

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115528	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/10/2025
NAME OF PROVIDER OR SUPPLIER  Avalon Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  120 Spring Street Newnan, GA 30263	

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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49675</b></p> <p>Based on observations, resident and staff interviews, and record review, the facility failed to ensure one of 18 residents (R) (R35) reviewed were free from accident hazards. Specifically, the facility failed to ensure R35 was free from exposure to harmful chemicals and aerosols.</p> <p>Findings include:</p> <p>A facility policy for accidents and hazards was requested, however, the facility advised they did not have a policy.</p> <p>Review of R35's electronic medical record (EMR) revealed R35 was admitted with diagnoses of but not limited to Alzheimer's disease with late onset and dementia in other diseases classified elsewhere, mild, with anxiety.</p> <p>Review of the annual Minimum Data Set (MDS) assessment dated [DATE] assessed a Brief Interview for Mental Status (BIMS) score of 11, which indicated moderate cognitive impairment.</p> <p>Observation and interview on 4/8/2025 at 10:47 am revealed R3S peeking out of his bathroom door with a bottle of some type of cleaning agent. He had to use the bathroom and did not want to talk to the Surveyor or let Surveyor in his room.</p> <p>Observation and interview on 4/9/2025 at 10:30 am with R35, he revealed he kept his cleaning products in the bottom drawer of his dresser and opened the drawer. The drawer contained two bottles of bathroom cleaner and two aerosol cans of room deodorizer.</p> <p>Interview on 4/9/2025 at 11:45 am with Licensed Practical Nurse (LPN) AA revealed that under no circumstances should a resident have any type of cleaning chemicals in their rooms. She also revealed that aerosol cans are not allowed per policy.</p> <p>Interview on 4/9/2025 at 11:48 am with LPN BB revealed that R35 was not allowed to have any cleaning chemicals or aerosol cans in his room. She confirmed both were present in R35's drawer; and she removed the products immediately.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 4/9/2025 at 11:50 am with the Director of Nursing (DON) revealed residents were not allowed to have aerosols or any type of cleaning agents. She revealed that the family and resident were educated upon admission and that the charge nurse was going to call the family and re-educate them. She revealed having cleaning chemicals and aerosols was a potential hazard, the resident or residents could ingest and could lead to serious problems or death.</p> <p>Interview on 4/10/2025 at 2:45 pm with the Administrator revealed his expectations were for residents not to have cleaning chemicals or aerosols in their possession. He revealed upon admission; residents and their families were given education on what was allowed in the facility. He revealed some families needed reminders.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50943</p> <p>Based on observations, staff interviews, and review of the facility policy titled, Labeling and Dating, the facility failed to discard food and seasonings by the expiration date. The deficient practice had the potential to promote foodborne illnesses associated with bacterial growth for 74 of 77 residents receiving an oral diet.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Labeling and Dating dated [DATE] revealed in paragraph two, Upon receipt all items should be inspected and marked with the date it was received into your facility and the date it should be discarded or expired. Further review revealed in paragraph three, After opening any item, the date it was opened must be clearly labeled on the front of the package and a new use by date should also be noted.</p> <p>During a tour of the kitchen on [DATE] at 9:47 am with the Dietary Manager (DM), the following concerns were identified:</p> <p>One container of tarragon leaf with an expiration date of [DATE].</p> <p>One container of cumin seasoning with an expiration date of [DATE].</p> <p>One container of vegetable oil with an expiration date of [DATE].</p> <p>Observations in the walk-in cooler revealed one bag of salad mix with an expiration date of [DATE].</p> <p>Interview on [DATE] at 10:15 am with the DM revealed inventory checks were completed by her along with the kitchen staff. The DM stated each kitchen staff must participate in inventory checks, and they must discard any expired items in the storage. The DM confirmed the observed items were expired and must be discarded.</p> <p>Interview on [DATE] at 11:00 am with the Registered Dietician (RD) and DM revealed an in-service was completed on [DATE] and [DATE] to all kitchen staff. It was confirmed the in-service discussed the following: food safety, storage area, and labeling and dating.</p> <p>Interview on [DATE] at 12:20 pm with the kitchen staff revealed inventory checks are completed by all kitchen staff. It was revealed staff must discard any expired items in storage. It was also revealed the kitchen staff received an in-service training on [DATE] and [DATE].</p> <p>Interview on [DATE] at 3:45 pm with the Administrator revealed his expectation for the kitchen staff was to ensure all inventory items were labeled and dated. He stated the kitchen staff must thoroughly check each item and discard any expired items in storage. The Administrator revealed staff must follow appropriate hand hygiene at all times. The Administrator confirmed an in-service training was provided to the kitchen staff regarding food storage, safety, and labeling and dating.</p>		