

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 12/23/2025
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)
F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement policies and procedures to prevent abuse, neglect, and theft. (continued on next page)

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 12/23/2025
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Based on interview and record review, the facility failed to implement policies and procedures related to screening potential staff to ensure the protection of residents against abuse, neglect, misappropriation, and exploitation, as shown by review of Notification of Background Check (BGC) Result forms for 5 of 6 contracted (agency) nursing staff (Staff C, D, E, F, and G) reviewed for criminal background checks. This failure allowed staff unsupervised access to residents without a valid criminal background check, placing the residents at risk for abuse, neglect, misappropriation, and exploitation. Findings included . Review of the guidelines titled, Nursing Home Guidelines 'The Purple Book', dated 10/2015, showed the facility must have principles and procedures established and implemented for the employment of new staff members. It is the responsibility of the facility to conduct criminal history BGCs on all staff, including agency-contracted staff, who have unsupervised access to vulnerable adults, within 72 hours of hire date. The facility must ensure any staff, including the agency-contracted staff, are free from any disqualifying criminal history. Review of a policy titled, Freedom From Abuse, Neglect, and Exploitation, Preventing and Prohibiting Abuse, revised 09/13/2022, showed the facility would maintain and implement policies and procedures that prohibited and prevented abuse, neglect, misappropriation of property, and exploitation of residents that included screening potential employees prior to hiring. The facility would conduct a criminal background check on potential employees that were qualified for employment. The facility would not employ an individual whose pre-employment screening indicated a criminal or licensing board history of abuse, neglect, or misappropriation of property. Contracted staff would be screened according to the same or substantially similar guidelines. Staff C, Registered Nurse (RN) Record review of Staff C's personnel file showed they were an agency-contracted nurse that was contracted to provide nursing care and services to the residents of the facility. Their first day working unsupervised with residents was 11/10/2025. Their personnel file showed no documentation of a current, valid Washington State BGC. Record review of the November 2025 and December 2025 staffing schedule showed Staff C worked nine unsupervised shifts in November 2025 and 11 unsupervised shifts in December 2025. Staff D, Licensed Practical Nurse (LPN) Record review of Staff D's personnel file showed they were an agency nurse. Their first day working unsupervised with residents was 11/06/2025. Staff D worked an additional three days without a valid BGC. Staff E, LPN Record review of Staff E's personnel file showed they were employed by the facility as an agency-contracted nurse. Their first day working unsupervised with residents was 11/14/2025. Record review of the November 2025 and December 2025 staffing schedule showed Staff E worked one shift in November and four shifts in December, unsupervised and without a valid BGC. Staff F, RN Record review of Staff F's personnel file showed they were employed by the facility as an agency-contract nurse. Their first day providing unsupervised care and services to residents was 11/08/2025. Record review of the November 2025 staffing schedule showed Staff F worked two shifts in November, unsupervised and without a valid BGC. Staff G, LPN Record review of Staff G's personnel file showed they were an agency-contracted nurse, employed by the facility. Their first day providing unsupervised care and services to residents was 11/02/2025. Record review of the November 2025 and December 2025 staffing schedule showed Staff G worked six shifts in November and three shifts in December, unsupervised and without a valid BGC. During a concurrent observation and interview on 12/23/2025 at 11:52 PM, Staff B, Scheduling Coordinator, presented a BGC authorization form that was completed by Staff C and dated 07/08/2024. Staff B stated they thought that was the actual BGC. After reviewing the form, Staff B stated that was not the completed BGC. They stated they were aware that all staff were required to have an approved BGC prior to working unsupervised with residents, including agency-contracted staff. They stated, I missed this and I own it (the failure to complete the BGC). During a concurrent follow-up observation and interview on 12/23/2025 at 12:14 PM, Staff B stated there were an additional five agency licensed nurses working at the facility. Staff B presented an additional four BGC authorization forms for Staff D, dated 09/15/2025, Staff E, dated 12/09/2025, Staff F, dated 08/21/2025, and Staff G, dated 10/03/1982 (Staff A, Administrator clarified the date to be 10/03/2025 on 12/23/2025 at 12:44 PM). Staff B stated the BGC authorization forms were the same as the other (Staff C's) and all staff needed to have the required BGC prior to working. During an interview on 12/23/2025 at 3:03 PM, Staff A stated the process for screening potential staff included completing a BGC with clearance, prior to the new hire working unsupervised with residents. They stated if a secondary review was indicated, it also needed to be completed prior to their start date. Staff B stated the process was not followed for BGCs. Reference: WAC.</p>		

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 12/23/2025
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 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>(continued on next page)</p>

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 12/23/2025
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to monitor bowel movements and assess for and provide treatment for constipation (a condition where stool becomes hardened and difficult to pass) in accordance with professional standards of practice for 2 of 3 residents (Resident 1 and 2) reviewed for quality of care. This failure placed the residents at risk for discomfort and medical complications. Findings included.</p> <p>Resident 1 Review of the medical record showed Resident 1 was admitted to the facility on [DATE] with diagnoses including healing of a left thigh bone fracture, repeated falls, and heart failure. The 12/05/2025 comprehensive assessment showed Resident 1 required partial/moderate assistance for standing, toileting, and personal hygiene. The assessment also showed Resident 1 had an intact cognition. During an interview on 12/17/2025 at 5:04 PM, Resident 1's Representative (RR) stated Resident 1 had not had a bowel movement for more than 10 days. They stated Resident 1 had notified the facility staff, yet they received no medications for constipation. Review of Resident 1's December 2025 Bowel Elimination Record from 12/05/2025 through 12/12/2025, showed 24 shifts/opportunities for documentation of bowel movements. Of the 24 shifts/opportunities, five were incomplete and the remaining 19 showed no bowel movement on that shift. Record review of Resident 1's December 2025 Medication Administration Record (MAR) showed the following bowel medication orders, all dated 12/02/2025: Milk of Magnesia Suspension (an over-the-counter medication used to relieve occasional constipation) 7.75% give 30 cubic centimeters (cc, a unit of measurement) by mouth every 24 hours as needed for constipation/bowel care. Bisacodyl Tablet Delayed Release (an over-the-counter medication used short term to relieve constipation) 5 milligrams (mg, a unit of measurement), give two tablets by mouth every 24 hours as needed for bowel care if not relieved by Milk of Magnesia. Dulcolax suppository (a fast-acting medication used to quickly relieve constipation) 10 mg, insert one suppository rectally every 24 hours as needed for bowel care if not relieved by Milk of Magnesia. Fleet Enema (a liquid medication flushed into the rectum to stimulate a bowel movement) insert one application rectally every 24 hours as needed for bowel care if Dulcolax Suppository is ineffective, Notify MD for further orders if no results. There was no documentation that showed clear indications as to when the Milk of Magnesia order would be initiated or in which order the medications would be administered. Record review of Resident 1's December 2025 MAR showed they were not administered any bowel medications until 12/10/2025, despite Resident 1's lack of bowel movements. Review of the medical record showed no documentation that bowel assessments were completed on 12/06/2025 or 12/10/2025, despite the record showing Resident 1 had no documented or reported bowel movements. Resident 2 Review of the medical record showed Resident 2 was admitted to the facility with diagnoses including a fractured vertebra (a break in the spinal bones), enlarged heart, and fecal abnormalities (any unusual changes in your stool's color, shape, texture, or contents). The 11/18/2025 comprehensive assessment showed Resident 2 had constipation, was dependent on one to two staff members for toileting hygiene, transfers, and upper/lower body dressing. The assessment also showed Resident 2 had an intact cognition. Review of Resident 2's December 2025 Bowel Elimination Record, showed they did not have a recorded bowel movement on 12/15/2025, 12/16/2025, 12/17/2025, 12/18/2025, and 12/19/2025 (15 shifts total). Record review of Resident 2's December 2025 MAR showed the following bowel medication orders, all dated 11/14/2025: Milk of Magnesia Suspension 7.75% give 30 milliliter (ml, a unit of measurement) by mouth every 24 hours as needed for constipation/bowel care. Dulcolax suppository 10 mg, insert one suppository rectally every 24 hours as needed for bowel care if not relieved by Milk of Magnesia. Bisacodyl Tablet Delayed Release 5 mg, give two tablets by mouth every 24 hours as needed for bowel care if not relieved by Milk of Magnesia. There was no documentation that showed the clear indication as to when to initiate the Milk of Magnesia order or in which order the medications would be administered. Record review of Resident 2's December 2025 MAR, showed there was no documentation that a bowel medication had been administered between 12/15/2025 and 12/20/2025, despite the resident's bowel record showing a lack of bowel movement for five days. During an interview on 12/23/2025 at 10:03 AM, Staff H, Nursing Assistant, stated they charted (documented) when a resident had a bowel movement in the medical record. Staff H stated they did not tell the nurses when residents did not have bowel movements, they only charted in the record. During an interview on 12/23/2025 at 10:07 AM, Staff B, Registered Nurse (RN), stated they checked the bowel movement list at the start of their shift. They stated they received an alert on their computer when a resident had gone for three days.</p>		