

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505126	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/25/2024
NAME OF PROVIDER OR SUPPLIER Avalon Health & Rehabilitation Center - Pasco		STREET ADDRESS, CITY, STATE, ZIP CODE 2004 N 22nd Avenue Pasco, WA 99301	

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 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 00242</p> <p>Based on interviews and record review, the facility failed to issue a written notice of bed hold (holding or reserving a resident's bed while the resident was absent from the facility) at the time of hospital transfer for 3 of 3 residents (Resident 1, 2, 3) reviewed for hospital transfers. This failure placed residents at risk for lack of knowledge regarding their right to hold their bed while in the hospital and the cost of holding the bed.</p> <p>Findings included .</p> <p>Review of a facility policy titled, Admission, Transfer and Discharge Notice of Bed Hold Policy Before/Upon Transfer, revised 11/2018, showed the facility would provide written information to the resident or resident representative the bed payment policy, length of bed hold, and information related to the resident's return to the facility. The information would be provided to the resident and the resident representative before a transfer and at the time of the transfer of a resident for hospitalization . The information would be provided to the resident, regardless of payment source. The notice would be provided to the resident and the representative at the time of transfer or within 24 hours if the transfer was an emergency.</p> <p><Resident 1></p> <p>Review of the medical record showed Resident 1 was admitted to the facility on [DATE]. Review of Resident 1's comprehensive assessment, dated 06/04/2024, showed they had no cognitive deficits. Review of progress notes showed Resident 1 was transported to the hospital on 05/24/2024 for complaints of chest pain. The resident returned to the facility on [DATE].</p> <p>Review of the facility Authorization to Reserve Room/Bed form, dated 05/24/2024 at 10:30 AM, showed Resident 1 wanted to reserve their room/bed. The form had been discussed verbally by Staff A, Licensed Practical Nurse (LPN)/Resident Care Manager (RCM). There was no signature by Resident 1 on the form.</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 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 09/17/2024 at 10:15 AM, Resident 1 stated they had received a bill from the facility for the four days they spent in the hospital totaling \$1720.00. The resident stated they never received anything in writing from the facility regarding holding their bed at the time of transfer or during their hospitalization . Resident 1 stated they had called the facility from the hospital to ensure they could return, but staff never said anything about being charged for the room. The resident stated if they had known they would have to pay to hold their room they would have made arrangements to have their belongings removed while in the hospital and then either return to the facility or another facility.</p> <p>On 09/25/2024 at 1:10 PM, Staff A stated they had called Resident 1 while they were in the hospital and verbally explained the bed hold policy and charges. The resident stated at that time they wanted their bed held. On 09/25/2024 at 4:09 PM, Staff A stated they had not been giving residents and/or representatives anything in writing regarding bed hold information. Staff A stated, not a practice facility was currently doing.</p> <p><Resident 2></p> <p>Review of the medical record showed Resident 2 was admitted to the facility on [DATE]. Review of Resident 2's comprehensive assessment, dated 08/09/2024, showed they had no cognitive impairments.</p> <p>Review of progress notes, dated 09/07/2024 at 11:19 PM, showed Resident 2 was transported to the hospital due to respiratory distress. Resident 2 was readmitted to the facility on [DATE].</p> <p>Review of the facility Authorization to Reserve Room/Bed form, dated 09/07/2024 with no time documented, showed a verbal consent was obtained by a staff member from Resident 2 declining their bed to be held while in the hospital. There was no signature by Resident 2 on the form.</p> <p>On 09/25/2024 at 1:50 PM, Resident 2 stated staff did not explain the bed hold policy to them, nor had they received anything in writing regarding holding their bed while they were in the hospital.</p> <p><Resident 3></p> <p>Review of the medical record showed Resident 3 was admitted to the facility on [DATE]. Review of Resident 3's comprehensive assessment, dated 08/04/2024 showed they had intact cognition.</p> <p>Review of progress notes, dated 09/16/2024 with no documented time, showed the resident was transported to the hospital for a scheduled surgical procedure. Progress notes, dated 09/16/2024 at 2:06 PM (documented as a late entry), showed Staff B, LPN/RCM, had verbally explained the bed hold procedure with Resident 3 and they did not want their bed held.</p> <p>Review of the facility Authorization to Reserve Room/Bed form, dated 09/16/2024 at 9:00 AM, showed a verbal consent was obtained from Resident 3 declining the facility to hold their bed. There was no signature on the form by Resident 3.</p> <p>During an interview on 09/27/2024 at 10:12 AM, Staff B stated they had received a verbal statement by Resident 3, prior to them leaving for the hospital declining their bed be held while in the hospital. Staff B stated they did not provide anything to Resident 3 in writing regarding bed hold information.</p> <p>(continued on next page)</p>		

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F 0625 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Reference: (WAC) 388-97-0120(4) This is a repeat deficiency from the Statement of Deficiencies dated 04/23/2024.		