

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 12/19/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</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 notify administrative staff and law enforcement in a timely manner when 1 of 1 resident (Resident 1) did not return to the facility. This failed practice placed Resident 1 at risk for serious injury and/or exposure to the elements.</p> <p>Findings included .</p> <p>Review of the facility policy titled, Actions for a Suspected Resident Elopement, dated 06/2019, showed the charge nurse would initiate a search of the facility and facility grounds. If a thorough search does not locate the missing resident, the Charge Nurse would notify administrative staff (Administrator and Director of Nursing), resident representative and resident's physician. Administrative staff would notify the local law enforcement.</p> <p>On 12/19/2024 at 12:24 PM, Staff A, Administrator stated the facility elopement policy was being changed by the corporation to missing resident with no changes in the policy.</p> <p><Resident 1></p> <p>Review of the medical record showed Resident 1 was admitted to the facility on [DATE] with diagnoses which included stroke, chronic respiratory failure and diabetes. Review of Resident 1's comprehensive assessment, dated 10/24/2024, showed they had no cognitive impairments. Review of Progress Notes (PNs), dated 11/13/2024 at 2:26 PM, showed Resident 1 was independent with turning in bed, transfers, eating, toileting and walking.</p> <p>Review of PNs dated 11/14/2024 at 8:46 AM, showed Resident 1 had signed out on the facility Sign Out/Sign In log at 5:30 PM on 11/13/2024 to leave the facility with an expected return time of 6:30 PM on 11/13/2024. The resident's spouse was called at 8:33 AM on 11/14/2024 as Resident 1 had been missing from the facility since the evening of 11/13/2024. The resident's spouse hung up the phone as they did not have time to talk. A second phone call to the spouse on 11/14/2024 at 8:49 AM, showed they did not know the whereabouts of Resident 1. Review of PNs dated 11/14/2024 at 10:25 AM, showed the day shift Licensed Nurse notified local law enforcement and the resident's physician (approximately 16 hours following the stated time Resident 1 documented they would return to facility).</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: 505126	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 12/19/2024 at 9:05 AM, Staff B, Licensed Practical Nurse, stated Resident 1 was already gone when they reported to work a 12 hour shift beginning at 6:00 PM on 11/13/2024. Staff B stated they were unaware Resident 1 had signed out of the facility until they went to administer medications to Resident 1 at approximately 7:00 PM on 11/13/2024. Staff B stated at midnight on 11/14/2024 they tried to contact the resident's spouse but there was no answer. Staff B they then got busy administering medications to residents. Staff A was not notified until the next morning (11/14/2024) when the day shift Licensed Nurse reported to work. Despite Resident 1 missing from the facility throughout Staff B's shift Staff B did not ensure law enforcement and administration was notified in a timely manner.</p> <p>Reference (WAC) 388-97-1060(3)(g)</p>		