STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366302	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aventura at Shiloh Springs	3500 Shiloh Springs Road Trotwood, OH 45426

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 - Few	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 medical record review, staff and resident interviews, review of information from Medscape and review of information from the National Library of Medicine, the facility failed to ensure bowel movements were monitored for residents at risk of constipation. This affected one (#2) out of two residents reviewed for constipation. The census was 55. Findings include: Review of Resident #2's medical record revealed and admission dated of 12/04/25. Diagnoses listed included bacteremia, hypertension, cellulitis, type two diabetes mellitus, and osteomyelitis. Review of a quarterly Minimum Data Set (MDS) dated [DATE] revealed Resident #2 was cognitively intact. Review of physician orders revealed an order dated 12/11/25 for oxycodone hydrochloride (narcotic pain medication) oral tablet 5 milligrams (mg) by mouth four times a day for pain. Further review of Resident #2's medical record revealed no documentation of bowel movements being monitored. There was not any documentation of Resident #2's last bowel movement. Interview with Resident #2 on 01/05/26 at 9:37 A.M. revealed it had been 10 days since he had a bowel movement. Resident #2 believed he had been given something to help but did not believe it was working. Interview with the Administrator on 01/07/26 at 10:10 A.M. confirmed there was no documentation of Resident #2 bowel movement being monitored. Review of Medscape revealed oxycodone hydrochloride may cause constipation. Review of information from the National Library of Medicine at https://medlineplus.gov/ency/patientinstructions/000120.htm revealed Constipation is when you do not pass stool as often as you normally do. Your stool may become hard and dry, and it can be difficult to pass. And under the section, When to contact a medical professional, Contact your provider if you have not had a bowel movement in 3 days. This deficiency represent non-compliance investigated under Complaint Number 2642439.

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
	366302	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aventura at Shiloh Springs	3500 Shiloh Springs Road Trotwood, OH 45426

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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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, observations and staff and resident interviews, the facility failed to ensure a resident's indwelling urinary catheter (Foley) was attempted to be removed as ordered. This affected one (#2) of one reviewed for Foley catheter care. The census was 55. Findings include: Review of Resident #2's medical record revealed and admission dated of 12/04/25. Diagnoses listed included bacteremia, hypertension, cellulitis, type two diabetes mellitus, and osteomyelitis. Review of a quarterly Minimum Data Set (MDS) dated [DATE] revealed Resident #2 was cognitively intact. Review of physician orders revealed an order dated 12/30/25 to clamp Foley times four hours then release times 15 minutes, repeat times 24 hours then discontinue Foley. If no voiding may straight catheter every four to six hours and as needed. If post void residual is greater than 500 milliliters times two times replace foley. Further review Resident #2's medical record revealed no documentation of Resident #2's Foley being removed or being attempted to be removed on 12/20/26. Review of progress notes revealed Resident #2 Foley was removed on 01/06/25 per order. Resident #2 was sent to the emergency room (ER) for elevated temperature, elevated pulse rate, and decreased blood pressure. Observation and interview with Resident #2 on 01/05/26 at 12:15 P.M. revealed Resident #2 had an indwelling Foley catheter in place. Resident #2 stated the nurse told him the Foley didn't look right. Interview with the Administrator and the Director of Nursing (DON) on 01/06/25 at 2:25 P.M. confirmed there was no documentation of Resident #2's Foley being removed or attempted to be removed. The DON stated she thought Resident #2's Foley was removed and put back in but confirmed no documentation. This deficiency represents non-compliance investigated under Complaint Number 2650877 and Complaint Number 2650899.