STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315223	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/11/2025
NAME OF PROVIDER OR SUPPLIER: Avalon Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 1059 Edinburg Road Hamilton, NJ 08690	

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)
F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** C#: NJ 00181366, NJ00175401 Based on interviews, record review, and review of other pertinent facility documents on 03/11/2025, 03/12/2025, it was determined that the facility failed to address a family concern of resident #4 with bathing and changing of clothes. This deficient practice was identified for 1 of 6 residents, Resident #4, and was evidenced by the following: According to the admission Record (AR), Resident #4 was admitted on [DATE] with diagnoses that included but were not limited to Psychoactive Substance Dependence with Psychoactive Substance-Induce Mood Disorder, (depressive, anxiety, psychotic, or manic symptoms that occur as a physiological consequence of the use of substances of abuse or medications), Muscle Wasting and Atrophy (is a loss of muscle and strength). According to the Minimum Data Set (MDS), an assessment tool, dated 12/16/2024, Resident #4 had a Brief Interview for Mental Status (BIMS) score of 1/15, which indicated that the resident's cognition was severely impaired. The MDS also revealed Resident #4 needed supervision with showering/bathing self, set up with upper body dressing and lower body dressing. During an interviewed on 03/12/2025 at 11:30 a.m., the SW stated Resident # 4's family was concerned that resident is not bathed and that the clothes are changed. The SW informed family member that they are working on resolving the issue with the CNA (Certified Nurse's Assistant) to assist Resident #4 with showers and changing clothes. During an interviewed on 03/12/2025 at 11:11 a.m., the Unit Manager (UM) stated Resident #4 was ambulatory and did not like to be engaged and refused to be shower and change clothes. The UM stated residents are showers twice a week and if the residents refuses showers they would be educated on the importance of being cleaned and document in the Progress notes. The UM stated she was not approached by any family member regarding Resident #4 and that the resident had no skin break down. The skin checks are done weekly by the nurses. During an interviewed on 03/12/2025 at 11:46 a.m., the License Practical Nurse (LPN) stated there is a shower list the CNA followed, if the resident's refuses, the CNA will notify the nurses and document in chart. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315223	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/11/2025
NAME OF PROVIDER OR SUPPLIER Avalon Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1059 Edinburg Road Hamilton, NJ 08690	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interviewed on 03/12/2025 at 11:48 a.m., the CNA stated if resident refuses to shower she would notify the charge nurse and document in chart. During an interviewed on 03/12/2025 at 12:00 p.m., the Staffing Coordinator/ CNA, stated Resident #4 refused showers and changing of clothing. The CNA further stated she was the only staff Resident #4 allowed to give a shower and changed clothes but would refuse care from other staff. During an interviewed on 03/12/2025 at 1:42 p.m., the Director of Nursing (DON) stated she was aware of Resident #4 refusing shower and changing clothes. The DON stated if she received a complaint she would investigate, document as a grievance or incident report, come up with a resolution and notify family of resolution. The DON added that all grievance and complaint are reviewed by Administrator. During a follow up interviewed on 03/12/2025 at 2:16 p.m., the SW stated that during a conversation with Resident #4 family, the family was made aware the staff had given Resident #4 two showers (unable to provide date). The SW further stated the family was informed Resident #4 is refusing shower and the staff would continue to try to provide daily showers for resident. SW stated did not document conversation with the family. During an interviewed on 03/12/2025 at 4:10 p.m., the Administrator who was the Facility grievance officer, stated he was not aware of Resident #4 not getting showered and clothing changed. During record review, the surveyor noted CNA Activity of Daily Living documentation for Resident # 4 revealed that the resident refuses shower/bath selfcare on 12/5/2024, 12/6/2024,12/7/2024, 12/8/2024, 12/11/2024, 12/12/2024. (shower day 7-3 shift). Review of the facility's policy titled Grievance/ Complaint, filing included the following: Under Policy: residents and their representatives have the right to file grievances, either orally or in writing, to the facility staff or to the agency designated to hear grievances (e.g., the State Ombudsman. Under: Policy Interpretation and Implementation revealed the following: 1. Any resident, family member, or appointed resident representative may file a grievance or complaint concerning the care, treatment, behavior of other residents, staff members, thief of property, or any other concerns regarding his or her stay at the facility. Grievances also may be voiced or filed regarding care that has not been furnished. 2. Residents, family and resident representatives have the right to voice or file grievances without discrimination or reprisal in any form, and without fear of discrimination or reprisal. 3. All grievances, complaints or recommendations stemming from resident or family groups concerning issues will be responded to in writing, including a rationale for the response. 4. Grievances and / or complaint may be submitted orally or in writing and may be filed anonymously. 5. The administrator is the facility grievance officer. 6. Upon receipt of a grievance and /or complaint, the grievance officer or designee will review and investigate the allegations and submit a written report of such findings within (5) working days of receiving the grievance and / or complaint. Review of the facility's Director of Social Service Job Description. Under: Duties and Responsibilities revealed: Review departmental complaints and grievances from personnel and make written reports to the Administrator of actions(s) taken. 1. Follow Center's established procedures. 2. Involve the resident/family in planning objectives and goals for the residents. 3. Review complaints and grievances made by the resident and make a written/oral report to the Administrator indicating what actions(S) were taken to resolve the complaint or grievance. Follow Center's established procedures. (continued on next page)

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NAME OF PROVIDER OR SUPPLIER Avalon Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1059 Edinburg Road Hamilton, NJ 08690	

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	NJAC 8:39-13.2(c)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** NJ00181366, NJ00175401. Based on observation, record review of the medical records, and other pertinent facility documents on 3/11/25 and 3/12/25, it was determined that the facility failed to update and revised a resident's Comprehensive Care Plan for 1 of 6 residents (Resident #1), reviewed for oxygen. The facility also failed to follow its policy titled Care Plans, Comprehensive Person-Centered. According to the admission Record, Resident #1 was admitted to the facility with diagnoses which included but not limited to: Acute and Chronic Respiratory Failure with Hypercapnia (the body can't adequately remove carbon dioxide, leading to a buildup in the blood), Pneumonia (lung infection) and Chronic Obstructive Pulmonary Disease The Minimum Data Set (MDS), an assessment on, 01/04/2024 re-admitted to facility on 2/05/2024 and was discharged . Resident #1 returned to the facility on 2/16/2024 and was discharged on 2/26/2024. The MDS dated [DATE], indicated that Resident #1 had a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated that the Resident's cognition was intact. A review of Resident #1 Physician Order, dated 01/05/2024 and located under the Orders tab of the EMR, indicated . Oxygen at 5 Liter/Minute via Nasal Cannula every shift A review of Resident #1 Progress Notes (PN), dated 01/05/2024 and located under the admission Summary indicated Resident #1 arrived to the facility (on 3pm-11pm shift on 01/04 2024), receiving oxygen at 5 liters/minute via nasal cannula. A review of Resident #1's Care Plan, admission Date 02/16/2024, noted no indication under Focus, that Resident #1 was care plan for the use of oxygen. During an interviewed with the surveyor on 3/11/2025 at 10:40 a.m., the Licensed Practical Nurse (LPN)#1/Unit Manager (UM) stated Resident #1 care plan should have been initiated upon admission or updated with any new diagnosis especially oxygen. This should have been initiated on care plan. The Surveyor reviewed the Care Plan with UM who further stated Oxygen, should have been mentioned on Care Plan. The UM stated she should have check and updated Resident #1's Care Plan upon return to facility on 01/05/2024. During an interviewed with the surveyor on 3/11/2025 at 11:41 A.M., the Director of Nursing (DON) stated it is the responsibility of the UM to update and reviewed care plan. The Surveyor reviewed Care plan for Resident #1 with DON, who stated Oxygen should have been documented on care plan. During an interviewed with the surveyor on 3/12/2025 at 2:40 P.M., the Licensed Nursing Home Administrator (LNHA) stated that Resident #1's care plan should have been updated by the UM to reflect resident's oxygen on 01/05/2024. (continued on next page)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the facility's policy titled Care Plans, Comprehensive Person-Centered, revised 03/2023, indicated under Policy Interpretation and Implementation that Assessments of residents are ongoing and care plans are revised as information about the residents and the resident's conditions change. NJAC 8:39-11.2(e) (h).

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident’s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** NJ00181366, NJ00175401. Based on observation, record review of the medical records, and other pertinent facility documents on 3/11/25 and 3/12/25, it was determined that the facility failed to ensure that a resident received care in accordance with professional standards of practice, 1.) failing to follow Physician's order; 2.) failing to monitor a resident that required continuous oxygen; and 3.) failing to ensure that a resident's oxygen concentrator was on . This deficient practice was identified for 1 of 6 residents, (Resident #1), reviewed for oxygen usages and was evidenced by the following: According to the admission Record, Resident #1 was admitted to the facility with diagnoses which included but not limited to: Acute and Chronic Respiratory Failure with Hypercapnia (the body can't adequately remove carbon dioxide, leading to a buildup in the blood), Pneumonia (lung infection) and Chronic Obstructive Pulmonary Disease (a group of lung diseases that cause progressive airflow obstruction and breathing difficulties). The Minimum Data Set (MDS), an assessment on 01/04/2024 Resident #1 was re-admitted to facility, on 2/05/2024 Resident #1 was discharge, return to facility on 2/16/2024 and discharge on [DATE]. Tool dated 12/17/23, indicated that Resident #1 had a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated that the Resident's cognition was intact. On 2/5/2024, the facility did an investigation. Findings were as followed: Statements from nurse and CNA, Inservices for CNA and Nurses. Conclusion : Staff will closely monitor resident upon return and ensure that concentrator is positioned out of reach. On 3/11/2025 at 12:30 p.m., the Surveyor reviewed Resident #1 Medical record which revealed the following: Physician Order, dated 01/05/2024 and located under the Orders tab of the EMR, indicated . Oxygen at 5 Liter/Minute via Nasal Cannula every shift On 3/11/2025 at 12:30 p.m., the Surveyor reviewed Resident #1 Progress Notes (PN), dated 01/05/2024 and located under the admission Summary indicated, Resident #1 arrived at the facility (on 3pm-11pm shift on 01/04 2024), receiving oxygen at 5 liters/minute via nasal cannula. On 3/11/2025 at 12:30 p.m., the Surveyor reviewed Resident #1's Care Plan, show no mention of Oxygen supplement on care plan. During an interviewed with the Surveyor on 3/11/2025 at 10:52 a.m., the Surveyor interviewed the Licensed Practical Nurse #1 (LPN), and she stated Resident # 1 was on continuous oxygen during the day and BIPAP at night and sometimes would take nasal cannula and BIPAP off. She further stated she was Resident #1 assigned nurse on 2/5/2025 on the 7-3 shift. The LPN stated on 2/05/2025, she clocks in at 7 a.m., got verbal report from 11pm-7 am shift nurse who stated, no changes with resident's during the night. At approximately 8 a.m., the LPN stated she walked in Resident #1's room to try to get his/her attention. She found the resident was unarousable, diaphoretic and nailbeds slightly blue, pulse oximeter (a devise clipped to a fingertip, estimate blood oxygen saturation) was at 50%. (continued on next page)

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F 0684 Level of Harm - Actual harm Residents Affected - Few	The LPN observed the oxygen concentrator was off, but was plugged in the socket in the wall. She immediately turned the concentrator on and placed BIPAP (a non-invasive ventilation therapy that provides pressurized air to help people with breathing difficulties) and placed it on Resident #1 face and called for assistance. During an interviewed with the Surveyor on 3/11/2025 at 11:41 a.m., the Director of Nursing (DON), stated she was aware of the incident and further stated resident could have turn off the machine. DON further stated the 11pm-7am nurse saw the resident at 6 a.m., during medication pass and stated machine was on. On 3/11/2025 at 11:50 a.m., the Surveyor was unable to reach the 11pm-7am. nurse. During an interviewed with the Surveyor on 3/12/2025 at 10:12 a.m., the LPN stated the oxygen concentrator was at the bed side (2 arm's length from the bed) towards the wall and the resident was unable to reach the concentrator and required 2-person assistance to turn from side to side. During an interviewed with the Surveyor on 3/12/2025 at 10:34 a.m., the CNA (Certified Nurse's Assistant) stated she was Resident #1 assigned CNA on 2/5/2025 on the 7-3 shift. Approximately at 7:30 a.m., during rounds she observed Resident #1 in bed covered up, oxygen tubing in nostrils, concentrator close to resident's bed side (1 arm Length). During an interviewed with the Surveyor on 3/12/2025 at 2:40 p.m., The Administrator stated rounds should be made when staff arrive on the floor, during medication pass and throughout the entire shift. Review of the facility's Oxygen Administration. Under: Preparation: 1. Verify there is a physician's order for this procedure. Review the physician's orders or facility protocol for oxygen administration. 1. Review the resident's care plan to assess for any special needs of the resident. Under:1. Steps in the Procedure: Check the tubing connected to the oxygen cylinder to assure it is free of kinks. 2. Adjust the oxygen delivery device so that it is comfortable for the resident and the proper flow of oxygen is being administrator. 3. Policy did not mention guideline on concentrator. Review of the facility's Physician Orders. Under: Policy Statement revealed: Licensed nurses will obtain, document and provide care and service in accordance with orders received from the physician. Under Policy, Interpretation and implementation revealed: 1. Nursing staff will carry out the physician orders as directed by the physician. (continued on next page)

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	315223	A. Building B. Wing	03/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avalon Rehabilitation and Healthcare Center	1059 Edinburg Road Hamilton, NJ 08690

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F 0684 Level of Harm - Actual harm Residents Affected - Few	2. The provision of care and services in accordance with the physician orders will be documented in accordance with professional standards of practice. NJAC 8:39-3.2a)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. NJ00181366, NJ00175401. Based on observation, interview, and record review it was determined that the facility failed to administer the correct oxygen dose as order according to the Physician's order for 1(Resident#2) of 6 resident reviewed for respiratory care and services. The deficient practice was evidenced by the following information: On 3/11/2025 at 10:10 a.m.,the Surveyor and Unit Manager (UM) entered Resident #2 room and observed resident in bed with nasal cannula out of both nostrils and concentrator towards the wall in resident room. According to the gauge on the concentrator (indicate how much oxygen was being delivered to the resident). The Surveyor observed the gauge at 3 liters of oxygen per minute. The Surveyor interviewed UM at this time, she confirmed the oxygen rate was set at 3 liter per minute. The UM left the room to check physician order, return with a new nasal cannula and placed it in resident's nostril's and connect it to the concentrator and confirmed Resident #2 physician ordered stated Oxygen at 2 Liter/Minute via Nasal Cannula every shift . The UM lower the gauge to 2 liters and monitor pulse oximeter (measure the oxygen level (oxygen saturation) of the blood) which read at 99 percent (%). (A 99% oxygen saturation reading, measured by a pulse oximeter, indicates that 99% of your red blood cells are carrying oxygen, which is considered a healthy and normal level). According to the admission Record, Resident #2 was admitted to the facility with diagnoses which included but not limited to: Acute Respiratory Failure with Hypoxia, (occur when the lungs fail to adequately oxygenate the blood), Acute and Chronic Respiratory Failure with Hypercapnia (buildup of carbon dioxide in the blood) and Chronic Obstructive Pulmonary Disease (lung condition caused by damage to the lungs). The Minimum Data Set (MDS), an assessment on, 02/25/2025, indicated that Resident #2 had a Brief Interview for Mental Status (BIMS) score of 6 out of 15, which indicated that the Resident's cognition severe cognitive impairment. A review of Resident #2 Physician Order, dated 03/08/2024 and located under the Orders tab of the EMR, indicated . Oxygen at 2 Liter/Minute via Nasal Cannula every shift . A review of the Resident's Care Plan (CP) initiated on 02/052025, revealed under Focus: that Resident #2 require supplemental oxygen r/t. Under Goal, indicated [resident] will remain free of symptoms and complications of low oxygen levels, such as shortness of breath, dizziness, tachycardia, headache through review date.; Under Interventions, included: Add humidity to oxygen as needed. Change tubing as per facility protocol. Monitor and document breath sounds, breathing patterns, and dyspnea with exertion or while lying flat. Report abnormal findings to physician or designee. Monitor skin on ears and nose for breakdown from oxygen tubing. Pad tubing as needed. Monitor vital signs, including pulse oximeter, as ordered and clinically indicated. Respiratory therapy consults as needed. On 3/11/2025 at 10:23 a.m., the Surveyor interviewed LPN #1 (License Practical Nurse), stated she saw Resident #2 approximately 8 a.m., and nasal cannula was in both nostrils but she did not check the gauge on the concentrator. The Surveyor and LPN #1 reviewed Resident #2 Medical Administration Record (MAR), and it indicated Oxygen at 2 Liter/Minute via Nasal Cannula every shift. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 3/11/2025 at 10:35 a.m., the Surveyor interviewed CNA (Certified Nurses Assistant) stated during rounds she observed oxygen tubing in Resident #2 nostrils and oxygen concentrator at bed side was working. On 3/12/2025 at 10:45 a.m., the Surveyor interviewed LPN #1, who stated she does not know what happen on 3/11/2025, but observed the concentrator by the wall (one arm length), and gauge on 2 liters. The LPN also stated that Resident #2 needed assistance with positioning from side to side. On 3/12/2025 at 1:30 p.m., the surveyor was approached by the Director of Nurses (DON) who further stated, the UM should have notified the Physician because the orders did not match. Review of the facility's policy for Physician Orders. Under: Policy Statement revealed: Licensed nurses will obtain, document and provide care and service in accordance with orders received from the physician. Under Policy, Interpretation and implementation revealed the following: 1. Nursing staff will carry out the physician orders as directed by the physician. 2. The provision of care and services in accordance with the Physician orders will be documented in accordance with professional standards of practice Review of the facility's Oxygen Administration. Under: Preparation: 1. Verify there is a physician's order for this procedure. Review the physician's orders or facility protocol for oxygen administration. 1. Review the resident's care plan to assess for any special needs of the resident. Under:1. Steps in the Procedure: Check the tubing connected to the oxygen cylinder to assure it is free of kinks. 2. Adjust the oxygen delivery device so that it is comfortable for the resident and the proper flow of oxygen is being administrator. NJAC 8:39-25.2