

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415060	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER Avalon Nursing Home Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 57 Stokes Street Warwick, RI 02889	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47939</p> <p>Based on record review and staff interview, it has been determined that the facility failed to ensure that all alleged violations involving abuse, including injuries of unknown source are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or, no later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to other officials (Rhode Island Department of Health- RIDOH), in accordance with State law, for 2 of 2 residents reviewed for allegations of abuse, Resident ID #s 1 and 2.</p> <p>Findings are as follows:</p> <p>Record review of a facility policy last revised in January of 2024 titled, Reporting Patient Abuse states in part, This facility will report all cases of suspected or actual abuse or neglect to the Department of Health .Any person that has reason to believe that a .resident has been abused, neglected or mistreated should contact the .DNS [Director of Nursing Services .at the time of the incident. In turn, the incident will be reported to the Department of Health .in written format within 2 hours of the suspicion and/or incident .</p> <p>1. Record review of a facility reported incident submitted to the RIDOH on 8/22/2024 at 3:54 PM, alleges that on 8/21/2024 at 12:45 PM, Resident ID #1 was in tears and alleged Staff A of inappropriate sexual behaviors with him/her.</p> <p>Record review failed to reveal evidence that this allegation of sexual abuse was reported to the RIDOH within 2 hours as required.</p> <p>Record review revealed Resident #1 was admitted to the facility in February of 2024 with diagnoses including, but not limited to, heart failure and myocardial infarction (heart attack).</p> <p>Record review of a Quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status score of 12 out of 15, indicating moderately impaired cognition.</p> <p>During a surveyor interview on 8/29/2024 at 12:25 PM with the Minimum Data Set Assessment Coordinator, she revealed that on 8/21/2024 Resident ID #1 had revealed that Staff A, had touched Resident ID #1 in all the right places while in the shower. Additionally, she revealed she informed the DNS immediately.</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
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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. Record review of a facility reported incident submitted to the RIDOH on 8/14/2024, alleges that on 8/4/2024 Staff B squeezed Resident ID #2's left leg causing him/her pain.</p> <p>Record review failed to reveal evidence that this allegation of staff to resident abuse was reported to the RIDOH within 2 hours as required.</p> <p>Record review revealed Resident ID #2 was admitted to the facility in March of 2021 with diagnoses including, but not limited to, acute kidney failure and acquired absence of the right foot and other toes of the left foot.</p> <p>Record review of a Quarterly MDS assessment dated [DATE], revealed a Brief Interview for Mental Status score of 15 out of 15, indicating intact cognition.</p> <p>During a surveyor interview on 8/29/2024 at 11:56 AM with the resident s/he revealed that this incident occurred a few weeks ago with Staff B. Resident ID #2 stated that Staff B squeezed his/her left leg causing him/her pain.</p> <p>During a surveyor interview on 8/29/2024 at 12:52 PM, with the DNS, he acknowledged that he was made aware of Resident ID #1's sexual abuse allegation on 8/21/2024 and Resident ID #2's allegation of staff to resident abuse on 8/4/2024. Additionally, he acknowledged that he did not report the allegations to the RIDOH or other officials within 2 hours as required.</p>