Department of Health & Human Services
Centers for Medicare & Medicaid Services

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No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395166	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aventura at Pembrooke	1130 West Chester Pike West Chester, PA 19380

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. 38419 Based on clinical record review it was determined that the facility failed to develop a comprehensive care plan including discharge planning for one of three residents reviewed (Resident R1). Findings Include: Review of Resident R1's clinical record revealed diagnoses including but not limited to following: Depression (mood disorder that causes a persistent feeling of sadness and loss of interest); Epilepsy (neurological disorder that causes seizures or unusual sensations or behaviors), and Anxiety (feeling of dread, fear, or apprehension, often with no clear justification). Review of Resident R1's clinical record revealed a progress note by CRNP (Certified Registered Nurse Practitioner) dated December 28, 2023 (13:39/1:39 p.m.) admitted to Pembrooke (facility) on 12/26/23 following discharge from [local hospital] for treatment of seizure activity. Arrived to ED (Emergency Department) via ems (emergency medical services) on 12/20/23 fromhomeless shelter for witnessed seizure activity for a reported 10 minutes with LOC (level of consciousness). Review of Resident R1's clinical record revealed a progress note dated January 8, 2024 (08:57) SW (Social Worker) spoke to brother. [Resident] has no housing plan. (His/Her) plan is to stay at facility long term. Completed assessment with brother. Further review of Resident R1's clinical record revealed a progress note dated January 24 2024 (13:20/1:20 p.m.) which indicated Pt (patient) seen awake and alert this morning with no c/o (complaints/of) headache, dizziness, cp (chest pain), palpitations, abdominal pain or n/v/d (nausea, vomiting, diarrhea). No seizure activity reported since admission as per nursing staff. pt is becoming anxious regarding her discharge planning and states she is ready to go home. She offers no new acute concerns or complaints at this time. Review of Resident R1's clinical record including Resident R1's care plan goals failed to reveal a goal for discharge. Interview conducted on June 26, 2024 at approximately 6 p.m. with the Director of Nursing when the above information was discussed. 28 Pa Code 211.11(d) Resident Care Plans

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