

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 07/03/2024
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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40832</p> <p>Based on review of facility policy and clinical records, and staff interview, it was determined that the facility failed to ensure that a baseline care plan was developed and that a written summary of the baseline care plan was provided to the resident and/or the resident's representative for two of 21 residents (Residents R62 and R126).</p> <p>Findings include:</p> <p>A facility policy entitled Care Plans-Baseline dated 4/24/24, indicated a baseline plan of care to meet the resident's immediate health and safety need is developed for each resident within 48 hours of admission, and the resident and/or representative are provided a written summary of the baseline care plan in a language that the resident and/or representative can understand.</p> <p>Resident R62's clinical record revealed an admitted [DATE], with diagnoses including muscle wasting, high blood pressure, Type 2 Diabetes (impaired ability for the body to regulate and use sugar as a fuel), pancytopenia (overall decrease in all types of blood cells), and heart disease.</p> <p>Resident R62's clinical record lacked evidence that a baseline care plan was developed within 48 hours of admission and that a written summary was provided to the resident and/or representative.</p> <p>Resident R126's clinical record revealed an admitted [DATE], with diagnoses including Type 2 Diabetes, stroke, heart disease, kidney disease, and dementia.</p> <p>Residents R126's clinical record lacked evidence that a baseline care plan was developed within 48 hours of admission and that a written summary was provided to the resident and/or representative.</p> <p>During an interview on 7/02/24, at 2:48 p.m. the Nursing Home Administrator confirmed that there was no evidence that a baseline care plan was developed, and a written summary provided to Residents R62, and R126 and/or their representatives.</p> <p>28 Pa Code 211.12(d)(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.

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 07/03/2024
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42655</p> <p>Based on review of facility policy and clinical records, and resident representative and staff interviews, it was determined that the facility failed to follow professional standards of care by a lack of timely physician notification for one of 21 residents reviewed (Resident R41).</p> <p>Findings include:</p> <p>Review of facility policy, Radiology, dated 4/24/24, stated The facility will ensure all x-ray/diagnostic testing will to done and reported to the medical provider in a timely manner. All positive x-ray/diagnostic results will have immediate MD/NP notification.</p> <p>Resident R41's clinical record revealed an admitted [DATE], with diagnoses of anxiety, depression, muscle wasting and atrophy (a decrease in size of muscle tissue and mass), and pneumonia.</p> <p>Review of Resident R41's physician orders dated 6/25/24, revealed an order to obtain a follow-up chest x-ray (PA and Lateral) (a diagnostic study of images of the inside of your body).</p> <p>Clinical records for Resident R41 dated 6/25/24, revealed a chest x-ray for follow-up of pneumonia and dyspnea with findings of Only limited improvement with residual small to modest left basilar pleural effusion (buildup of fluid between tissues that line the lungs and chest), compared to 8 days earlier. Physician documentation noted on the x-ray report dated 6/27/24, revealed order for pt - Ct Chest No IV dye.</p> <p>An interview with Resident R41's resident representative on 6/30/24, at approximately 11:15 a.m. revealed Resident R41 received a chest x-ray per physician order for pneumonia on 6/25/24, but the physician was not notified for several days later.</p> <p>An interview with Registered Nurse Employee E2 on 7/02/24, at 11:15 a.m. confirmed the x-ray findings as noted above was not relayed to Resident R41's physician until 6/27/24, but was ordered and obtained on 6/25/24.</p> <p>During an interview on 7/02/24, at 11:20 a.m. the Nursing Home Administrator confirmed the facility nursing staff were unaware the chest x-ray as noted above was not relayed to the physician until 6/27/24, and that Resident R41's physician should have been notified on 6/25/24.</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 07/03/2024
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42655</p> <p>Based on review of facility policy and clinical records, observations, and staff interview, it was determined that the facility failed to provide appropriate urinary catheter (a tubing inserted into the bladder to drain urine into a bag) care for one of 21 residents reviewed (Resident R14).</p> <p>Findings include:</p> <p>Review of facility policy, Catheter Care, Urinary, dated 4/24/24, revealed Maintaining Unobstructed Urine Flow 1. Check the resident frequently to be sure he or she is not lying on the catheter and to keep the catheter and tubing free of kinks. 2. Unless specifically ordered, do not apply a clamp to the catheter. 3. Position the drainage bag lower than the bladder at all times to prevent urine from flowing back into the urinary bladder.</p> <p>Resident R14's clinical record revealed an admitted [DATE], with diagnoses of depression, BPH (benign prostatic hyperplasia is an enlarged prostate and cause problems with urination in a man), CKD (chronic kidney disease is a longstanding disease of the kidneys), and need for a suprapubic catheter (a surgically created connection between the urinary bladder and the skin used to drain urine from the bladder in individuals with obstruction of normal urinary flow).</p> <p>Resident R14's physician orders dated 5/29/24, revealed Resident R14 was to have a Foley Catheter (18) French, (10) CC (cubic centimeters) balloon, change every 30 days, Suprapubic catheter/Changed by urology, and ensure Foley Catheter Care was done every shift and catheter is secured to leg.</p> <p>Observations on 7/01/24, at 10:30 a.m. revealed Resident R14 laying in bed on his/her back with the catheter bag in bed near the resident's feet entangled with the bed linen. Further observations on 7/01/24, at 1:00 p.m., 2:05 p.m. and 3:00 p.m. revealed the same as noted prior.</p> <p>An interview with Registered Nurse Employee E2 on 7/01/24, at 2:05 p.m. confirmed Resident R14's catheter was laying in bed near Resident R14's feet and was not positioned safely below Resident R14's bladder to prevent urine from flowing back into the urinary bladder. A further interview on 7/01/24, at 3:15 p.m. with the Regional Clinical Director confirmed Resident R14's catheter bag was unsafely placed as noted prior above.</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 07/03/2024
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41309</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 10 of 21 residents reviewed (Residents R14, R20, R61, R9, R19, R29, R36, R43, R57 and R177).</p> <p>Findings include:</p> <p>Review of a facility policy entitled Activities of Daily Living (ADL), Supporting with a revision date of March 2018, and a policy review date of 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.</p> <p>Resident R20's clinical record revealed an admitted [DATE], with diagnoses of cognitive communication deficit (trouble participating in conversations), parkinsons (disorder of the central nervous system that affects movement, often including tremors), protein- calorie malnutrition (overall lack of calories and protein deficiency the body needs to function), and dementia (disease of the brain that affects mood, behavior, and decision making).</p> <p>Resident R20's Minimum Data Set (MDS- a periodic assessment of care needs) Section C - Cognitive Patterns Section C0500 dated 6/20/24, revealed Resident R20 with a BIMS score of 99 due to resident is rarely/never understood and unable to complete interview. Resident R20's MDS 3.0 Section G dated 6/20/24, - Functional Status (Transfer-how resident moves between surfaces including to or from: bed, chair, wheelchair, standing position (excludes to/from bath/toilet) revealed Resident R20 as an extensive assistance with a two or more persons physical assist for transfer.</p> <p>Resident R20'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>Observations on 6/30/24, at 11:10 a.m., 12:35 p.m. and 3:45 p.m. revealed Resident R20 laying in bed on his/her right side. Further observations on 7/01/24, at 10:00 a.m. and 12:15 p.m revealed Resident R20 laying on his/her back in bed. On 7/02/24, at 10:05 a.m, 11:20 a.m. and 12:40 p.m. revealed Resident R20 laying in bed on right side. Resident R20 was not observed out of bed for meals on 6/30/24, 7/01/24, or 7/02/24.</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 07/03/2024
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>Resident R61's MDS Section C - Cognitive Patterns Section C0500 dated 6/20/24, revealed Resident R61 with a BIMS score of 15/15, cognitively intact. Resident R61's MDS 3.0 Section G dated 6/20/24, - Functional Status (Transfer-how resident moves between surfaces including to or from: bed, chair, wheelchair, standing position (excludes to/from bath/toilet) revealed Resident R61 as an extensive assistance with a two or more persons physical assist for transfer.</p> <p>Observations on 6/30/24, at 11:05 a.m., 12:55 p.m. and 3:40 p.m., revealed Resident R61 in bed laying on his/her back with a hospital gown on. Observations on 7/02/24, at 10:00 a.m., 11:20 a.m. and 12:45 p.m. revealed Resident R61 laying in bed in same position on his/her back. An interview with Resident R61 on 7/02/24, at 12:45 p.m. indicated he/she is reluctant to get out of bed due to sometimes he/she has to sit in his/her chair for long periods of time, due to staff being too busy to get him/her back in bed. Resident R61 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. Resident R61 stated, I love to get out of bed, but just want to get back into bed when my back starts to hurt.</p> <p>An interview with the Director of Nursing (DON) on 7/02/24, at 12:50 p.m. confirmed Residents R20 and R61 were in bed laying as noted above, as they were observed throughout morning and afternoon hours. The DON confirmed that Resident R20 and R61 should be turned/repositioned often and offered to get out of bed.</p> <p>Resident R14's clinical record revealed an admitted [DATE], with diagnoses of depression, BPH (benign prostatic hyperplasia is an enlarged prostate and cause problems with urination in a man), CKD (chronic kidney disease is a longstanding disease of the kidneys), and need for a suprapubic catheter (a surgically created connection between the urinary bladder and the skin used to drain urine from the bladder in individuals with obstruction of normal urinary flow).</p> <p>Resident R14's MDS Section C - Cognitive Patterns Section C0500 dated 6/20/24, revealed Resident R14 with a BIMS score of 9, moderately impaired. Resident R14's MDS 3.0 Section G - Functional Status (Transfer-how resident moves between surfaces including to or from: bed, chair, wheelchair, standing position (excludes to/from bath/toilet) revealed Resident R14 as an extensive assistance with a two or more persons physical assist for transfer.</p> <p>Resident R14's physician orders dated 5/29/24, revealed Resident R14 was to be out of bed for all meals.</p> <p>Observations on 7/01/24, at 10:30 a.m. revealed Resident R14 laying in bed on his back with the catheter bag (collection bag for urine) in bed near the resident's feet entangled with the bed linen. Further observations on 7/01/24, at 1:00 p.m., 2:05 p.m. and 3:00 p.m. revealed the same as noted prior. Resident was not observed out of bed for meals on 7/01/24, and 7/02/24.</p> <p>An interview with Registered Nurse (RN) Employee E2 on 7/01/24, at 2:05 p.m. confirmed Resident R14 was laying in bed on his/her back with the catheter bag near his/her feet entangled with the bed linen. A further interview on 7/01/24, at 3:15 p.m. with the Regional Clinical Director confirmed Resident R14 should be repositioned often throughout day including the safe positioning of the catheter bag.</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 07/03/2024
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 a resident interview on 6/30/2024, at 2:12 p.m. Resident R29 voiced concerns that there are frequently long waits for call bell responses. Particularly about two nights prior, Resident R29 called to get assistance to use the restroom and waited over an hour with no assistance. Staff try to do their best, but they need more help to assist residents and provide care. Resident R29 also stated that newer staff members are not trained properly and have to work too fast. They don't clean residents up properly. Resident R29 revealed this has been a problem in the last month since the facility was taken over by new management.</p> <p>During a resident interview on 6/30/2024, at 2:22 p.m. Resident R57 voiced concerns that the facility does not have enough nursing staff. Resident R57 revealed that about two nights ago there was only one nurse aide on duty and there was a one or two hour wait to get assistance for incontinence care resulting in Resident R57 laying in urine for long periods of time. There are frequently long waits for assistance and care due to not enough staff. Resident R57 revealed that breakfast meals are frequently cold by the time they get to the residents because there are not enough staff to deliver the food trays to residents.</p> <p>During a resident interview on 6/30/2024, at 2:33 p.m. Resident R177 voiced concerns that there are frequent waits for staff assistance when calling on the call bell. In particular, at nights and weekends. Resident R177 revealed that about two nights prior there was very low staffing overnight and waited two hours for assistance when calling on the call bell.</p> <p>During a resident interview on 6/30/2024, at 2:40 p.m. Resident R43 voiced concerns that there is not enough staff to accommodate resident needs and frequently wait over an hour when calling for assistance depending on how many staff are working.</p> <p>During a Resident Council meeting on 7/1/2024, from 10:30 a.m. through 11:30 a.m. Residents R9, R19, R29, R36, R43, and R57 voiced concerns with insufficient nursing staff, elicited complaints of extended wait times for call lights to be answered and untimely assistance with toileting/personal care and general assistance.</p> <p>Review of Resident Council minutes for April, May, and June of 2024, revealed resident concerns that there are long wait times to get assistance from staff when ringing the call bells, or staff answering the bells, and turning them off then come back when they are done working with other residents due to not enough staffing.</p> <p>28 Pa. Code 211.12 (d)(4) Nursing services</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p> <p>28 Pa. Code 201.18(a)(3) Management</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 07/03/2024
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>41309</p> <p>Based on review of facility policy, manufacturer's instructions, observations and staff interview, it was determined that the facility failed to label one multi-dose vial of Tubersol tuberculin purified protein derivative (PPD-testing solution for tuberculosis) injection, and three pens of insulin with the date it was opened in one of two medication storage rooms and two of two medication carts observed (Building One medication storage and medication cart one Building One and [NAME] Cart Building Two).</p> <p>Findings include:</p> <p>Review of manufacturer's instructions for Tubersol-tuberculin PPD Vials revealed A vial of Tubersol which has been entered and in use for 30 days should be discarded. Do not use after expiration date.</p> <p>Review of manufacturer's instructions for Lantus insulin glargine injection pens revealed in use opened 3 ml (milliliter) single-patient-use SoloStar prefilled pen 28 days room temperature only (Do not refrigerate).</p> <p>Review of facility policy entitled Storage of Medications, with a policy review date of 4/24/2024, revealed that The facility stores all drugs and biologicals in a safe, secure, and orderly manner. Drug containers that have missing, incomplete, improper, or incorrect labels are returned to the pharmacy for proper labeling before storing. Discontinued, outdated, ore deteriorated drugs or biologicals are returned to the dispensing pharmacy or destroyed.</p> <p>Review of facility policy entitled Labeling of Medication Containers, with a policy review date of 4/24/2024, revealed that All medications maintained in the facility are properly labeled in accordance with current state and federal guidelines and regulations.</p> <p>Observations of the Building Two [NAME] Hall medication cart on 7/2/24, at approximately 11:00 a.m. revealed that one pen of insulin Lispro was opened and was currently in use, but not labeled with the opened date. During the time of observation it was confirmed by Licensed Practical Nurse (LPN) Employee E3 that one pen of insulin Lispro was opened for use with no opened or use-by date. There was no way of knowing if the pen was within the proper time frame for use.</p> <p>Observations of the Building One medication cart one on 7/2/24, at approximately 11:30 a.m. revealed that two pens of insulin Lantus were opened and currently in use, but not labeled with the opened date or use by. During the time of observation it was confirmed by Registered Nurse (RN) Employee E4 that two pens of insulin Lantus was opened for use with no opened or use-by date. There was no way of knowing if the pens were within the proper time frame for use.</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 07/03/2024
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observations of the Building One medication storage room refrigerator on 7/2/24, at approximately 11:45 a. m. revealed that one vial of Tubersol-tuberculin PPD Vials was opened and currently in use, but not labeled with the opened date or use by. During the time of observation it was confirmed by Director of Nursing (DON) that vial of Tubersol-tuberculin PPD was opened for use with no opened or use-by date. There was no way of knowing if the vial was within the proper time frame for use.</p> <p>At the time of the observation, the Director of Nursing confirmed that the one undated multi-dose vial of Tubersol, and three pens of insulin were opened, in use daily, and should have been labeled with the date opened and use-by dates for safe administration.</p> <p>28 Pa. Code 211.10(c)(d) Resident care policies</p> <p>28 Pa. Code 211.12(d)(1)(3) 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 07/03/2024
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 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Dispose of garbage and refuse properly.</p> <p>42655</p> <p>Based on a review of facility policy, observations, and staff interview, it was determined that the facility did not ensure the garbage and refuse was disposed of properly.</p> <p>Findings include:</p> <p>Review of facility policy, Disposal of Garbage and Refuse, dated 4/24/24, revealed The facility shall properly dispose of kitchen garbage and refuse. Refuse containers and dumpsters kept outside the facility shall be designed and constructed to have tightly fitting lids, doors, or covers. Containers and dumpsters shall be kept covered when not being loaded. Surrounding area shall be kept clean so that accumulation of debris and insect/rodent attractions are minimized.</p> <p>Observations on 6/30/24, at 9:45 a.m. revealed three outside dumpsters with lids open and damaged. Garbage was observed hanging over dumpster and on ground. Further observations on 7/01/24, at 1:30 p.m. revealed dumpster lids open and damaged allowing dumpster not to be covered. Garbage was observed on ground.</p> <p>An interview with the Dietary Manager on 7/01/24, at 1:30 p.m. confirmed that the dumpster lids should always be closed, and tightly fitted and surrounding area should be free from garbage to prevent insect/rodents to be attracted to area.</p> <p>28 Pa. Code 201.18(b)(3) Management</p>		