

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075244	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/26/2024
NAME OF PROVIDER OR SUPPLIER Avon Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 652 West Avon Rd Avon, CT 06001	

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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49021</p> <p>Based on clinical record reviews, review of facility documentation and interviews for one (1) of three (3) sampled residents (Resident #1) who were reviewed for an allegation of missing personal property, the facility failed to ensure Resident #1's credit card and cash money were not stolen from the resident's wallet by a staff member. The findings include:</p> <p>Resident #1's diagnoses included acute-on-chronic diastolic heart failure, essential hypertension and Type 2 diabetes.</p> <p>The admission Minimum Data Set assessment dated [DATE] identified Resident #1 was alert and oriented to person, place and time and required assistance from staff with Activities of Daily Living.</p> <p>The Facility Reported Incident form dated 11/12/24 identified the Rehab Director reported that Resident #1 had informed her his/her credit card and cash money were missing from his/her wallet that was stored at the bedside. The investigation identified Resident #1 had last seen the cash money and credit card on 11/9/24 which was in his/her wallet located on the bedside nightstand. The credit card representative informed Resident #1 and a family member numerous charges were made, with the first starting on 11/10/24 for purchases not made by Resident #1. A list of the charges was provided to the facility.</p> <p>Interview and review of the facility incident report with the Director of Nursing (DON) on 11/26/24 at 11:49 AM identified a specific nurse aide had access to the credit card and ninety (90) dollars of cash in Resident #1's wallet which was located on the nightstand when the nurse aide, Nurse Aide (NA) #1, delivered Resident #1's breakfast tray on 11/10/24. The DON identified although a statement was not able to be obtained from NA #1 by the facility, the police investigation determined NA #1 admitted when she delivered the breakfast tray to Resident #1's room, she took the wallet off the bedside nightstand, removed the credit card and ninety (90) dollars of cash from the wallet, and then returned the wallet to the nightstand when she retrieved the breakfast tray from Resident #1's room. The DON indicated NA #1 was an agency nurse aide, had only worked at the facility two (2) other times, and was not permitted to return to the facility. The DON identified in an interview with Resident #1 on 11/15/24, Resident #1 explained that the credit card charges were refunded, he/she was not distressed, and felt the issue was resolved.</p> <p>(continued on next page)</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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility Abuse Policy dated 7/2021 defined misappropriation of resident property as the deliberate misplacement, exploitation, or wrongful, temporary or permanent, use of a resident's belongings or money without the resident's consent and directed that misappropriation of resident property was prohibited.</p>		