

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315291	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/22/2025
NAME OF PROVIDER OR SUPPLIER Avalon Rehab and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2020 Route 23 North Wayne, NJ 07470	

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 0576</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents have reasonable access to and privacy in their use of communication methods.</p> <p>Based on observation, interview and record review, it was determined that the facility failed to provide reasonable access to a telephone without being overheard. This deficient practice was identified for 1 of 3 residents reviewed, Resident#1, and as evidenced by the following: The surveyor reviewed the electronic medical record (EMR) for Resident #1.</p> <p>A review of the resident's admission Record (an admission summary) reflected that the resident was admitted to the facility with diagnoses which included but not limited to, schizophrenia (a long-lasting brain disorder that affect how people think logically) and mild intellectual disabilities (below average cognitive functioning).</p> <p>A review of the Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, with an assessment reference date (ARD) of 8/20/25, had a Brief Interview Mental Status (BIMS) score of 12 out of 15, which indicated the resident has moderate cognitive impairment.</p> <p>A review of the resident's Comprehensive Care Plan (CCP), a document that outlines a patient's healthcare needs and the nursing interventions required to meet those needs, dated 9/1/25, revised 10/17/25 revealed, under the behavior focus area, an entry reflecting the incident with interventions. The interventions section did not reflect an entry that the facility removed the telephone from the resident's room, or what substitute form of private communication the facility provided.</p> <p>On 10/22/25 at 11:15 AM, the surveyor observed Resident #1 was in low bed and did not verbalize care issues.</p> <p>At 1:10 PM, the survey team met and interviewed Employee #1 (E#1), who informed the surveyor that they were surprised of the allegation of Resident #1. E#1 further stated that the resident had history of calling 911 for non emergency situation and that the facility team had decided to remove the resident's phone in their room.</p> <p>At 1:20 PM the surveyor did not observe a phone in Resident #1's room.</p> <p>At 1:45 PM the surveyor interviewed the Unit Manager (UM) where Resident #1 resided. The UM stated that the Resident's Representative (RR) agreed to have the phone removed. The UM further stated that we let them use the phone at the nurse's station. The UM also confirmed that the care plan was not updated to reflect the plan for removing the phone in resident's room.</p> <p>At 1:47 PM, the surveyor interviewed a Licensed Practical Nurse (LPN), who stated that they (resident) could use the phone at the nurse's station.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315291	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/22/2025
NAME OF PROVIDER OR SUPPLIER Avalon Rehab and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2020 Route 23 North Wayne, NJ 07470	
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 0576</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>At 1:55 PM, the survey team met with the Licensed Nursing Home Administrator (LNHA), Director of Nursing (DON) and Regional Nurse for the above concerns. The DON stated that the RR of Resident #1 had agreed to remove the phone in room. The DON further stated that any resident can use the phone at the nurse's station. The facility management had no response when asked by the surveyor how the facility able to provide privacy and accommodation to the resident if resident would be using the phone in the nurse's station.</p> <p>On 10/22/25 at 2:10 PM, the surveyors met with the LNHA, DON, and Regional Nurse for an exit conference and there was no additional information provided by the LNHA.</p> <p>A review of the undated facility's Resident Rights Policy reflected, under 1f. Communicate with and access to people and services outside the facility. 1x. Communicate with outside agencies. 1ab. Access to a telephone. 1ac. Communicate in person and by mail, email and telephone with privacy.</p> <p>N.J.A.C. 8:39-4.1 (a)(20)</p>		