

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 03/19/2026
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 0574</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The resident has the right to receive notices in a format and a language he or she understands.</p> <p>Based on observations, resident interviews, and staff interviews, it was determined that the facility failed to post the State Survey Agency phone number and contact information readily accessible on the two of two nursing floors. (1st Floor, and 2nd Nursing Units) Findings Include: Review of the facility policy titled, Resident's Right to Freedom from Abuse, Neglect, Misappropriation of Resident Property and Exploitation dated November 25, 2024 states, Policy- It is the policy of the facility to ensure that all residents rights are upheld and that residents are free from abuse, neglect, misappropriation of their property, and exploitation. This includes but is not limited to freedom from corporal punishment, involuntary seclusion, and any physical or chemical restraint not required to treat the resident's medical symptoms. The policy applies to all any and all owners, directors, officers, clinical staff, employees, independent contractors, consultants and others currently are potentially working for the facility. A tour of the facility was taken with the facility Director of Social Services Employee E5 on March 18, 2026 at 12:10 p.m. for required notices and postings in the facility. Employee E5 stated she was new and has worked in the facility for two weeks. The Director of Social Services was unsure of where the posting were located for the State Survey Agency. A tour was taken of all nursing units and common areas and State Survey Agency phone number, contact information, and information regarding reporting was not able to be located. An interview with the Nursing Home Administrator on March 19, 2026 at 2:00 p.m. confirmed the required postings were not up and may have been taken down at some point during painting. It was determined that the facility did not ensure required postings including Name, Addresses, and telephone number for the State Survey Agency were posted in prominent places throughout the facility including a statement that the resident may file a complaint with the State Survey Agency in relation to resident abuse, neglect, exploitation, misappropriation of resident property. 28 Pa. Code: 201.18(a)(e)(1) Management 28 Pa. Code: 201.18(b)(1) Management</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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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility documentation, observations, and staff and resident interviews it was determined that the facility failed to ensure that food was served in accordance with the planned menus for one of four days observed (lunch meal 3/18/2026). Findings Include: Review of the facility menu revealed the lunch meal offered on March 18, 2026, was listed as tomato soup, grilled American cheese sandwich, mixed vegetables, crackers, chilled peaches, and a beverage. There was no alternate lunch item listed on the main menu; however, the facility had an always available menu with daily food items available at lunch and dinner. The undated always available food menu consisted of cottage cheese, fresh fruit, chicken salad sandwich, grilled cheese sandwich, hot dog, turkey hoagie, and cheeseburger. Review of diet type report dated March 18, 2026, revealed Resident R46 and R26 had physician orders for nectar thick liquids. Review of facility production sheets for the lunchtime meal service on 3/18/2026 revealed nectar thick, tomato soup (6 ounces) was included. Review of the facility production sheets for the lunchtime meal service on 3/18/2026 revealed the serving instructions for the pureed mac and cheese was intended to be served with a #6 scoop (serving utensil equivalent to 8 ounces) and the pureed mixed vegetable to be served with a #8 scoop (equivalent to 4 ounces). Observations on March 18, 2026, at 12:00 p.m. in the main kitchen revealed tray line was started for the lunchtime meal. Observations revealed the cook plating resident trays was using a #16 scoop (equivalent to 2 ounces) to plate the mac and cheese and mixed vegetables. Further observations revealed pureed diets were also being given mashed potatoes, which was not part of the planned meal. Further observations on March 18, 2026, at 12:00 p.m. in the main kitchen revealed only one type of soup (observed thin consistency) was prepared for the residents. During an interview on March 18, 2026, at 12:08 p.m. surveyor asked the Food Service Director, Employee E18, if residents prescribed thickened liquids received a thickened soup. The Food Service Director, Employee E18, was unsure. Observations on March 18, 2026, at 12:25 p.m. on the second-floor nursing unit during the lunchtime meal service revealed no crackers were on the resident meal trays to go along with the grilled cheese and tomato soups per the planned menu. Interview on March 18, 2026, at 12:25 p.m. with the Food Service Director, Employee E18, confirmed crackers were unavailable for the lunch time meal. Continued observations on March 18, 2026, at 12:37 p.m. during the lunchtime meal service on the second-floor nursing unit revealed Resident 27's diet ticket specified double protein portions with food items listed as tomato soup, grilled cheese sandwich, mixed vegetables, and crackers. Observations revealed Resident R27 received grilled cheese and a piece of meatloaf. The Food Service Director, Employee E18, confirmed meatloaf was not on the menu and was unsure why it was being served. Interview on March 18, 2026, with licensed nurse, Employee E19, revealed Resident R46 was not offered tomato soup for lunch. Observations and interview on March 18, 2026, at 12:45 p.m. revealed Resident R26 was not offered tomato soup. Resident R26 informed surveyor he/she enjoys tomato soup and would have eaten it. Review of Resident R10's clinical records revealed resident was admitted to the facility on [DATE], with diagnosis of End stage renal failure, Osteomyelitis of left femur (infection of the bone). Review of Resident R10's MDS (Minimum Data Set - a mandatory periodic resident assessment tool) dated February 12, 2026, revealed that resident has a BIMS (Brief interview for Mental Status) score of 15, indicating resident is cognitively intact. Interview with Resident R10 on March 16, 2026, at 12:00p.m. revealed always available menu is limited and they don't always have an alternative, so I just don't eat. Review of Resident R11's clinical records revealed resident was admitted to the facility on [DATE], with diagnosis of fracture of fourth thoracic vertebrae (back fracture), fracture of left patella (left knee fracture). Review of Resident R11's MDS (Minimum Data Set - a mandatory periodic resident assessment tool) dated February 26, 2026, revealed that resident has a BIMS (Brief interview for Mental Status) score of 15, (continued on next page)</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>indicating resident is cognitively intact. Interview with Resident R11 on March 16, 2026 at 12:30 p.m. revealed the always available menu is a joke, they keep reducing what is actually available and if you don't like what they are serving for a meal then they send you a hot dog. That is your only option you can have a hotdog or a hamburger. Most the time I just don't eat because it is terrible and I have no other choice. 28 Pa Cde 201.18(b)(1)(3) Management</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Based on review of facility documentation, observations, and interviews with staff and residents it was determined that the facility failed to ensure food was served for palatable taste and temperature. Findings Include: Review of the facility's undated Test Tray Evaluation form revealed the acceptable delivery temperature of the starch and vegetable should be 135-165 degrees Fahrenheit. A test tray was conducted during the lunch time meal service on March 18, 2026, at 12:25 p.m. with the Food Service, Employee E18, and the Nursing Home Administrator, Employee E1. The test tray consisted of three pureed food items that was supposed to be pureed mac and cheese, mashed potato, and mixed vegetables. Temperatures and tastings revealed the food temperature resulted below standards at 110 degrees Fahrenheit and had a bland, unfamiliar taste. The pureed vegetables tasted more like pureed meat. Nursing Home Administrator, Employee E1, also tasted the food and agreed with surveyor's findings of the test tray. 28 PA Code 201.18(b)(3) Management</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on review of facility's policy, interview with staff, and review of facility provided documentation, it was determined that facility did not ensure to maintain an effective antibiotic stewardship program that includes ongoing tracking, analysis, and reporting of antibiotic use for 11 of 11 months reviewed (May 2025 through March 2026) Findings include: Review of facility policy 'Antibiotic stewardship,' revised December 2016, indicates its purpose is to monitor the use of antibiotics in residents. Review of facility policy 'Infection Prevention and Control Program,' revised December 2025, indicates that the infection prevention program (IPC) provides the framework through which the infection preventionist and the facility can: educate staff and ensure adherence to evidence-based infection prevention and control practices; identify infections and standardized definitions; identify significant pathogens using laboratory culture and sensitivity testing; monitor for outbreaks; ensure the appropriate use of antibiotics; adhere to mandatory reporting requirements. Further review of facility policy 'Infection Prevention and Control Program,' revised December 2025, indicates that culture reports, sensitivity data, and antibiotic usage reviews are included in surveillance activities, and antibiotic usage is evaluated and practitioners are provided with feedback as needed. Further review of facility policy 'Infection Prevention and Control Program,' revised December 2025, under 'Surveillance,' indicates that outcome surveillance collects data that indicates the presence of infections, communicable diseases, and antibiotic usage among residents and compares the data to standard definitions and criteria. Examples of data that can be used in outcome surveillance include: monitoring resident(s) with fever or other signs or symptoms of potential infection; laboratory cultures or other diagnostic test results consistent with potential infections to detect clusters, trends, or susceptibility patterns; antibiotic orders. Review of facility provided documentation 'Infection Surveillance Report,' dated May 20, 2025 - March 19, 2026, revealed no evidence of implemented interventions to optimize antibiotic use - excluding review of antibiotic prescriptions for appropriateness, setting protocols for empiric therapy, de-escalation based on culture results and avoiding unnecessary antibiotics for viral infections. Further review of 'Infection Surveillance Report,' during infection prevention and control program review on March 19, 2026, at 10:00 am, revealed no evidence of tracking, monitoring or staff education upon request. Further review of 'Infection Surveillance Report,' revealed no evidence of analysis and feedback for months of May 2025 through March 2026. Findings confirmed with facility's Director of Nursing/Infection preventionist, Employee E2, on Thursday, March 19, 2026, at 3:00 pm. 28 Pa Code 211.10(d) Resident care policies 28 Pa Code 211.12(d)(1)(5) Nursing services</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Implement a program that monitors antibiotic use.</p> <p>Based on review of facility policy and facility provided documentation, and staff interview, it was determined that the facility did not ensure to maintain an effective antibiotic stewardship program that includes a system to effectively monitor antibiotic usage for 11 of 11 months of antibiotic stewardship program data reviewed (May 2026 through March 2026) Findings include: According to Patient Safety Authority (PSA), Act 52 of 2007 revised the MCARE Act to require nursing homes to report healthcare associated infections (HAI's) to PSA. Specifically, the act states that the occurrences of a healthcare-associated infection in a healthcare facility shall be deemed a serious event as defined in section 302. HAI's infections are deemed serious events and are submitted into PA^PSRS for tracking, analysis, and statewide patient safety improvement. Main infection types reported in nursing homes include skin and soft tissue infections, urinary tract infections, respiratory tract infections, gastrointestinal infections as well as illnesses related to influenza. Review of facility's policy ?Infection Prevention and Control Program,' revised December 2025, revealed no evidence that facility acquired infections were reported to Pennsylvania Patient Safety Authority (PSA) through the Pennsylvania Patient Safety Reporting System (PA^PSRS)(act-52). Review of facility policy ?Antibiotic Stewardship,' revised December 2016, revealed no evidence that facility acquired infections were reported to Pennsylvania Patient Safety Authority (PSA) through the Pennsylvania Patient Safety Reporting System (PA^PSRS)(act-52). Upon request from Director of Nursing/Infection preventionist, employee E2, on Thursday, March 19, 2026, at 3:00 pm - facility was unable to provide evidence of compliance with Act 52 as required by law. 28 Pa Code 211.10(d) Resident care policies 28 Pa Code 211.12(d)(1)(5) Nursing services</p>

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, review of facility policy, interviews with residents, and facility record review it was determined that the facility did not ensure an effective pest control program was maintained so that the facility is free of pests and rodents for two of two nursing floors reviewed. (First floor and Second floor) Findings Include: Review of pest control policy titled, Pest Control dated April 1, 2022 states, Policy Statement-The facility shall maintain an effective pest control program. Further review of the policy revealed, Policy Interpretation and Implementation 1. The facility maintains an on-going pest control program to ensure that the building is kept free of insects and rodents Interview held with six awake, alert, and oriented resident on March 18, 2026 at 1:30 p.m. During resident council four of the residents reported having mice and roaches in their room at times. (Residents R12, R41, R101). Resident R12 reported that the mice problem has gotten worse over time. Resident R12 reports that the bottom drawer of her dresser has several wholes in it from mice chewing through to the point the drawer is unusable. Resident R12 states that the mice are seen both in the bedroom and in the hallways. Resident R12 resident on the first floor. Resident R41 reported mice coming in and out of the room through a whole on the left side of the toilet. The resident reports that he often sees roaches at night especially in the bathroom. Resident R41 resides on the first floor. Resident R101 reported mice at night in her room. Resident R101 resides on the second floor. A tour was taken of the second-floor nursing unit of the facility on March 19, 2026 at 10:00 a.m. with the Director of Maintenance Employee E6. A tour of the second floor was taken to clarify if a void had been repaired for room [ROOM NUMBER]. The void under the air conditioning unit was noted as filled. Next to the air conditioning unit there was a roach trap with one dead roach and one roach actively dying in the trap. A tour was taken of the first-floor nursing unit of the facility on March 19, 2026 at 10:10 a.m. The tour revealed room [ROOM NUMBER] the bathroom wall on the left-hand side of the toilet has the baseboard peeling and a void in the corner that was not filled in. Further observation of the bathroom revealed approximately ten baby roaches in a trap behind the toilet. Review of the facility pest control reports from March 12, 2026 states, Inspected and treated the kitchen, lobby, lounges, soiled utility room, laundry room, employee break room, and nurse's stations for general pest control. Inspected and treated hallways areas of 1-north for mice activity seen. Observed open voids in hallway baseboard heaters surrounding rooms [ROOM NUMBERS]. Technician dusted, baited and sealed open voids. Replenished bait stations seen in rooms [ROOM NUMBERS] for positive bait acceptance, staff verbally reported seen mice going into both rooms. To improve tracking and accuracy, the use of logbooks is encouraged on 1- North. Placed [NAME] stations at 1-north nursing station. No reports were noted in logbooks. Spoke with administrator Review of 1-north pest control log revealed on March 18, 2026 there were mice noted in room [ROOM NUMBER]. Review of 1-north pest control log revealed on February 13, 2026 there were mice and dropping noted in room [ROOM NUMBER]. Review of 1-north pest control log revealed on February 2, 2026 there was a rat noted to come from under the radiator in room [ROOM NUMBER]. During an interview on March 17, 2026, at 11:08 a.m. in room [ROOM NUMBER] with alert and oriented Resident R148, the resident complained of mice in his/her room. Observations revealed there was a hole located on the wall directly opposite the A-bed in room [ROOM NUMBER]. The hole measured approximately 3 inches wide and 8 inches in length. Continued observations in room [ROOM NUMBER] revealed the resident from bed 116-A had a line of snacks along the wall, placed directly on the floor. Snacks were identified as bags of chips and pretzels that were open to air and not in airtight, sealed containers. Observations on March 17, 2026, at 11:20 a.m. revealed two left-over (and half eaten) resident breakfast trays were placed directly on top of the ice machine in the 1-North Nursing Unit Pantry. Food was observed to be left out on the tray as well. Observations confirmed by nurse aide, Employee E17, on March 17, 2026, at 11:25 a.m. 28 Pa. Code 201.18(a)(b)(1) Management 28 Pa. Code 201.14(a) Responsibility of licensee</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, review of facility documentation, review of clinical records, and interviews with staff and residents it was determined that the facility failed to conduct a complete and thorough investigation to rule out neglect for one of 31 residents reviewed (Resident R24). Findings Include: Review of facility policy Residents Right to Freedom from Abuse, Neglect, Misappropriation of Resident Property and Exploitation effective/revised 2025 revealed it is the policy of the facility to ensure that all resident's rights are upheld and that residents are free from abuse, neglect, misappropriation of their property, and exploitation. Continued review of facility policy Residents Right to Freedom from Abuse, Neglect, Misappropriation of Resident Property and Exploitation revealed in response to allegations of abuse or neglect the facility will ensure that alleged violations are thoroughly investigated. Review of Resident R24's quarterly Minimum Data Set (MDS - federally mandated resident assessment and care screening) dated December 9, 2025, revealed the resident was admitted to the facility on [DATE], and had diagnoses of malnutrition (imbalance in a person's energy/nutrient intake), hemiplegia (paralysis that affects one side of the body) affecting left-side, contracture of right hand, and homonymous bilateral field defects (visual impairments affecting the same side of the visual field in both eyes). Continued review of Resident R24's MDS dated [DATE], revealed the resident was independent for rolling left and right and was assessed as cognitively intact. Review of Resident R24's care plan dated May 27, 2025, revealed the resident had limited physical mobility related to stroke. Review of Resident R24's clinical record revealed a nursing note dated January 26, 2026, that revealed Resident R24 sustained an unwitnessed fall at 5:45 a.m. Resident R24 rolled out of bed, after reaching for his/her cell phone, and landed hard on the left hip and abdomen. Resident R24 expressed a pain scale of 10 out of 10 and requested to go to the emergency room for evaluation. Review of the incident report dated January 26, 2026, revealed per the nursing description, Resident R24 fell out of bed when reaching for his/her cell phone. Per the incident report, call light was within reach and there were no known predisposing environmental, psychological, or situation factors. Continued review of facility documentation revealed witness statements were obtained from the Registered Nurse Supervisor, Employee E21, two licensed nurses (LPN), Employee E22 and E23, and two nurse aides, Employee E24, and E25. Review of facility documentation revealed no documented evidence the facility obtained a written or signed statement from Resident R24 or his/her roommate, identified Resident R107. During an interview on March 19, 2026, at 11:53 a.m. with Resident R24, the resident reported when he/she fell on January 26, 2026, staff did not respond right away. Resident R24 indicated his/her roommate Resident R107 had to ring the call bell to alert staff that Resident R24 had fallen out of bed. Resident R24 further reported no bed rails were on at the time of the fall. Subsequent interview on March 19, 2026, at 12:00 p.m. with Resident R107 confirmed that he/she needed to call for assistance from nursing staff to alert them Resident R24 was on the floor. Interview on March 19, 2026, at 12:45 p.m. with the Director of Nursing, Employee E2, confirmed written/signed statements were not obtained from Resident R24 or R107 regarding the recall of incidents related to the fall on January 26, 2026. Refer to F689. 28 Pa. Code 201.14 (a) Responsibility of licensee.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policies, clinical record reviews and interviews with staff, it was determined that the facility failed to develop a person-centered comprehensive care plan related to restraints and restorative nursing program for two of 30 residents reviewed (Resident R1 and R13). Findings include: Review of facility policy, Care Plan - Comprehensive Person Centered dated revised March 2022, revealed that care plans include measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. Review of Resident R1's Quarterly MDS (Minimum Data Set - a mandatory periodic resident assessment tool) dated February 1, 2026, revealed that the resident was admitted to the facility on [DATE], and had diagnoses including pulmonary hypertension (type of high blood pressure that affects the arteries in the lungs) and acute and chronic respiratory failure (condition in which blood doesn't have enough oxygen or too much carbon dioxide). Review of Resident R1's Physical therapy Discharge summary, dated [DATE], revealed discharge recommendations including restorative program indicating Established/ trained, other restorative program (the patient is to be OOB (out of bed) in chair via hooyer lift 1-3xs per week to encourage socialization and to increase sitting tolerance and perform wheelchair mobility. Review of Resident R1's comprehensive care plan revealed no care plan in place for restorative nursing program. Interview with Employee E2, Director of Nursing on March 19, 2026 at 1:45 p.m. confirmed no care plan in place for Resident R1 for restorative nursing program. Review of Resident R13's Quarterly MDS (Minimum Data Set- a mandatory periodic resident assessment tool) dated February 5, 2026, revealed that the resident was admitted to the facility on [DATE], and had diagnosis including Quadriplegia (paralysis of all 4 limbs) and acute and chronic respiratory failure. Review of Resident R13's Physician orders, dated January 9, 2026, Bilateral hand mitts to prevent dislodgement of trach, release mitts every 2 hours and check skin integrity. Review of Resident R13's comprehensive care plan revealed no care plan in place for restraints. Interview with Employee E3, Director of Nursing on March 19, 2026 at 1:45 p.m. confirmed no care plan in place for resident R13 for restraints. 28 Pa Code 211.10(d) Resident care policies 28 Pa Code 211.12(d)(5) Nursing services</p>		

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<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interview with resident and staff, and review of policy and clinical record, it was determined that facility did not ensure that resident received necessary assistance with activities of daily living, related to bathing, grooming and personal hygiene for one of 31 residents reviewed (Resident R86) Findings include: Review of facility policy 'Resident's Right to Freedom from Abuse, Neglect, Misappropriation of Resident Property and Exploitation,' revised in 2025, defines Neglect as the failure of a facility, its employees, or service providers to provide goods and services necessary to avoid physical harm, pain, mental anguish, or emotional distress. This includes the failure to meet a resident's basic needs such as food, water, hygiene, and essential medical care. Review of Resident R86's clinical record revealed medical history of hemiplegia and hemiparesis (weakness and paralysis) affecting right dominant side, unsheltered homelessness, post traumatic stress disorder, cardiomyopathy (disease of the heart muscle that makes it harder for the heart to pump blood), urogenital candidiasis, adrenocortical insufficiency, retention of urine, high blood pressure, psychoactive substance abuse. Review of Resident R86's Minimum Data Set (MDS)/Resident Assessment and Care Screening, completed on March 5, 2026, revealed Brief Interview for Mental Status (BIMS) score of 15. Review of job description for nurse aide, employee E13, received and acknowledged on April 20, 2023, revealed that essential duties and responsibilities require staff to assist residents with daily bath, dressing, grooming, dental care. Review of Resident R86's Functional Abilities assessment, completed on March 4, 2026, revealed Resident R86 was independent to complete shower/bath task and independent for tub/shower transfer. Observations of Resident R86 on Wednesday, March 18, 2026, during day shift, in room [ROOM NUMBER]-C, unit Two North, revealed disheveled appearance with visible flakes from dandruff on clothing. During interview with Resident R86 on March 18, 2026, at 11:30 am. the resident revealed that (he/she) was not aware of location of common shower room on the unit, has not been offered a shower and does not know which days are (his/her) scheduled shower days. Resident R86 further stated that (he/she) has been using sink in (his/her) room for hygiene care. Review of Resident R86's clinical record revealed documentation by nurse aide, Employee E13, indicating Resident R86 completed shower task on morning of Wednesday, March 18, 2026, at 8:54 am. Interview with nurse aide, employee E13, on Wednesday, March 18, 2026, at 11:40 am, confirmed the shower/bath was falsely documented as completed. 28 Pa Code 211.12(d)(1)(5) Nursing services</p>		

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 03/19/2026
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.			
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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based upon observation, interviews with resident and staff, and review of clinical records and facility policy it was determined the facility failed to ensure rehabilitative nursing care was provided to two of 31 resident records reviewed (Resident R1 and Resident R7). Findings include: Review of the facility policy titled Restorative Nursing Services, dated July 2017, states Residents will receive restorative nursing care as needed to help promote optimal safety and independence. Policy Interpretation and Implementation- 1. Restorative nursing care consists of nursing interventions that may or may not be accompanied by formalized rehabilitative services (e.g. physical, occupational or speech therapies). 2. Residents may be started on a restorative nursing program upon admission during the course of stay or when discharged from rehabilitation care. 3. Restorative goals and objectives are individualized and resident-centered and are outlined in the resident's plan of care. Review of Resident R1's clinical records revealed the resident was admitted to the facility on [DATE] and was diagnosed with pulmonary hypertension (high blood pressure in the arteries of the lungs, which can strain the heart and lead to serious complications. Review of Resident R1's physical therapy Discharge summary, dated [DATE], discharge recommendations include Supine and seated HEP (home exercise program). Restorative program established/ trained. Other restorative program- the resident is to be out of bed to chair via hooyer lift 1 to 3 times per week to encourage socialization and to increase sitting tolerance and preform wheelchair mobility. Review of Resident R1's nursing tasks revealed no documented evidence that recommendations were implemented. Review of Resident R1's comprehensive care plan revealed no documented evidence of care plan implemented for restorative nursing program. Interview with Employee E2, Director of Nursing on March 18, 2026, at 2:21p.m. revealed they recommend restorative nursing, but it is not well documented. Further interview confirmed no care plan implemented and no documented evidence that Physical therapy recommendations were completed. Eeview of Resident R7's quarterly Minimum Data Set (MDS - federally mandated resident assessment and care screening) dated January 24, 2026, revealed the resident was rarely/never understood and had a diagnosis of functional quadriplegia (inability to use all four extremities). Review of Resident R7's comprehensive care plan dated February 20, 2025, revealed the resident had limited physical mobility related to neurological deficits. Intervention dated July 17, 2025, specified to provide skilled physical/occupational therapy services as indicated. Review of Resident R7's nursing Kardex (system for recording and referencing essential patient information to guide daily nursing care) revealed a task labeled NURSING REHAB to assist Resident R7 with passive range of motion (ROM) daily to his/her bilateral upper and lower extremities with morning and evening care. Review of documentation for the amount of minutes spent providing passive range of motion for Resident R7 from February 18, 2026, through March 19, 2026, revealed it was marked as not applicable on 39 occasions. Continued review of Resident R7's clinical record revealed no supporting evidence as to why passive range of motion was not provided or why it was marked as not applicable. 28 Pa Code 211.12(d)(1)(3) Nursing services</p>		

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NAME OF PROVIDER OR SUPPLIER Aventura at Prospect		STREET ADDRESS, CITY, STATE, ZIP CODE 815 Chester Pike Prospect Park, PA 19076	
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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, review of facility documentation, review of clinical records, and interviews with staff and residents it was determined that the facility failed to provide assistance devices necessary to prevent an avoidable accident for one of 31 residents reviewed (Resident R24). Findings Include: Review of Resident R24's quarterly Minimum Data Set (MDS - federally mandated resident assessment and care screening) dated December 9, 2025, revealed the resident was admitted to the facility on [DATE], and had diagnoses of malnutrition (imbalance in a person's energy/nutrient intake), hemiplegia (paralysis that affects one side of the body) affecting left-side, contracture of right hand, and homonymous bilateral field defects (visual impairments affecting the same side of the visual field in both eyes). Continued review of Resident R24's MDS dated [DATE], revealed the resident was assessed as cognitively intact. Per Resident R24's physical therapy treatment notes dated January 24, 2026, indicated Resident R24 required partial/moderate assistance for bed mobility (rolling left and right). Skilled interventions focused on training in log rolling techniques to increase independence in bed mobility tasks, including instruction in use of handrails. Review of Resident R24's clinical record revealed a nursing note dated January 26, 2026, that revealed Resident R24 sustained an unwitnessed fall at 5:45 a.m. Resident R24 rolled out of bed, after reaching for his/her cell phone, and landed hard on the left hip and abdomen. Resident R24 expressed a pain scale of 10 out of 10 and requested to go to the emergency room for evaluation. Review of the incident report dated January 26, 2026, revealed per the nursing description, Resident R24 fell out of bed when reaching for his/her cell phone. Per the incident report, call light was within reach and there were no known predisposing environmental, psychological, or situation factors. Interview on March 19, 2026, at 11:53 a.m. with Resident R24, the resident reported no handrails were on the bed at the time of the fall. Interview on March 19, 2026, at 12:15 p.m. with the Director of Rehabilitation, Employee E16, revealed Resident R24 was on therapy caseload at the time of the fall and required assistance for bed mobility. Further interview on March 19, 2026, at 2:10 p.m. with the Director of Rehabilitation, Employee E16, confirmed Resident R24 should have had bed handrails (device for patients to have something to grab, for increased stability) on his/her bed at the time of the fall to assist with bed mobility. Interview on March 19, 2026, at 12:45 p.m. with the Director of Nursing, Employee E2, confirmed Resident R24 did not have bed handrails on at the time of the fall. Per the Director of Nursing, Employee E2, bed rails were applied after the fall. 28 Pa. Code 201.14 (a) Responsibility of licensee. 28 Pa. Code 211.12 (d)(5) Nursing services.</p>		

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NAME OF PROVIDER OR SUPPLIER Aventura at Prospect		STREET ADDRESS, CITY, STATE, ZIP CODE 815 Chester Pike Prospect Park, PA 19076	
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<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, review of facility documentation, review of clinical records, and interviews with staff and residents it was determined that the facility failed to ensure adequate monitoring and timely reassessment to maintain acceptable parameters of nutrition status for 3 of 9 residents reviewed for nutrition (Resident R1, R87, and R11). Findings Include: Review of facility policy titled, Weight Policy with a revision date on July 2025 states, Policy- It is the policy of this facility to weigh each resident on admission, weekly for four weeks, then monthly thereafter, unless otherwise ordered by the physician/interdisciplinary team. The facility will utilize consistent procedures for monitoring weights to prevent unnecessary weight loss/gain in our residents. Any resident displaying a significant change in weight of greater than or equal to 5%, gain or loss in one month will be reported to the Registered Dietitian and reweighed. Review of undated facility documentation Clinical Dietitian Job Description revealed the Registered Dietitian will develop individualized nutrition care plans based on assessments and use of clinical judgement. The Registered Dietitian has a responsibility to conducted nutrition focused physical exams as needed. Review of Resident R1's quarterly Minimum Data Set (MDS - federally mandated resident assessment and care screening) dated February 1, 2026, revealed the resident was admitted to the facility on [DATE], and had diagnoses of diabetes mellitus (the body's inability to use and distribute blood sugars resulting in high or low sugars) and malnutrition (lack of intake of nutrition that leads to altered body composition and body cell mass leading to diminished physical and mental function). Continued review of Resident R1's MDS dated [DATE], revealed the resident lost weight of 5% or more in the last month, or 10% or more in the last 6 months, and was not on a physician prescribed weight loss regimen. Review of Resident R1's comprehensive care plan dated September 24, 2025, revealed the resident may be at risk for malnutrition related to diabetes and wounds. Goals specified that Resident R1 would maintain current body weight (with no defined weight) within 5 pounds. Review of Resident R1's documented weight history revealed Resident R1 began to trigger for a significant weight loss on January 14, 2026, sustaining a weight loss of 20 pounds from January 2, 2026. Review of Resident R1's documented weight history revealed Resident R1 continued to lose a total of 12 more pounds, with a documented weight of 237 pounds on January 20, 2026. Continued review of Resident R1's weight history revealed the downward weight trend continued to 234 pounds on February 18, 2026. Review of Resident R1's clinical record revealed a nutrition weight note dated February 20, 2026, that the resident triggered for a 6.4% weight loss over one month. Interventions included weekly weights and to monitor weights for trends. Resident R1 was noted to be at potential risk for malnutrition. Further review of Resident R1's clinical record revealed he/she triggered for a significant weight loss again on February 26, 2026, with a documented weight of 207 pounds (reflected a 27-pound weight loss from 2/18/26). Review of Resident R1's clinical record revealed the ongoing significant weight loss was not addressed by the Registered Dietitian until March 12, 2026. Review of nutrition weight/wound note dated March 12, 2026, revealed Resident R1 may be at risk/potential risk for malnutrition however there is no formal documented assessment/outcome to determine if Resident R1 met the criteria for malnutrition. Review of Resident R11's clinical records revealed resident was admitted to the facility on [DATE], with diagnosis of fracture of fourth thoracic vertebrae (back fracture), fracture of left patella (left knee fracture). Review of Resident R11's MDS (Minimum Data Set - a mandatory periodic resident assessment tool) dated February 26, 2026, revealed that resident has a BIMS (Brief interview for Mental Status) score of 15, indicating resident is cognitively intact. Review of Resident R11's clinical record revealed on February 4, 2026 resident weighed 161.0 lbs (pounds). On March 3, 2026 resident weighed 153.5 lbs. Indicating a weight loss of 7.5 lbs in 1 month. Further review of Resident R11's clinical record revealed no documented evidence of nutritional assessment related to significant weight change. Interview with Employee E7, Registered dietician, confirmed no nutritional (continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Aventura at Prospect		STREET ADDRESS, CITY, STATE, ZIP CODE 815 Chester Pike Prospect Park, PA 19076	
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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>assessment completed. Review of facility policy titled weight policy, undated, revealed any resident displaying a significant change in weight of greater than or equal to 5%, gain or loss in one month will be reported to the Registered Dietitian and reweighed. Review of Resident R11's clinical records revealed resident was admitted to the facility on [DATE], with diagnosis of fracture of fourth thoracic vertebrae (back fracture), fracture of left patella (left knee fracture). Review of Resident R11's MDS (Minimum Data Set - a mandatory periodic resident assessment tool) dated February 26, 2026, revealed that resident has a BIMS (Brief interview for Mental Status) score of 15, indicating resident is cognitively intact. Review of Resident R11's clinical record revealed on February 4, 2026 resident weighed 161.0 lbs (pounds). On March 3, 2026 resident weighed 153.5 lbs. Indicating a weight loss of 7.5 lbs in 1 month. Further review of Resident R11's clinical record revealed no documented evidence of nutritional assessment related to significant weight change. Interview with Employee E7, Registered dietician, confirmed no nutritional assessment completed. 28 Pa. Code 210(c)(d) Resident care policies</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>Based on observations, review of clinical record and review of policy, as well as interview with staff, it was determined that facility did not ensure the accurate administration of psychotropic medication by administering a medication at a dose different from that prescribed for one of three residents observed (Resident R50) Findings include: Review of Resident R50's clinical record revealed medical history of bipolar disorder (condition in which a person has period of depression and periods of being extremely happy), schizoaffective disorder, drug induced parkinsonism (progressive disease of the central nervous system), generalized anxiety disorder, psychosis, drug induced subacute dyskinesia (involuntary, abnormal movements that develop days to weeks after starting or changing a medication; commonly caused by antipsychotics such as haloperidol/risperidone, antiemetics or antidepressants), recurrent depressive disorders, schizophrenia (mental disease characterized by loss of reality contact). Review of psychiatric progress note, completed on March 5, 2026, by Nurse practitioner (Employee E14), revealed that Resident R50 with a history of schizophrenia or schizoaffective disorder, treated with Lamotrigine and Invega Sustenna, is experiencing acute worsening of psychosis. Over recent days, (she/he) has shown escalating agitation, aggression, paranoia, and refusal of care, including verbal outbursts and inability to be redirected. During evaluation, (she/he) displayed disorganized behavior, poor reality testing, and persistent delusions, making cooperation with care impossible. These symptoms are considered breakthrough psychosis, possibly related to inconsistent medication adherence despite a recent injection. Due to the immediate safety risk to herself and others, urgent medication intervention is needed, and her granddaughter agreed to start Haloperidol. Review of Resident R50's physician orders revealed an order was placed on March 13, 2026 for Haloperidol with adjusted decreased dose of 0.25 milligrams (mg) and Ingrezza with dose increase to 60 mg. Haloperidol (first-generation (typical) antipsychotic medication used to treat severe mental health and behavioral conditions); Ingrezza (medication used to treat Tardive Dyskinesia, a condition that causes repetitive, uncontrollable body movements-often after long-term use of antipsychotic drugs). Both medications were still pending confirmation on March 18, 2026. Observations of medication administration with Licensed nurse employee E15, on March 18, 2026, at 9:52 am, revealed Resident R50 received 40 mg of Ingrezza instead of 60 mg. Interview with Unit manager, Employee E8, on Thursday, March 19, 2026 at 12:30 pm, confirmed that both orders for Haloperidol and Ingrezza, were not timely confirmed, resulting in administering lower dose of Ingrezza than prescribed. Review of Resident R50's electronic medication administration record (e-MAR), revealed that Ingrezza 60 mg was not administered for dates March 13, 2026 through March 17, 2026. Further review of e-MAR revealed Resident R50 did not receive Haloperidol 0.25 mg on dates of March 13, 2026, evening shift, through March 17, 2026. Review of nursing note dated March 18, 2026, at 10:31 am, revealed provider orders: Haloperidol reduced from 0.5 mg twice daily to 0.25 mg twice daily due to tremors; Ingrezza increased to 60 mg daily. Give 40 mg today per NP, then start 60 mg daily once the medication arrives from the pharmacy. Further review of nursing notes dated March 18, 2026, at 10:35 am, revealed that new medication order is not yet available; pharmacy will deliver. Provider is aware. It is acceptable to give Ingrezza 40 mg temporarily until the 60 mg dose becomes available. Responsible party has been notified. Findings confirmed with facility's director of nursing, employee E2, on March 19, 2026 at 3:00 pm. 28 Pa Code 211.9(a)(1) Pharmacy services 28 PA Code 211.10(c) Resident care policies 28 Pa Code 211.12(d)(1)(5) Nursing services</p>		

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<p>F 0573</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Let each resident or the resident's legal representative access or purchase copies of all the resident's records.</p> <p>Based on review of facility documentation, clinical record review, and interviews with staff, it was determined that the facility failed to provide copies of medical records as requested in a timely manner and reasonable cost for one of one resident reviewed for medical record request (Resident R162). Findings include: Review of facility policy titled Release of Information revised November 2009, revealed The resident may initiate a request to release such information contained in his/her records and charts to anyone he/she wishes. Such requests will be honored only upon the receipt of a written, signed, and dated request from the resident or representative (sponsor). A resident may obtain photocopies of his or her records by providing the facility with at least forty-eight (48) hour (excluding weekends and holidays) advance notice of such request. A fee may be charged for copying services. Review of facility documentation revealed medical record request dated October 13, 2025, request including HIPAA (Health insurance portability and accountability act) compliant authorization form signed by Resident R162's Power of Attorney. Review of Resident R162's medical record request invoice dated October 23, 2025, revealed Medical record copies for Resident R162 (1,424 pages) cost total \$732.08. Interview with the Director of Medical Records, Employee E12, on March 19, 2026, at 12:35 p.m. revealed records were requested and I processed the request and sent an invoice to the son for the records, and he told me that he would not pay for them. I explained to him that if he wanted them, he would have to pay for them because that is our facility's policy. Review facility documentation revealed medical record request dated January 3, 2026, stated Please be advised that our office has retained . to retrieve any and all records, pursuant to an authorization, on our behalf, request including HIPAA (Health insurance portability and accountability act) compliant authorization form signed by Resident R162's Power of Attorney. Review of facility documentation revealed email with recipient of Director of Medical Records, Employee E12, dated February 9, 2026, Please provide our client with his medical records without further delay or we will have no choice but to notify the Department of Health, U.S. Department of Health and Human Services, and Pennsylvania Health and Human Services and any and all other regulatory agencies of your refusal to provide medical records. Review of facility documentation revealed email response from Director of Medical Records, Employee E12, dated February 10, 2026, revealed I was off yesterday so I will be getting the records ready for [Resident R162] to pick up this week. I will contact him when they are ready. Interview with Director of Medical Records, Employee E12, on March 19, 2026, at 12:35 p.m. revealed [Resident 162's] son picked up the paper copy of records on February 17, 2026. Review of facility documentation revealed email with recipient of Employee E12, dated February 22, 2026, revealed please note that our client requested electronic version of his records via the [electronic form] Instead, he was given a paper copy that was missing multiple important parts of the chart. Below are the records that were missing for the production. Please note that this can easily be solved by simply providing a pdf copy of the PCC (point click care) chart with hyperlinks. My office can assist in sending a link to drop them in if needed. I am really hoping we can get these missing records as soon as possible. Review of facility documentation revealed email response from Director of Medical Records, Employee E12, dated February 25, 2026, revealed Sorry about that, I will get them to you as soon as I can. Review of facility documentation revealed email with recipient of Employee E12, dated March 2, 2026, revealed just following up on below. Thank you. Review of facility documentation revealed email response from Director of Medical Records, Employee E12, dated March 3, 2026, revealed I am still working on the records. I have the MDS (Minimum data set- assessment of resident care needs) and 9 more months of the CNA's (nursing aides) flow sheets to do. The records will be completed by the end of the week and I will scan them to you. Review of facility documentation revealed email with recipient of Director of Medical Records, Employee E12, dated March 10, 2026, revealed sorry to stalk you just want to make sure you didn't scan to me and I missed it. Interview (continued on next page)</p>		

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F 0573 Level of Harm - Potential for minimal harm Residents Affected - Some	with Employee E12, on March 19, 2026, at 12:35 p.m. revealed I have been printed and scanning things as fast as I can. I do not know how to send the chart electronically; I was never taught that way. Interview with Employee E1, Nursing Home Administrator on March 19, 2026, at 2:00 p.m. confirmed that medical records can be send through a link electronically and confirmed findings that Resident R162 records were not released upon request in a timely manner or for a reasonable cost. 28 Pa Code 201.14(a) Responsibility of licensee 28 Pa Code 201.18(b)(3) Management 28 Pa Code 201.29(a) Resident rights		