

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  10/24/2025
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 0760  Level of Harm - Actual harm  Residents Affected - Few	Ensure that residents are free from significant medication errors.  (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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<p>F 0760</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Based on interview, record review and review of other pertinent documents, it was determined that the facility failed to ensure a significant medication error did not occur by failing to administer 14 doses of a physician ordered antihypertensive (medicine used to control high blood pressure) medication to a resident who was subsequently transferred to the hospital for uncontrolled hypertension on 8/12/25 and was diagnosed with a Hypertensive Emergency. This deficient practice was identified for 1 of 2 residents reviewed for change in condition (Resident #3) and was evidenced by the following: On 10/24/25 at 10:00 AM, the surveyor reviewed the electronic medical record for Resident #3 which revealed the following: An Emergency Department hospital record with a Physician (MD) History and Physical dated 8/12/2025 at 21:09 (9:09 PM) revealed: Chief Complaint: Patient presents via emergency medical service from [facility name redacted] for uncontrolled HTN (hypertension), blood pressure at facility was 200 [mmHg] (millimeters of mercury)/96 (normal range 120/80), Patient unsure if received blood pressure medications today. Patient also with edema (swelling) to both lower extremities. History of Present Illness: Past medical history of HTN, HFpEF (Heart failure with reduced ejection fraction- heart doesn't pump blood effectively and causes fluid to back up), who presented to the emergency room for evaluation of dizziness, generalized weakness, and markedly elevated blood pressure. The Assessment/Plan: 1. Hypertensive emergency (A clinical condition where severely high blood pressure causes organ damage and requires immediate treatment and hospitalization) . A Cardiology Progress Note, dated 8/14/25 at 12:11 PM and signed by the Advanced Practice Nurse revealed the patient presented from the nursing facility for uncontrolled HTN Blood Pressure 206-190/100, patient was unable to recall if had received HTN meds prior to arrival . HTN urgency resolved after IV (intravenous diuretic) and resumption of full GDMT (Guideline Directed Medical Therapy for patients with heart failure) . ? (question) compliance with prescribed medications- unclear why/how patient suddenly hypertensive if does take all medications as prescribed . A review of the facility Order Summary Sheet dated 7/25/25, revealed an order for Entresto Oral Tablet 24-26 MG (Sacubitril-Valsartan), Give 1 tablet by mouth two times a day for HTN, Start Date: 6/28/25. A review of the Medication Administration Record (MAR) dated August 2025 revealed the following: Entresto Oral Tablet, 24-26 MG (milligrams) (Sacubitril-Valsartan) Give 1 tablet by mouth two times a day; Start Date: 7/26/25 at 09:00 AM. The following Chart Codes/Follow- Up Codes (Legend) were listed on the MAR: (check mark) =Administered 22=Drug / Treatment Not Administered 5=Hold 2=Drug/Treatment Refused 6=hospitalized 11=ineffective. The scheduled administration hours were documented on the MAR as 9:00 AM and 17:00 (5:00 PM), and a review of the MAR and Progress Notes (PN) revealed the following: The 8/5/25 MAR entry for the 9:00 AM Entresto dose had a check mark for administered, and the 5:00 PM Entresto dose was coded 22 (not administered). A Progress Note, Effective Date: 08/05/2025 at 15:25 (3:25 PM) Type: Nursing Daily Skilled Pathway note documented by the Licensed Practical Nurse (LPN #1) revealed: Received resident awake and alert X3 (to person, place and time). Resident received medication as ordered without difficulty. While doing resident wound treatment, I noticed swelling in both of resident's legs and feet, pitting edema +3 (fluid in tissues that cause an indent when pressure applied). MD made aware. Resident is elevating legs and feet in bed. Resident is stable. There was no documentation that the MD was made aware of the Entresto that was not administered although LPN #1 documented a Type: eMar - Medication Administration Note Dated: 08/05/2025 at 16:40 (4:40 PM), Text: Entresto Oral Tablet 24-26 MG Give 1 tablet by mouth two times a day for prevention, and was documented, on order. The 8/6/25 and 8/7/25 MAR entry for both days at 9:00 AM and 5:00 PM were coded as 22 (not administered) for the Entresto. A Progress Note: Effective Date: 08/06/2025 at 08:29 (8:29 AM) Type: eMar - Medication Administration Note Text: Entresto Oral Tablet 24-26 MG, give 1 tablet by mouth two times a day for prevention and was documented by LPN #1 as on order. The 8/8/25 MAR entry for the 9:00 AM and 5:00 PM Entresto doses were both coded 5 (Hold), however, there was no corresponding physician order to hold the medication. A Progress Note: Type: eMar (Electronic - Medication Administration Note) Effective Date: 08/08/2025 at 14:19 (2:19 PM), revealed: Note Text: Entresto Oral Tablet 24-26 MG, give 1 tablet by mouth two times a day for prevention, and was documented as unavailable, and signed by a Registered Nurse (RN). Another eMar - Medication Administration PN, also Dated: 08/08/2025 at 17:28 (5:28 PM), Type: Note Text: Entresto Oral Tablet 24-26 MG, give 1 tablet by mouth two times a day was documented as unavailable. The 8/9/25 MAR entry for the 9:00 AM and 5:00 PM doses were both coded with a on the MAR to indicate the Entresto was Administered however, an RN Progress Note, Effective Date: 08/09/25 at</p>		