STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	396075	A. Building B. Wing	04/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avalon Care Center	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)
F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. Based on observations, and resident and staff interviews, it was determined that the facility failed to maintain an effective pest control program for one of two buildings that residents reside (Building One). Findings include: No facility policy provided. Observations on 4/13/26, at approximately 11:00 a.m. revealed seven windows open with no screens throughout Building One. During the time of observations, the Maintenance Director confirmed that the facility did not have screens for any windows, including the seven windows that were observed open in the facility. Interviews with Residents R1, R2, and R3 on 4/13/26, at 11:45 a.m. through 12:20 p.m. revealed that a snake was observed in a resident's room and hallway of Building One the evening of 4/09/26. Resident R1 and R2 further indicated that the snake likely came in through an open window due to no screens in the window, allowing pests to enter freely. Interview with the Nursing Home Administrator (NHA) on 4/13/26, at 2:35 p.m. confirmed that a snake was in the building on 4/09/26, and the facility was unaware of how the snake got in the building. The NHA further confirmed that windows can be readily opened throughout the facility, and the facility lacks screens for the windows of Building One and Building Two that could allow pests to enter through those areas. 28 Pa. Code 201.14 (a) Responsibility of licensee

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