

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395203	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/06/2024
NAME OF PROVIDER OR SUPPLIER Aventura at Prospect		STREET ADDRESS, CITY, STATE, ZIP CODE 815 Chester Pike Prospect Park, PA 19076	
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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>27155</p> <p>Based on interviews with facility staff and review of facility documentation, it was determined that the facility did not initiate the grievance process for one of three residents reviewed (Resident R2).</p> <p>Findings include:</p> <p>Review of facility documents revealed that resident R2 reported an incident of alleged verbal abuse to administration. The incident occurred on May 9, 2024. The nature of the allegation was that the resident asked to change the TV channel and a nursing aide yelled at the resident.</p> <p>An interview was conducted with Nursing Home Administrator, Employee E1 on June 6, 2024, at 1:00 p.m. Employee E1 confirmed that he and the director of nursing met with the resident regarding her concern. The allegation of verbal abuse was reported to the State Survey Agency and that an investigation was initiated. Employee E1 acknowledged that the resident's complaint was not processed as a grievance.</p> <p>28 Pa. Code 201.29(a)(d)(k) Resident rights</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
---	-------	-----------