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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396058 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 11/07/2024 |
| NAME OF PROVIDER OR SUPPLIER Avalon Springs Place | | STREET ADDRESS, CITY, STATE, ZIP CODE 745 Greenville Road Mercer, PA 16137 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide and implement an infection prevention and control program.</p> <p>40177</p> <p>Based on review of facility policy, observation, and staff interview, it was determined that the facility failed to properly clean and prevent the potential for cross contamination during the use of a blood glucometer meter (BGM - a device to collect and measure the level of glucose [sugar] in the blood) for two of ten residents observed during the administration of medications (Residents R40 and R28).</p> <p>Findings include:</p> <p>Review of facility policy entitled Blood Glucose Monitoring dated 3/21/24, indicated Blood glucose meters will be cleaned and disinfected in between use</p> <p>Observation of medication administration on 11/04/24, between 4:10 p.m. and 4:30 p.m. revealed Licensed Practical Nurse (LPN) Employee E1 removed a BGM from the medication cart, entered Resident R40's room, obtained a blood glucose level, returned to the medication cart, and placed the meter in the medication cart. LPN Employee E1 proceeded to Resident R28's room, removed a BGM from the medication cart, entered Resident R28's room, obtained a blood glucose level, returned to the medication cart, and placed the meter in the medication cart.</p> <p>During an interview on 11/04/24, at 4:29 p.m. surveyor asked LPN Employee E1 if he/she would ever need to clean the BGM, and responded that the BGM was to be cleaned between each resident. LPN Employee E1 then proceeded to identify the approved cleansing wipes located in the medication cart. LPN Employee E1 further confirmed that he/she did not clean / disinfect the BGM as required between each resident during the observed medication administration process.</p> <p>28 Pa. Code 201.18(b)(1)(3) Management</p> <p>28 Pa. Code 211.10(c)(d) Resident care policies</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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