

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  03/26/2026
NAME OF PROVIDER OR SUPPLIER  Aventura at Pembroke		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>Based on observations and resident and staff interviews it was determined that the facility failed to provide hydration for residents on three of three floors. (1st, 2nd, and 3rd floors)Finding include:Observations made of resident rooms on March 26, 2026, revealed most rooms on the 1st, 2nd, and 3rd floors either had no cups with water for hydration or the water in the cups was warm. The cups were not dated; there was no way to determine when the water was provided to the resident.During interviews Resident 1, Resident 2, Resident 3, and Resident 4, stated fresh water is not provided every shift and sometimes not every day. Observations were made of ice machines on each unit indicating ice was available for residents.Observations were made throughout the dayshift. Residents were not provided with fresh water and/or ice during the day shift.Interview conducted with Nursing Home Administrator (NHA) and Director of Nursing (DON) on March 26, 2025, at 3:10 p.m., when the above information was presented, the DON stated residents are provided with fresh water during every shift. 28 Pa. Code 211.12(d)(1)(5) Nursing Services28 Pa Code: 211.10(c) Resident care policies</p>		

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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