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	04/02/2026

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, resident interview, staff interview, physician interview, and policy review, the facility failed to ensure physician orders were transcribed accurately. This affected one (Resident #08) of four residents reviewed for physician orders. The facility census was 60.Findings include:Review of the medical record of Resident #08 revealed an admission date of 11/20/25. Diagnoses included syncope and collapse, asthma, diabetes, cocaine abuse in remission, drug-induced subacute dyskinesia, bradycardia, anxiety, depression, and post traumatic stress disorder (PTSD). Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #08 had intact cognition. The resident was assessed as exhibiting verbal behavioral symptoms directed towards others and rejection of care one to three days during the assessment period. The resident was independent with bed mobility, required setup/cleanup assistance with eating, supervision with transfers, and partial/moderate assistance with toileting and bathing.Review of physician orders revealed an order dated 01/28/26, which stated, May not go on leave of absence (LOA). Further review of the medical record revealed Resident #08 went on a LOA with her family on 03/01/26.Review of a progress note dated 01/28/26 and authored by the Assistant Director of Nursing (ADON) #26 revealed a new order was received and the resident was not to go on LOA while under care at the facility related to finding empty bottles of narcotics that had recently been filled by other pharmacies. Interview on 04/02/26 at 10:35 A.M., Resident #08 stated she became aware of an order written for no LOA when she was being loaded onto a transport van to go to get food and was told by staff she was not allowed to leave the facility. Interview on 04/02/26 at 1:46 P.M., the ADON #26 stated she put the order in following a phone conversation between the Administrator and Physician #200. The ADON #26 stated she was able to hear the physician's voice on the phone, however she did not hear specifically what the orders were. ADON #26 verified she should only take orders directly from a physician and further verified she did not clarify the order directly with the physician. ADON #26 stated she became aware of the order not matching what the physician had said when the Ombudsman came to the facility on [DATE] and questioned the order. Interview on 04/02/26 at 10:21 A.M., Physician #200 stated he gave a verbal order for the resident to only have LOA with supervision. Physician #200 denied giving an order for the resident to not be allowed LOA.Review of the facility policy titled, Verbal Orders, dated 02/2014, revealed the individual receiving the verbal order will read the order back to the practitioner to ensure the information is clearly understood and correctly transcribed. This deficiency represents non-compliance investigated under Complaint Number 2809324.

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