/26.Review of a facility in-service record dated 03/10/26 revealed staff education was provided on obtaining daily weights.Interview on 05/06/26 at 11:15 A.M. with the Director of Nursing (DON) revealed daily weights should be obtained as ordered and verified the missing weights for Resident #30, Resident #36, and Resident #85. The DON stated the missed weights should have been identified. The DON stated she did not have an explanation for why the weights were not completed as ordered.A follow-up interview on 05/06/27 at 4:00 P.M. with the DON revealed daily weights were reviewed in the morning meeting daily and any resident with a missed weight should have been identified. The DON stated the residents' weights should have been monitored and the nurse should have gotten them if the aides were unable to. The DON further stated, I don't have an answer for why they're not done.This was an incidental finding discovered during the complaint investigation.

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 0838 Level of Harm - Potential for minimal harm Residents Affected - Many	Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies. Based on review of the Facility Assessment and staff interview, the facility failed to ensure a comprehensive Facility Assessment was developed to identify the staffing resources needed to provide care for the residents. This had the potential to affect all 64 residents in the facility. The facility census was 64.Findings include:Review of the Facility Assessment, updated 01/25/26, revealed the assessment addressed the staffing needs from 7:00 A.M. until 11:00 P.M. Further review revealed the Facility Assessment did not identify the staffing resources needed to provide care for the residents from 11:00 P.M. until 7:00 A.M. Interview on 05/07/26 at 2:40 P.M. with the Administrator verified the Facility Assessment identified the staffing resources needed from 7:00 A.M. until 11:00 P.M. but it did not identify the staffing resources needed to provide care for the residents from 11:00 P.M. until 7:00 A.M. This was an incidental finding discovered during the complaint investigation.