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	05/21/2026

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, observation, resident and staff interviews, and review of the facility policy, the facility failed to ensure staff provided the necessary level of supervision for safe smoking and residents smoked in the designated smoking areas. This affected two (Residents #29 and #41) of three residents reviewed for smoking safety. The facility census was 57. Findings include:1. Review of the medical record revealed Resident #29 had an admissions date of 03/20/26. Diagnoses including displaced fracture of fifth cervical vertebra, hallucinations, bipolar disorder, panic disorder, and muscle weakness.Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #29 was cognitively intact. The smoking assessment dated [DATE] revealed Resident #29 was a smoker and did not require supervision when smoking. Review of the care plan revealed Resident #29 was at risk for side effects/injury from smoking. Interventions included Resident #29 will smoke in designated areas. Review of the Leave of Absence sign out sheet revealed Resident #29 signed himself out of the facility on 05/21/26 at 8:00 A.M.Observation on 05/21/26 at 8:10 A.M. revealed Resident #29 was under the overhang door located near the front entrance, that was an unused door. He had a cigarette he was lighting with his lighter. No staff were observed outside.Interview on 05/21/26 at 8:11 A.M. with Resident # 29 verified he was smoking in front of the facility. Interview on 05/21/26 at 8:12 A.M. with the Administrator and Receptionist #76 revealed Resident #29 has smoked in front of the facility before. The Administrator stated Resident #29 has been educated to not smoke in front of the facility. Receptionist #76 verified Resident #29 was smoking in front of the facility and she would ask him to come inside. Interview on 05/21/26 at 9:31 A.M. with the Administrator verified the residents were expected to go off of facility property when they sign themselves out to smoke. 2. Review of the medical record for Resident #41 revealed an admission date of 09/26/25. Diagnoses included type II diabetes mellitus without complication, chronic obstructive pulmonary disease, and tobacco use. Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #41 was cognitively intact. The smoking assessment dated [DATE] revealed Resident #41 was a smoker and required supervision. Review of the care plan revealed Resident #41 was at risk for injury related to smoking. Interventions included the resident would be supervised with smoking. Observation on 05/19/26 at 10:30 A.M. revealed Resident #41 was smoking in the smoking area by herself. Interview on 05/19/26 at 10:35 A.M. with the Director of Nursing (DON) revealed residents have designated smoking times and there should be a staff member supervising them. The DON verified Resident #41 was in the smoking area actively smoking and was not visible to any staff. Interview on 05/19/26 at 10:37 A.M. with Activities Aide #40 verified Resident #41 was in the smoking area actively smoking and she was unable to the resident because the view was obstructed by a tree.Review of the facility policy titled Smoking Policy - Resident dated October 2023 revealed smoking is only allowed in designated smoking areas. Any resident with smoking privileges requires monitoring shall have the direct supervision of a staff member at all times while smoking. This deficiency represents non-compliance investigated under Complaint Number 3007829.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. Based on observations, staff interviews, Long-Term Care Ombudsman interview, and policy review, the facility failed to maintain the residents' floors and medical equipment in a clean manner. This affected two residents (Residents #38 and #40). The facility census was 57. Findings include:Observation and interview on 05/19/26 at 10:28 A.M. revealed Certified Nursing Assistant (CNA) #79 was performing care for Resident #40 in her room. Resident #40's floor was wet and had just been mopped. The floor had specks of unknown black dirt laying on wet cream floor. Under Resident #40's bed, there was heavy dirt, which included hair, and a speck of unknown dirt against wall and floor. There were large spots of enteral feed spilled on the floor and tube feed pole. In the center of Resident #40's floor, there were four tan stains measuring around four to five inches in irregular circular size, like the color of the enteral feed. CNA #79 said enteral feed gets spilled and gets stuck on the floor. CNA #79 verified Resident #40's floor had some dirt and areas on floor were unclean.Observation and interview on 05/19/26 at 10:40 A.M. with Housekeeping Aid (HA) #47 revealed Resident #38's room had just been mopped and swept. HA #47 verified there was scattered black unknown dirt on the floor. HA #47 verified the wall edges had an unknown black substance, and dirt could be moved by moving your shoe around the floor. HA #47 verified the floor in Resident #38's room was not swept good. Observation and interview on 05/19/26 at 10:42 A.M. with HA #47 revealed she just cleaned Resident #40's floor had just been swept and mopped. HA #47 verified there was still dirt scattered on the floor. HA #47 verified enteral feed was spilled and dried under the tube feed pole, and there were four tan stains in center of the floor in Resident #40's room. HA #47 verified she never mopped or swept under Resident #40's bed, because her broom or mop handle would bang up against the bottom of Resident #40's bed. Interview on 05/21/26 at 1:15 P.M. with Long-Term Care Ombudsman (LTCO) #300 stated the residents had complained about rooms being clean. Review of the facility policy titled Housekeeping Department dated 09/07/24 revealed that the facility provided a clean and healthy environment for all residents, visitors, and staff members. General cleaning included dusting, bathrooms, and floors. The facility was to clean behind and underneath nightstands, dressers, and beds every other day. Check walls for spills, doors, and handrails.This deficiency represents non-compliance investigated under Complaint Number 3006175.