

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396075	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/29/2024
NAME OF PROVIDER OR SUPPLIER Avalon Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3410 W. Pittsburgh Rd New Castle, PA 16101	

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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22259</p> <p>Based on review of facility policy and clinical records and facility documentation, and staff interviews, it was determined that the facility failed to fully investigate an incident with injury for one of one residents reviewed (Resident R1).</p> <p>Findings include:</p> <p>Review of a facility policy entitled, Abuse Neglect Exploitation General Policy dated 5/12/23, revealed incidents in which a resident has been injured . should be promptly investigated. The policy indicated a list should be compiled of all witnesses and other persons who have knowledge of the event. Persons considered when interviewing/investigating would include person making the report, individuals alleged to have been involved in the incident, the resident if able and willing to be interviewed, staff on duty working on the unit during the time of the alleged incident, staff on duty working on another unit during the time on the incident that may have information about the incident, staff that may have contact with the resident before or after the period of the alleged incident, residents roommate, family members, visitors, other residents who receive care and services from the individuals alleged to have committed abuse or neglect and witness statements obtained should be filed with the investigation report.</p> <p>Review of Resident R1's clinical record revealed an admitted [DATE], with diagnoses that included breathing issues, osteoporosis (decrease in bone mass) high blood pressure, anxiety, depression and repeated falls.</p> <p>Review of a nurse's note dated 2/05/24, at 6:48 p.m. by Licensed Practical Nurse (LPN) Employee E1 revealed that Resident R1 stated that one of the girls was picking Resident R1 up earlier and putting Resident R1 in their chair and Resident R1's ribs hurt. The family was in and requested an x-ray of Resident R1's ribs. Nursing note written by LPN Employee E1 at 10:10 p.m stated x-ray in at 7:45 pm. LPN Employee E1 wrote at 10:44 that at 9:22 p.m. x-ray results revealed there were minimal buckle fractures of the lateral right third and fifth ribs and no acute fracture on the left rib cage.</p> <p>Review of the Employee Statement Form written on 2/5/24, by the Director of Nursing (DON) identified that Resident R1 was interviewed concerning the transfer incident. Resident R1 stated CNA (certified nurse aide) bear hugged the resident to transfer from the bed to chair and later in the day Resident R1 was experiencing pain and then reported it. Resident R1 unsure of CNA's name who transferred her.</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: 396075	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/29/2024
NAME OF PROVIDER OR SUPPLIER Avalon Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3410 W. Pittsburgh Rd New Castle, PA 16101	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The only other statements in the investigation were written by LPN Employee E1 who Resident R1's pain was reported to and the NA Employee E4 who cared for the resident during the day shift.</p> <p>Review of Resident R1's clinical record and documentation of incident investigation lacked evidence that a full investigation was completed. The information lacked statements from staff working during the timeframe when the alleged incident occurred in the morning until Resident R1 first complained of pain at 6:00 p.m.</p> <p>During an interview on 2/28/2024, at 2:20 a.m. the DON confirmed that the investigation completed on Resident R1's incident with injury was incomplete and should have been more thorough.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396075	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/29/2024
NAME OF PROVIDER OR SUPPLIER Avalon Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3410 W. Pittsburgh Rd New Castle, PA 16101	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22259</p> <p>Based on review of facility policy, clinical records, and facility documentation, and staff interviews, it was determined that the facility failed to provide a safe transfer in a manner that protected a resident from injury during a transfer, and resulted in actual harm when the resident received rib fractures that required medical treatment at a hospital for one of one residents reviewed (Resident R1).</p> <p>Findings include:</p> <p>Review of the facility policy, SRC-Safety-17.35 Transfers-ABC, dated 5/12/23, indicated to assist residents with movement from one surface to another .(1) verify resident's mobility needs .(3) determine the necessary amount of assistance needed in accordance with the plan of care.</p> <p>Review of the Job Description Professional CNA (Certified Nurse Assistant) revealed that the nurse aide will provide routine resident care and support services in accordance with established policies and procedures .</p> <p>Review of Resident R1's clinical record revealed an admitted [DATE], with diagnoses that included but not limited to breathing issues, osteoporosis (decrease in bone mass), high blood pressure, anxiety, depression and repeated falls.</p> <p>Review of Resident R1's initial Minimum Data Set (MDS-periodic assessment of resident care needs), assessment dated [DATE], revealed that Resident R1 was alert and oriented and his/her transfer status was an extensive assist, two-person physical assist.</p> <p>Review of the Physical Therapy Evaluation- Functional Evaluation MDS section revealed Resident R1 was a maximal assist of two for transfers bed to and from wheelchair.</p> <p>Review of the Potential for injury, trauma, falls care plan revealed Resident R1's transfer status was an assist by two persons. The Kardex (reference document for staff to know provision of care information) revealed Resident R1 was a transfer assist with two persons.</p> <p>Review of an incident report dated 2/05/24, at 6:48 p.m. revealed that Resident R1 complained of right rib pain and stated that the pain started after being transferred to their chair this morning. The resident had no falls or injuries recently.</p> <p>Resident R1's statement, written by the Director of Nursing on 2/05/24, revealed that Resident R1 stated the Nurse Aide bear hugged the resident to transfer the resident from bed to chair and later in the day was experiencing pain.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396075	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/29/2024
NAME OF PROVIDER OR SUPPLIER Avalon Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3410 W. Pittsburgh Rd New Castle, PA 16101	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a nurse's note dated 2/05/24, at 6:48 p.m., by Licensed Practical Nurse (LPN) Employee E1 revealed that Resident R1 stated that one of the girls was picking Resident R1 up and putting Resident R1 in their chair and Resident R1's ribs hurt. The LPN Employee E1 spoke with the resident and offered Tylenol. After family came in to visit and Resident R1's family member approached the nursing desk and stated that Resident R1 was complaining of rib pain and inquired whether Resident R1 had been checked and requested an x-ray. Nursing note written by LPN Employee E1 at 8:10 p.m. stated x-ray in at 7:45 pm. LPN Employee E1 wrote at 10:44 p.m. that at 9:22 p.m. x-ray results revealed that there were minimal buckle fractures of the lateral right third and fifth ribs and no acute fracture on the left rib cage.</p> <p>Review of a nurse's note dated 2/06/24, at 1:08 p.m. by LPN Employee E2 revealed Resident R1 was medicated for rib pain. Family called into the facility and requested Resident R1 be seen at the emergency room for evaluation and treatment of right rib fractures. Resident R1 was sent to the emergency room at 12:55 p.m.</p> <p>Review of the hospital Discharge Summary report dated 2/06/24, at 5:21 p.m. revealed that Resident R1's reason for the visit was broken ribs.</p> <p>Review of nurse's note dated 2/06/24, at 6:54 p.m. by LPN Employee E3 revealed Resident R1 returned to the facility. On the left side of chest there were mid lateral fractures of the fourth and fifth ribs with mild angulation.</p> <p>Review of a CT-scan completed at the hospital on 2/06/24, revealed there were subtle non-displaced fracture of the lateral left fourth and fifth ribs.</p> <p>Review of the Documentation Supervisor Counseling form conducted with Nurse Aide (NA) Employee E4, dated 2/07/24, revealed NA Employee E4's statement was that they did not look at the transfer status and that other people transfer Resident R1 with an assist of one.</p> <p>Review of information submitted by the facility dated 2/12/24, identified that Resident R1 is identified as a two-person assist with transfers and was transferred by only one staff.</p> <p>During an interview on 2/28/24, at 9:30 a.m. the Nursing Home Administrator confirmed that the staff person should not have transferred Resident R1 alone and that there should have been two staff during the transfer.</p> <p>The facility failed to provide a safe transfer that resulted in actual harm of rib fractures to Resident R1.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p> <p>28 Pa. Code 201.18(b)(1) Management</p> <p>28 Pa. Code 201.18(b)(3)(e)(1) Management</p> <p>28 Pa. Code 211.10(d) Resident care policies</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services</p>		