

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  10/24/2024
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>42655</p> <p>Based on review of facility policy and clinical records and resident, resident representative, and staff interviews, it was determined that the facility failed to assess and notify the resident's physician timely of a change in condition for one of four residents reviewed (Resident R1).</p> <p>Findings include:</p> <p>The facility policy entitled Acute Condition Changes - Clinical Protocol dated 4/24/24, revealed Before contacting a physician about someone with an acute change of condition, the nursing staff will collect pertinent details to report to the physician, for example, the history of present illness and previous and recent test results for comparison. Phone calls to attending or on-call physicians should be made by an adequately prepared nurse who has collected and organized pertinent information, including the resident/patient's current symptoms and status. The nursing staff will contact the physician based on the urgency of the situation. For emergencies, they will call or page the physician and request a prompt response (within approximately one-half hour or less). The attending physician (or a practitioner providing backup coverage) will respond in a timely manner to notification of problems or changes in conditions and status. The nursing staff will contact the medical director for additional guidance and consultation if they do not receive a timely or appropriate response.</p> <p>Resident R1 was admitted to facility on 9/20/24, with diagnoses that included muscle wasting and atrophy (decrease of muscles throughout the body), dysphagia (difficulty swallowing), lack of coordination, and cognitive communication deficit (having difficulty paying attention to conversation, staying on topic, and following directions).</p> <p>Resident R1's clinical record revealed the following progress notes dated:</p> <p>10/06/24, Robitussin Cough Chest Cong DM Oral Liquid 20-200 MG/20 ML Give 10 ml [milliliters] by mouth every 4 hours as needed for cough chest congestion no more than 6 admins in 24 hours. 10/09/24, Resident c/o harsh moist productive cough x 3 days, Robitussin is ineffective, and cough seems to be worsening. Faxed Dr. for further orders, awaiting reply.</p> <p>10/10/24, resident c/o cough and congestion stated, its been going for 4 days now, and the cough medicine is not working, supervisor made aware.</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  10/24/2024
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>10/15/24, pt [patient] complaint of ongoing cough. prn cough agent given to relieve symptoms. vs [vital signs] obtained and stable lungs sounds rhonchi [wheezing sounds] and productive cough noted.</p> <p>10/16/24, Refaxed Dr. regarding productive cough and scattered wheezes early this AM. Message left for follow up at this time, awaiting response.</p> <p>10/16/24, Resident alert and oriented, able to make needs known. Respirations easy, nonlabored. No s/s of respiratory distress noted. Lung sounds have scattered wheezes. VSS-97.7-84-135/64-22 SpO2 96% on RA. Resident states had a sinus CT previously that was negative. N.O. [new order] received per Dr.: CXR and albuterol BRTX every 6 hours as needed. Resident aware.</p> <p>10/16/24, N.O. received per Dr.: rapid covid test, if negative PCR test. Rapid covid test completed, and negative. To obtain PCR.</p> <p>10/20/24, Dr. into see patient this evening. Patient still has productive moist cough. Patient currently receiving ABX [antibiotics] treatment with Doxycycline d/t cough/wheezing. New orders for sputum C &amp; S. New orders to call Lincare tomorrow 10/21/2024 to have CPAP evaluated and order new pieces/masks.</p> <p>10/20/24, CXR showed RLL [right lower lobe] pneumonitis. Plan: Cont. doxycycline, prednisone as scheduled - Sputum C &amp; S. (Chest x-ray (CXR), Sputum culture and sensitivity (Sputum C &amp; S)).</p> <p>During an interview with Resident R1 and R1's family member on 10/15/24, at approximately 2:00 p.m., Resident R1's family member indicated the resident has been suffering with a harsh, moist, cough for approximately a week and a half. Resident R1 stated, I have this terrible cough and at times feel pretty awful and weak. There is no sense of urgency, and the doctor has not been into see me as promised several times, but I have seen him walking past my room a couple of times when he was in the building. I'm not sure if he has even been told how I have been feeling.</p> <p>Resident R1's clinical record lacked evidence that an acute condition change and/or a respiratory assessment was completed timely on 10/06/24, and followed by an appropriate physician notification and prompt response until 10/16/24. Resident R1's clinical record indicated the CXR ordered on 10/16/24, revealed findings of right lower lobe pneumonitis.</p> <p>During an interview on 10/16/24, at 1:10 p.m. the Regional Clinical Director confirmed the facility lacked evidence of an acute condition change and/or a respiratory assessment followed by prompt physician notification until 10/16/24, ten days after Resident R1's harsh, moist, productive cough started on 10/06/24.</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 211.2 (d)(3)(5) Medical director</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  10/24/2024
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42655</p> <p>Based on review of facility policy, clinical records, facility documentation, and the Long Term Care Facility Resident Assessment Instrument 3.0 User's Manual 2019 (RAI-assessment guide used to plan the provision of care for residents), observations, and resident and staff interviews, it was determined that the facility failed to ensure sufficient nursing staff to assure residents attain or maintain the highest practicable physical, mental, and psychosocial well-being for seven of 44 residents reviewed (Residents R1, R2, R3, R4, R5, R6, and R7).</p> <p>Findings include:</p> <p>A facility policy entitled, Activities of Daily Living (ADL), Supporting dated 4/24/24, revealed Appropriate care and services will be provided for residents who are unable to carry out ADL's independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with: hygiene (bathing, dressing, grooming, and oral care), mobility (transfer and ambulation, including walking), elimination (toileting), dining (meals and snacks), and communication (speech, language, and any functional communication systems).</p> <p>Review of the RAI manual instructions for Section C0500 Brief Interview for Mental Status (BIMS) revealed that a score of 13-15 identified a resident as cognitively intact and a score of 8-12 identified a resident as moderately impaired, and a score of 0-7 as severely impaired. appropriate response.</p> <p>Resident R2's clinical record revealed being admitted to facility on 8/11/23, with diagnoses that included muscle wasting and atrophy (decrease of muscles throughout the body), acute respiratory with hypoxia (a condition where there are dangerously low oxygen levels in the blood and lungs), diabetes mellitus (a condition in which the body has trouble controlling blood sugar and using it for energy), and hypothyroidism (a condition which the thyroid gland does not produce enough thyroid hormone). Resident R2's Minimum Data Set (MDS - a periodic assessment of care needs) Assessment Section C - Cognitive Patterns Section C0500 dated 10/11/24, revealed Resident R2 with a BIMS score of 15/15.</p> <p>Resident R2 's MDS 3.0 Section G dated 10/17/24, - Functional Status (Transfer-how resident moves between surfaces including to or from: bed, chair, wheelchair, standing position (excludes to/from bath/toilet) revealed Resident R2 was an extensive assistance with two or more persons physical assist for transfer.</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  10/24/2024
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 10/15/24, at 11:45 a.m., Resident R2 and his/her family member indicated that he/she is often awakened at 3 a.m. to get a shower. Resident R2 stated, I tell them, are you half crazy? I am not getting a shower now .it's the middle of the night. Resident R2's family member stated hospice staff typically give Resident R2 his/her shower thankfully, and the facility staff mark him/her as a refusal due to him/her telling them no since it is at 3 a.m Resident R2's family member further indicated that due to lack of staff, the midnight staff do showers/baths on midnight shift to help the day and afternoon staff. Resident R2 further indicated that he/she now stays in bed throughout the day, due to numerous times of getting out of bed and staying in his/her chair for long periods of time with increasing pain. Resident R2 further indicated he/she is not transferred back into bed from his/her chair timely per his/her desire due to lack of staff.</p> <p>Resident R1's clinical record revealed being admitted to facility on 9/20/2024, with diagnoses that included muscle wasting and atrophy, dysphagia (difficulty swallowing), lack of coordination, and cognitive communication deficit (having difficulty paying attention to conversation, staying on topic, and following directions). Resident R1's MDS Section C - Cognitive Patterns Section C0500 dated 9/23/24, revealed Resident R1 with a BIMS score of 15/15.</p> <p>During an interview on 10/15/24, at approximately 2:00 p.m. Resident R1 indicated that his/her roommate (Resident R7) sometimes waits two hours for his/her call bell to be responded to. At times, Resident R1 indicated he/she will have to go to the nurse's station and get someone to come help his/her roommate due to nobody coming into help him/her. Resident R1 further indicated that his/her roommate cannot get out of his/her bed or chair by himself/herself and needs assistance from staff. Resident R1 also indicated that due to lack of staffing, he/she sometimes must wait until 10 p.m. for a shower, after he/she has already fallen asleep and is then awakened late to get a shower.</p> <p>Resident R7's clinical record revealed being admitted to facility on 8/29/24, with diagnoses that included muscle wasting and atrophy. Resident R7's MDS Section C - Cognitive Patterns Section C0500 dated 9/25/24, revealed Resident R7 with a BIMS score of 15/15. During an interview with Resident R7 (roommate to Resident R1) on 10/15/24, at approximately 2:05 p.m., he/she confirmed Resident R1 (as previously noted in above notation) often goes out of their room to retrieve nursing staff to assist him/her to the bathroom and/or to get in/out of chair or bed. Resident R7 confirmed he/she often waits one to two hours to get assistance when he/she puts his/her call bell on. Resident R7 stated, Waiting two hours to go to the bathroom is just way too long. I just end up peeing in my pants.</p> <p>Resident R3's clinical record revealed being admitted to facility on 9/14/21, with diagnoses that included Alzheimer's disease (a disease of the brain affecting mood, decision making, and behavior), dislocation of left hip, high blood pressure, and protein calorie malnutrition (a nutritional status in which reduced availability of nutrients leads to changes in body). Resident R3's MDS Section C - Cognitive Patterns Section C0500 dated 8/12/24, revealed Resident R3 with a BIMS score of 99 due to resident is rarely/never understood and unable to complete interview.</p> <p>Resident R3's MDS 3.0 Section G dated 8/13/24, - Functional Status (Transfer-how resident moves between surfaces including to or from: bed, chair, wheelchair, standing position (excludes to/from bath/toilet) revealed Resident R3 was an extensive assistance with a two or more persons physical assist for transfer.</p> <p>Resident R3's physician orders dated 6/04/24, revealed resident to be out of bed to broda chair (type of positioning chair) for lunch and dinner.</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  10/24/2024
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observations on 10/15/24, at 11:28 a.m., 12:10 p.m. and 3:15 p.m. revealed Resident R3 laying in bed on his/her left side. Resident R3 was not observed out of bed for lunch on 10/15/24.</p> <p>Resident R4's clinical record revealed being admitted to facility on 9/09/24, with diagnoses that included muscle wasting and atrophy, hemiplegia (partial or total paralysis on one side of body) and hemiparesis (muscle weakness or partial paralysis of one side of the body) following cerebrovascular disease affecting left non-dominant side, open wound of lower back and pelvis, and mild cognitive impairment. Resident R4's MDS Section C - Cognitive Patterns Section C0500 dated 10/18/24, revealed Resident R4 with a BIMS score of 15/15, cognitively intact.</p> <p>Resident R4's MDS 3.0 Section G dated 10/17/24, - Functional Status (Transfer-how resident moves between surfaces including to or from: bed, chair, wheelchair, standing position (excludes to/from bath/toilet) revealed Resident R4 was an extensive assistance with a two or more persons physical assist for transfer.</p> <p>Observations on 10/15/24, at 11:35 a.m., 12:20 p.m. and 2:40 p.m. revealed Resident R4 laying in bed on his/her back.</p> <p>Resident R5's clinical record revealed being admitted to the facility on [DATE], with diagnoses that included muscle wasting and atrophy, diabetes mellitus, ulcerative colitis (a chronic inflammatory bowel disease), and depression. Resident R5's MDS Section C - Cognitive Patterns Section C0500 dated 8/07/24, revealed Resident R5 with a BIMS score of 13/15.</p> <p>Resident R5 's MDS 3.0 Section G dated 8/08/24, - Functional Status (Transfer-how resident moves between surfaces including to or from: bed, chair, wheelchair, standing position (excludes to/from bath/toilet) revealed Resident R5 was an extensive assistance with a two or more persons physical assist for transfer.</p> <p>Observations on 10/15/24, at 11:30 a.m., 12:15 p.m. and 3:20 p.m. revealed Resident R5 laying in bed on his/her back.</p> <p>Resident R6's clinical record revealed being admitted to facility on 11/17/23, with diagnoses that included kidney disease, high blood pressure, adult failure to thrive (a gradual decline in a person's physical and mental health), and atrial fibrillation (an irregular, often rapid heart rate that causes poor blood flow). Resident R6's MDS Section C - Cognitive Patterns Section C0500 dated 8/22/24, revealed Resident R6 with a BIMS score of 15/15, cognitively intact.</p> <p>Resident R6's MDS 3.0 Section G dated 8/27/24, - Functional Status (Transfer-how resident moves between surfaces including to or from: bed, chair, wheelchair, standing position (excludes to/from bath/toilet) revealed Resident R6 was an extensive assistance with a two or more persons physical assist for transfer.</p> <p>Observations on 10/15/24, at 11:28 a.m., 12:55 p.m. and approximately 3:30 p.m., revealed Resident R6 in bed laying on his/her back. An interview with Resident R6 on 10/15/24, at 2:15 p.m. indicated that he/she is reluctant to get out of bed due to sometimes he/she must sit in his/her chair for long periods of time, due to staff being too busy to get him/her back in bed. Resident R6 further indicated that he/she cannot sit in chair for long periods of time due to severe back pain, but enjoys getting out of bed if it is not for extended periods of time.</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  10/24/2024
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 10/15/24, at approximately 3:40 p.m. the Interim Director of Nursing (DON) confirmed Residents R3, R4, R5, and R6 were in bed laying as noted above, as they were observed earlier throughout day. The DON confirmed that residents should be turned/repositioned often and offered to get out of bed.</p> <p>28 Pa. Code 211.12 (d)(4)(5) Nursing services</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p> <p>28 Pa. Code 201.18(a)(3) Management</p>		