STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	315223	A. Building B. Wing	08/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avalon Rehabilitation and Healthcare Center	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 0656 Level of Harm - Actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. (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

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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 0656 Level of Harm - Actual harm Residents Affected - Few	Based on observation, interview, and review of pertinent facility documents on 8/7/25, it was determined that the facility failed to follow a resident's care plan interventions to provide safe transfer of a resident utilizing a mechanical lift. Resident #2 was assessed by the facility to weight bear as tolerated and required the use of a mechanical lift for transfers. On 3/11/2025, Resident #2 requested staff transfer the resident from a chair to their bed. The resident became anxious and did not want to wait for the mechanical lift to be transferred. Resident #2 began to slide themself forward from the chair. Two staff members transferred the resident to bed without the use of the mechanical lift. After this transfer occurred, the resident began to complain of pain and a diagnosis of fracture of right distal tibia/fibula was made. This deficient practice was identified for 1 of 2 residents reviewed for accidents (Resident #2). The deficient practice was evidenced by the following:According to an admission Record, Resident #2 was admitted to the facility with diagnoses that included but were not limited to: Muscle Wasting and Atrophy, Unspecified Mood (Affective) Disorder, Muscle Weakness (Generalized), History of Falling. According to the Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated 12/16/24, Resident #2 had a Brief Interview of Mental Status (BIMS) score of 15 out of 15, which indicated the resident had no cognitive impairment. According to a facility Reportable Event Record/Report (FRE) dated 3/17/2025, on 3/11/25, at approximately 4:45 PM while sitting in a wheelchair next to their bed, Resident #2 requested LPN #1 transfer him/her to bed. Resident #2 expressed anxiety and attempted to slide forward in the wheelchair, indicating [he/she] did not want to wait for the lift. LPN #1 and CNA #1 proceeded with transferring the resident back to bed without the Hoyer lift device. Resident #2 stated when I was being put to bed by nurse and other staff, my feet touched the floor and buckled under me, they lifted me so I wouldn't fall. The staff did not observe any distress by the resident. An X-ray of the resident's right ankle revealed Osteopenia with a non-displaced distal tibia and fibula fracture of unknown acuity. The resident was sent to the hospital. The FRE included that the right ankle fracture and cellulitis were likely a result of the incident where [his/her] feet touched the floor during the transfer .A Care Plan initiated on 3/29/2024 for Resident #2 included a Focus of I am at risk for falls r/t [related to] history of falling, medication use resistive to care, use of mechanical lift. Interventions for this focus included but was not limited to: Resident to be transferred via Hoyer Lift with two staff members assisting.A progress note (PN) dated 3/12/25 at 4:45 pm documented via Late Entry by LPN #1 revealed Resident #2 was sitting in a wheelchair next to his/her bed and asked to be put to bed at 4:15 pm. The resident was anxious and sliding themself forward in the wheelchair. LPN #1 called for another staff member for assistance in putting Resident #2 back to bed. The note further indicated Resident #2 did not verbalize complaints at the time.A PN dated 3/12/2025 timed at 6:36 pm included that the nurse and physician assessed Resident #2 related to complaints of pain to both feet. The resident had swelling to both ankles and feet. The right was more swollen than the left. The resident was unable to perform range of motion to extremities due to the resident's pain tolerance of being assessed. Resident voiced that when I was being put to bed by [the] nurse and [the] other staff man, my feet touched the floor [and] buckled under me, they lifted, [sic] so I wouldn't fall. Ice compresses and X rays were ordered. A PN dated 3/13/2025 timed at 6:52 am revealed Resident #2 returned from the hospital at 2:30 am with a soft cast to his/her lower right extremity. The resident was administered medication for pain. The Emergency Documentation discharge summary from the hospital diagnosed the resident as having cellulitis and a fracture of the right ankle.During an interview with the surveyor on 8/7/25 at 10:15 am, LPN #1, stated to keep resident from falling from the wheelchair, LPN #1 and CNA #1 assisted resident back to bed. The LPN #1 stated they were unsure if the resident's foot was injured during the transfer, but the Hoyer lift should have been used for the transfer, per policy. During an interview on 8/7/25 at 11:35 am the Director of Rehabilitation (DR) stated before the fracture, Resident #2 status was weight bearing as tolerated, was not ambulatory and required a Hoyer Lift to transfer. The DR further stated it is the facility policy for two staff to assist during transfer using a Hoyer Lift and if the resident was sliding, the staff would stabilize the resident first, then use the Hoyer lift for transfer. During an interview on 8/7/25 at 12:15 pm the Director of Nursing stated that per the Care Plan, Resident #2 required transfer by Hoyer lift with two persons to assist from bed to chair if resident unable to ambulate. A review of the facility's policy titled Care Plans, Comprehensive Person-Centered Revision Date March, 2022 under Policy Interpretation and Implementation 7. The comprehensive, person-centered care plan: b. describes the services that are to be furnished to attain or maintain the resident's highest practicable