

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 04/23/2024
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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45117</p> <p>Based on observation, interview, and record review, the facility failed to inform 2 of 2 residents (Resident 22 and 4) reviewed for resident rights, of their physician ordered daily fluid intake restriction. Additionally, the facility failed to provide Residents 22 and 4 with the risks/benefit education of fluid restrictions. These failures placed the residents at risk for the inability to make informed decisions regarding their health care, alternative treatments, and the right to refuse care.</p> <p>Findings included .</p> <p>Review of a policy titled, Resident Rights Planning and Implementing Care, dated 11/2017, showed that physicians or other practitioners would inform the resident and/or their representative in advance of treatment risks and benefits, options, and alternatives.</p> <p><Resident 22></p> <p>Review of the medical record showed Resident 22 was admitted to the facility on [DATE] with diagnoses including congestive heart failure (a condition in which the heart does not pump blood efficiently, treated by limiting salt and fluid intake) and muscle weakness. The 01/12/2024 comprehensive assessment showed Resident 22 was dependent on one to two staff members for activities of daily living (ADLs). The assessment also showed Resident 22 had a moderately impaired cognition.</p> <p>During a concurrent observation and interview on 04/15/2024 at 2:17 PM, Resident 22 was lying in bed, with a bedside table to the right of their bed. There were three full glasses of orange juice, 120 milliliters (ml - a unit of measurement for fluids) each, a 240 ml bottle of Boost (a liquid nutritional supplement), and a water tumbler that contained 700 ml of water. Resident 22 stated they asked the staff to bring four extra glasses of orange juice every afternoon because they liked to have it during the evening.</p> <p>During a concurrent observation and interview on 04/18/2024 at 1:03 PM, Resident 22 was resting in bed with their bedside table to the right of their bed. There were four glasses of orange juice and a water tumbler containing 1000 ml of water. Resident 22 stated they drank one or two jugs of water a day along with the four glasses of orange juice. Resident 22 stated they did not know they were on a fluid restriction; no one has ever told me.</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 04/23/2024
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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 04/18/2024 at 1:14 PM, Staff F, Registered Nurse (RN), stated Resident 22 was on a fluid restriction but they were not compliant with it. Staff F stated they were not sure that the fluid intake records were accurate because Resident 22 received fluids from both nursing staff and dietary staff. Staff F stated they did not know if risks/benefits of the fluid restriction were completed with the resident.</p> <p>Review of a physician order dated 01/05/2024, showed fluid restriction 1800 total ml/day. Dietary: 1080 ml/day. Nursing 720 ml/day. Monitor every shift for heart failure. Document total fluid intake for the day.</p> <p>Review of Resident 22's fluid intake showed the following:</p> <p>04/16/2024: 1700 ml from dietary; 820 ml from nursing;</p> <p>04/17/2024: 985 ml from dietary; 2000 ml from nursing;</p> <p>04/18/2024: 1880 ml from dietary; 1370 ml from nursing.</p> <p>Review of a dietary note, dated 04/18/2024 at 4:33 PM, showed Staff G, Registered Dietician, documented Resident 22 was non-compliant with their 1800 ml/day fluid restriction and recommended to discontinue their fluid restriction and obtain a signed risk/benefit document.</p> <p>During an interview on 04/19/2024 at 10:39 AM, Staff E, Licensed Practical Nurse/ Unit Manager (LPN/UM), stated they were unable to locate a risk/benefit document in the resident's medical record. Staff E stated the dietician completed an evaluation on 04/18/2024 and the fluid restriction had been discontinued.</p> <p>During a follow up interview on 04/19/2024 at 1:19 PM, Resident 22 stated no one had ever talked to them about a fluid restriction or about removing the restriction. Resident 22 stated they did not want to have a restriction but no one talked to me about it or had me sign anything.</p> <p>During an interview on 04/19/2024 at 1:59 PM, Staff D, Infection Prevention/Unit Manager (IP/UM), stated they had a conversation with Resident 22 regarding the risks/benefits of a fluid restriction. Staff D stated the Risk vs. Benefits form was signed and dated 04/19/2024 and was scanned into the resident's medical record.</p> <p><Resident 4></p> <p>Review of the medical record showed Resident 4 was admitted to the facility on [DATE] with diagnoses including respiratory failure, diabetes mellitus (a condition in which there is too much sugar in the blood), and venous insufficiency (improper functioning of the vein valves in the leg, that causes difficulty sending blood back up to the heart). The 02/20/2024 comprehensive assessment showed Resident 4 was dependent on one to two staff members for ADLs. The assessment also showed Resident 4 had an intact cognition.</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 04/23/2024
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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 04/22/2024 at 8:16 AM, Resident 4 stated their water jug (1000 ml) was refilled at least twice during the day shift and once at night - more if I want. They stated they used to be on a fluid restriction but was not sure if they still were. Resident 4 stated they had as much fluid as they wanted, whenever they wanted.</p> <p>During an interview on 04/22/2024 at 10:39 AM, Staff H, LPN, stated the resident was on a fluid restriction and nursing gave them 240 ml with their medication pass.</p> <p>During an interview on 04/22/2024 at 10:41 AM, Staff E, LPN/UM, stated Resident 4 was on a fluid restriction. They stated the nurses monitored Resident 4's fluid intake on the medication administration record (MAR) and the nursing assistants recorded dietary fluid intake on the task record.</p> <p>Review of a Registered Dietician's order, dated 11/15/2023, showed Resident 4 had a fluid restriction of 2000 ml total per day; 720 ml from dietary (eight ounces with each meal tray) and 1280 ml per day from nursing.</p> <p>Review of the nursing assistant task record showed the following total intake per day:</p> <p>04/19/2024 - 1700 ml (980 ml over the ordered amount);</p> <p>04/20/2024 - 1650 ml (930 ml over the ordered amount);</p> <p>04/21/2024 - 1265 ml (545 ml over the ordered amount).</p> <p>Review of the April 2024 Medication Administration Record showed nursing documented the following total intake per day:</p> <p>04/19/2024 - 2240 ml (960 ml over the ordered amount);</p> <p>04/20/2024 - 2880 ml (1000 ml over the ordered amount);</p> <p>04/21/2024 - 2360 ml (1080 ml over the ordered amount).</p> <p>During a follow up interview on 04/22/2024 on 3:43 PM, Resident 4 stated they told staff when they were first admitted , they were on a fluid restriction. Resident 4 stated no one had discussed the risks and benefits of a fluid restriction with them.</p> <p>During an interview on 04/22/2024 at 12:55 PM, Staff B, Interim Director of Nursing Services, stated the nurses were responsible for documenting residents' fluid intake and evaluating the total intake at the end of the day to ensure the resident was compliant.</p> <p>During an interview on 04/22/2024 at 1:29 PM, Staff A, Administrator, stated they expected nursing staff to follow the recommended fluid restrictions. If the residents were not staying within the recommended intake, the nursing staff would notify the unit manager and the director of nursing so education and risks and benefits would be completed with the resident.</p> <p>Reference: WAC 388-97-0300(3)(a)(b)</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 04/23/2024
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 0555</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to choose his or her attending physician.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31168</p> <p>Based on interview and record review, the facility failed to ensure 1 of 1 sampled resident (Resident 268), reviewed for choices, was afforded the right to choose their preferred attending physician. This failure caused the resident to question staff about which practitioner ordered their care and potentially impeded their care choices.</p> <p>Findings included .</p> <p>Review of the facility's undated Consent to Admission and Treatment agreement showed the resident has the right to designate who will act as the resident's attending physician. The resident is responsible for fees incurred by an independent physician. However, the facility is responsible for coordination and communication with the resident's choice of attending physician. The independent attending physician would charge the resident's insurance or fee for services for care and treatment.</p> <p><Resident 268></p> <p>Review of the medical record showed the resident was readmitted to the facility on [DATE] after an infection in their lower left leg which required hospitalization for treatment. The medical record showed they had significant health issues but were alert and oriented and directed their care needs.</p> <p>During an interview on 04/15/2024 at 8:30 AM, the resident perseverated (intently focused) on not being able to have their primary physician see them in the facility. The resident stated they were told by nursing staff they would have to pay out of pocket to see their primary physician from the community because the facility had their own physician to see residents at the facility.</p> <p>During an interview on 04/15/2024 at 10:40 AM, Staff E, Licensed Practical Nurse/Unit Manager (LPN/UM), stated that Resident 268 asked to see their preferred physician they usually saw when at home. Staff E informed the resident they could not see both they had to choose the facility physician or pay out of pocket to see their chosen physician.</p> <p>During an interview on 04/15/2024 at 10:45 AM, Staff B, Interim Director of Nursing Services (IDNS) stated the resident did have a choice to either see their own physician or the facility physician without additional out of pocket payment.</p> <p>During an interview on 04/16/2023 at 10:00 AM, the Occupational Therapist (OT) stated the resident's participation was limited due to the fact the resident voiced to the OT they would have to pay out of pocket for additional services if they chose to use their preferred physician. The resident voiced they did not want the facility physician to be over their care. The resident stated they were told they could not see both physicians.</p> <p>During an Interview on 04/16/2024 at 10:15 AM, Staff A, Administrator, stated the resident was to be given the choice of an attending physician. The information the resident received was incorrect and not in line with the facility's policy. Staff A stated there was no coordination of services by the facility or facility medical director of the resident's choice of attending physician.</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 04/23/2024
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 0555</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reference: WAC 388-97-0200(1)</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 04/23/2024
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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45117</p> <p>Based on interview and record review, the facility failed to provide a Skilled Nursing Facility (SNF) Advance Beneficiary Notice [(ABN) a notification that provides an estimated cost of continuing services which may no longer be covered by Medicare; beneficiaries may choose to continue services but may be financially liable] as required for 2 of 3 residents (Residents 316 and 317) reviewed for beneficiary notification. Residents 316 and 317 were not issued the required ABN when they remained in the facility after their Medicare Part A skilled nursing and rehabilitation services (nursing services such as intravenous fluids or medications or therapy services) ended. This failure placed the residents at risk for the inability to make informed financial and care decisions related to their continued stay.</p> <p>Findings included .</p> <p>Review of the facility policy titled, Medicaid/Medicare Coverage/Liability Notice, dated 09/20/2022, showed the facility would inform residents of services available in the facility and of charges for those services, including charges not covered under Medicare. Further review showed an SNF ABN would be issued if the resident intended to continue services and the facility believed the services would not be covered under Medicare. The SNF ABN must be provided before the facility provided the non-covered items and/or services.</p> <p><Resident 316></p> <p>Review of the medical record showed Resident 316 was readmitted to the facility on [DATE] with diagnoses including heart and respiratory failure. The 10/23/2023 comprehensive assessment showed the resident required assistance of one to two staff members for activities of daily living (ADLs); independent with eating and oral cares. The assessment also showed the resident had an intact cognition.</p> <p>Review of an Interdisciplinary Team [(IDT) a treatment team in which all of its members participate in a coordinated effort to benefit the resident]) notes dated 10/10/2023, showed Resident 316's last covered day of Medicare Part A benefit coverage was 10/13/2024. Resident 316 was not issued a SNF ABN as required.</p> <p><Resident 317></p> <p>Review of the medical record showed Resident 317 was admitted to the facility on [DATE] with diagnoses including a heart attack and weakness. The 02/29/2024 comprehensive assessment showed Resident 317 required no assistance from staff members for ADLs. The assessment also showed Resident 317 had a severely impaired cognition.</p> <p>Review of social services progress notes dated 12/21/2023, showed Resident 317's Medicare Part A coverage was ending, and their last covered day would be 12/23/2023. There was no documentation that a SNF ABN had been provided to the resident and/or their representative, despite Resident 317 remaining in the facility and their Medicare Part A benefit days were not exhausted.</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 04/23/2024
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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 04/16/2024 at 1:01 PM, Staff A, Administrator, stated they had identified issues with the process of issuing SNF ABN's. They stated social services was responsible for completing and providing the SNF ABN to residents and they had not been doing that.</p> <p>Reference: WAC 388-97-0300(1)(e)(5)</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 04/23/2024
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45117</p> <p>Based on observation and interview, the facility failed to ensure resident rooms were repaired and maintained for 6 of 10 resident rooms (rooms 43, 44, 45, 47, 48, and 51) reviewed for a homelike environment. This failure placed the residents at risk for injury, compromised dignity, and dissatisfaction with their living environment.</p> <p>Findings included .</p> <p>Review of a policy titled, Safe, Clean and Comfortable Environment, dated 07/2018, showed the facility would provide a safe, clean, and comfortable environment. Additionally, the facility would provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</p> <p><room [ROOM NUMBER]></p> <p>An observation on 04/15/2024 at 9:47 AM, showed the clothing closets in resident room [ROOM NUMBER] were made of wood with a stained finish. There were deep scrapes into the wood, and the 90-degree bottom corners were worn down to rounded ends. There was missing hardware from the closet doors. The resident bathroom for room [ROOM NUMBER] had a strong smell of urine. The windowsill was painted brown and there were large scrapes of paint missing, exposing the wood material. The door to the resident room had deep scratches into the wood. There was a protective panel covering the lower half of the door that had black scratches in the bottom 12 inches (a unit of measure). The door frame had chipped and missing paint.</p> <p><room [ROOM NUMBER]></p> <p>An observation on 04/23/2024 at 8:11 AM, showed the walls in resident room [ROOM NUMBER] had areas of patching with a white material. The paint on the walls was not consistent, with large areas of paint that was lighter in color. The clothes closet doors were worn, exposing the wood underneath the finish, and the corners of the doors were worn to a rounded shape. The door trim to the entrance of room [ROOM NUMBER] had chipped, and missing paint.</p> <p><room [ROOM NUMBER]></p> <p>An observation on 04/15/2024 at 9:52 AM, showed room [ROOM NUMBER] was a three bed room. The middle bed was taken out of the room and the area was used for storage. There was a chair that was underneath a large pile of miscellaneous items including clothing and boxes of medical supplies. There was a large television box in front of the chair that had packing material sticking out of the top of the box. There was a second, empty cardboard box on the floor in front of the television box and a trash can in the middle of the floor. The clothes closet doors had large scrapes in the finish with exposed wood.</p> <p><room [ROOM NUMBER]></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 04/23/2024
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An observation on 04/15/2024 at 10:14 AM, showed a chair in the corner of the resident room that had clothing, two packages of personal wipes, barrier cream, blankets, sheets, and briefs piled onto the chair. The flooring transition strip to the room was missing and the area was covered with brown tape that was peeling off and missing in places. The bottom six inches of door trim was broken and falling off. The clothing closet was scraped, and the finish was missing. The corners of the closet doors were worn to a rounded shape.</p> <p><room [ROOM NUMBER]></p> <p>An observation on 04/19/2024 at 7:45 AM, showed the bathroom on the right side of the room. The ceiling above the bathroom door had a hole measuring 72 inches by five and a half inches. There was a second hole that measured five inches by six inches. There was a third hole that measured three inches by seven inches and a fourth hole that measured six inches by three inches. There was exposed pipe and wood beams. There was no flooring transition strip to the entrance of the room; the area had exposed wood flooring and was crusted with black material. There was a wooden television stand that held a television. The stand had two shelves and drawer. The wooden surface on the top of the stand had scrapes into the finish that showed exposed wood. There were four holes drilled into the top of the stand. The drawer was missing areas of finish, showing exposed wood. There were discolored areas of paint on the wall. The clothes closet was scraped and had exposed wood. The center clothes closet door was missing a large chip of wood by the door handle that measured two inches by 1/2 inch. The trim around the entrance to the room was missing paint that exposed the trim material.</p> <p><room [ROOM NUMBER]></p> <p>An observation on 04/23/2024 at 8:43 AM, showed the flooring transition strip was missing and the area had been covered with brown tape. The tape was torn and was missing pieces. The wall to the right of the room had a hole that measured three inches by four inches. There were cables coming out of the hole that were attached to the cable television device. The clothes closets were worn. There were deep scratches into the finish that showed exposed wood and the bottom corner of the clothes closet door was worn to a rounded edge with exposed wood.</p> <p>During a concurrent interview on 04/22/2024 at 1:04 PM, Staff B, Interim Director of Nursing Services and Staff C, Regional Nurse Consultant, both stated the resident rooms did not represent a homelike environment.</p> <p>During an interview on 04/22/2024 at 1:54 PM, Staff A, Administrator, stated there was work that needed to be done.</p> <p>During an interview on 04/23/2024 at 9:41AM, Staff T, Maintenance Director, stated the holes in the ceiling were from a water leak and had been there at least two months. Staff T stated they were instructed not to cover the areas and that they were scheduled to be repaired on 04/25/2024.</p> <p>Reference: WAC 388-97-0880</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 04/23/2024
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 - Few</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** 45117</p> <p>Based on interview and record review, the facility failed to issue a written notice of bed hold (holding or reserving a resident's bed while the resident is absent from the facility) at the time of hospital transfer for 1 of 2 residents (Resident 15) reviewed for hospital transfers. This failure placed the resident at risk for lack of knowledge regarding their right to hold their bed while in the hospital.</p> <p>Findings included .</p> <p>Review of a policy titled, Notice of Bed Hold Policy Before/Upon Transfer, revised 11/2018, showed the facility would provide written information to the resident and/or their representative that included the bed payment policy, length of bed hold, and information related to the resident's ability to return to the facility. Further review showed the information would be provided to the resident and/or their representative before a transfer or therapeutic leave and at the time of the transfer of the resident for hospitalization or therapeutic leave. The facility would provide two notices; the first well in advance of any transfer and the second notice at the time of transfer. The second notice would be provided to the resident and/or their representative at the time of the transfer or within 24 hours if the transfer was emergent.</p> <p><Resident 15></p> <p>Review of the medical record showed Resident 15 was admitted to the facility on [DATE] and readmitted on [DATE], with diagnoses including hyponatremia (a condition that occurs when the level of sodium in the blood is too low), anxiety, and diabetes mellitus (a long-term condition in which the body has trouble controlling blood sugar and using it for energy). The 02/25/2024 comprehensive assessment showed Resident 15 was dependent on assistance of one to two staff members for activities of daily living; set up assistance for eating. The assessment also showed the resident was cognitively intact.</p> <p>During an interview on 04/15/2024 at 1:16 PM, Resident 15 stated they had a hospital stay a few months ago because I had a low sodium problem. They stated they were allowed to come back to their same room but did not remember getting a bed hold notice.</p> <p>Review of physician progress notes dated 02/28/2024, showed Resident 15 had been admitted to the hospital on 02/04/2024 and had returned to the facility on [DATE], with a diagnosis of hyponatremia.</p> <p>Review of Resident 15's medical record showed no documentation that a notice of bed hold was issued upon their transfer to the hospital.</p> <p>During an interview on 04/18/2024 at 8:07 AM, Staff A, Administrator, stated that bed hold notification was the responsibility of the floor nurses at the time of transfer. They stated this was not a practice the facility followed because they had open beds. Staff A stated they were aware of the regulation regarding bed hold notification and the facility should be issuing bed hold notices, but it was a process that was not happening.</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 04/23/2024
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 - Few</p>	<p>Reference: WAC 388-97-0120(4)</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 04/23/2024
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 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31168</p> <p>Based on observation, interview, and record review the facility failed to make an admission comprehensive assessment of each resident's pressure injury for 1 of 3 residents (Resident 268) reviewed for comprehensive assessment and timing. This failure placed the facility residents at risk of not having comprehensive care, not having appropriate services, and their needs/preferences not being identified or care planned.</p> <p>Findings included .</p> <p>According to the Resident Assessment Instrument (RAI - a manual that instructs staff on timing requirements for assessments), admission assessments were required to be completed by the 14th calendar day of the resident's admission, and annual assessments were required to be completed within 14 days of the Assessment Reference Date (ARD, +14 days).</p> <p><Resident 268></p> <p>Review of the medical record showed the resident readmitted to the facility on [DATE] with diagnoses to include a sacrum (bottom or lower backside of the body) pressure injury (an injury caused by unrelieved pressure on skin over bone) and other skin issues to the resident's lower legs. The 02/06/2024 comprehensive assessment showed the resident was able to direct their care, no documented pressure ulcers, or skin issues.</p> <p>Review of Resident 268's hospital records from 04/01/2024 through 04/04/2024 identified a healing sacrum pressure injury.</p> <p>Review of the 04/04/2024 re-admission skin assessment showed that no assessment had been completed on the resident's sacrum pressure injury upon admission to the facility on ,d+[DATE] until 04/18/2024 when it had been brought to the facility staff's attention.</p> <p>During an observation on 04/18/2024 at 10:41 AM, Staff H, Licensed Practical Nurse (LPN), turned the resident onto their side to visualize the resident's sacrum pressure injury. The skin to the sacrum was closed and unstageable (not being able to visualize the wound bed). The area was white/gray circular with a red pin point opening in the center of the wound.</p> <p>During an interview on 04/18/2024 at 2:08 PM, Staff BB, Admissions Registered Nurse (RN), acknowledged they failed to assess the resident's skin and did not assess the resident's sacrum pressure injury. Staff BB stated they failed to assess the resident's sacrum pressure injury and only placed treatment orders in the resident's medical record.</p> <p>During an interview on 04/18/2024 at 3:00 PM, Staff B, Interim Director of Nursing Services, acknowledged that the facility failed to assess and determine if Resident 268's ordered treatment was still needed.</p> <p>Reference: WAC 388-97-1000(1)(b)(c)(ii)</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 04/23/2024
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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31168</p> <p>Based on interview and record review, the facility failed to ensure Pre-Admission Screening and Resident Review (PASARR) Level II evaluation treatment recommendations were incorporated into a resident's care plan for 1 of 1 residents (Resident 55) who were reviewed for Level II PASARRs. This failure placed the resident at risk for unmet mental health and psychosocial needs.</p> <p>Findings included .</p> <p><Resident 55></p> <p>Review of the medical record showed the resident admitted to the facility on [DATE] with serious mental health diagnoses.</p> <p>A PASSAR Level 1 was done on 02/14/2024 with a recommendation for a Level II assessment which was requested from the hospital. Review of the medical record on 04/17/2024 showed the PASARR Level 1 with recommendation of a Level II. The Level II was not found in the resident medical record.</p> <p>Review of the resident's 02/20/2024 care plan showed there were no identified care interventions included from a documented request of a PASARR 1 Level II recommendation.</p> <p>During an interview on 04/17/2024 at 12:00 PM, Staff C, Regional Nurse Consultant, stated there was no referral for a PASARR level II assessment requested by the facility. The facility's Social Services Director (SSD) was to review the PASARR Level I to see if there was a Level II assessment.</p> <p>During an interview on 04/17/2024 at 1:00 PM Staff I, SSD, stated they did not review the PASARR Level 1 to see there was a Level II recommendation and failed to follow-up.</p> <p>During an interview on 04/17/2024 at 1:15 PM, Staff B, Interim Director of Nursing Services, stated they failed to obtain the Level II recommendations for Resident 55 which were in the resident records at the hospital.</p> <p>Reference WAC 388-97-1915(4)</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 04/23/2024
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 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43280</p> <p>Based on interview and record review, the facility failed to ensure the Pre-Admission Screening and Resident Review (PASARR) was accurate for 1 of 5 sampled residents (Resident 56) reviewed for the coordination/assessment of the PASARR. This failure placed the resident at risk for not receiving specialized mental health services, and unmet mental health needs.</p> <p>Findings included .</p> <p><Resident 56></p> <p>Review of the medical record showed the resident was admitted on [DATE] with a diagnosis including right shoulder dislocation, depression, and anxiety. The 02/26/2024 comprehensive assessment showed the resident's cognition was moderately intact but was able to make their needs known.</p> <p>Record review of Resident 56's PASARR, dated 02/13/2024, showed that the section with serious mental illness indicators did not indicate the resident's depression and anxiety diagnosis.</p> <p>During an interview on 04/18/2024 at 3:53 PM, Staff I, Social Service Director (SSD), stated that the PASARR for Resident 56 was incorrect and did not indicate the resident's anxiety/depression diagnosis. Staff I stated they were new to the SSD position, so they were unaware that part of their duties/responsibilities were to review resident PASARRs for accuracy. Staff I stated they did not have a good process in place.</p> <p>During a concurrent interview on 04/19/2024 at 1:04 PM, Staff A, Administrator, Staff B, Interim Director of Nursing Services, and Staff C, Regional Nurse Consultant, stated they did not have a good process in place for reviewing and updating the resident PASARRs.</p> <p>Reference: WAC 388-97-1975 (1)</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 04/23/2024
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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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** 39652</p> <p>Based on interview and record review the facility failed to develop a baseline care plan (BCP) within 48 hours of admission that included resident specific initial goals and treatment plans for 6 of 6 newly admitted residents (Residents 59, 165, 167, 47, 2 and 56) reviewed for baseline care plans. This failure placed the residents at risk for lack of continuity of care and unmet care needs.</p> <p>Findings included .</p> <p>Record review of an undated facility policy titled Comprehensive Care Plan/Baseline Care Plan showed: The baseline care plan was developed within 48 hours of admission and should include a minimum health information to care for the resident, but not limited to;</p> <ul style="list-style-type: none"> a. Initial goals based on admission orders b. Dietary Orders c. Therapy Services d. Social Services e. PASARR (a pre-screening requirement prior to admission into a nursing home). <p><Resident 59></p> <p>Review of the residents medical record showed they were admitted to the facility on [DATE] with diagnoses including right lower leg skin infection and diabetes (a condition where there is too much sugar in the blood). Review of the most recent assessment dated [DATE] showed the resident was cognitively intact with no memory deficits.</p> <p>Further review of the residents record did not show that a BCP with the required components had been developed within 48 hours of the residents initial admitted .</p> <p>During an interview on 04/19/2024 Resident 59 stated they had not received a BCP after admission, and stated it would have been helpful to have one within 48 hours to review, as some of their orders for wound care had not been correct when they first admitted and needed to be straightened out.</p> <p><Resident 165></p> <p>Review of Resident 165's medical record showed they were admitted to the facility on [DATE] with diagnoses including sacral (a bone located at the base of the spine connected to the pelvis) fracture and hyponatremia (low blood sodium levels). The most recent assessment dated [DATE] showed the resident was cognitively intact. Further review of Resident 165's record did not show that a BCP with the required components had been developed within 48 hours of their admission.</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 04/23/2024
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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 04/19/2024 at 11:57 AM, Resident 165 stated they had not been given a BCP and was unsure of their discharge plan.</p> <p><Resident 167></p> <p>Review of the residents medical record showed they were admitted to the facility on [DATE] with diagnoses including end stage renal failure with dialysis (the kidneys no longer function properly and require a procedure to remove waste and excess fluid from the blood). Further review did not show that a BCP had been developed within 48 hours of the residents admission.</p> <p>During an interview on 04/17/2024 at 7:59 AM, Resident 167 stated they had not received a BCP from anyone at the facility within 48 hours after their admission.</p> <p><Resident 47></p> <p>Review of the residents medical record showed they had been readmitted to the facility on [DATE] with diagnoses including an infection in their cervical spine (area of the spine involving the neck) and diabetes. Review of the most recent comprehensive assessment dated [DATE] showed the resident was cognitively intact. Further review of the residents record did not show they had received a BCP in writing within 48 hours of their re-admission.</p> <p>During an interview on 04/19/2024 at 11:12 AM, Resident 47 stated they did not remember receiving a BCP in writing within 48 hours of their most recent re-dmission.</p> <p><Resident 2></p> <p>Review of the medical record showed the resident was admitted on [DATE] with diagnoses including pressure injury wound on their sacrum (bottom or lower backside of the body), altered mental status, speech and language complication following a stroke, and diarrhea. The 03/12/2024 comprehensive assessment showed the resident cognition was moderately intact, they were able to make their needs known. Further review of the Resident 2's record showed they had not received a BCP in writing within 48 hours of their admission.</p> <p><Resident 56></p> <p>Review of the medical record showed the resident was admitted on [DATE] with a diagnosis of a right shoulder dislocation.</p> <p>During an interview on 04/15/2024 at 12:44 PM, Resident 56 stated they did not remember receiving a BCP in writing within 48 hours of their admission.</p> <p>Review of Resident 56's BCP, presented by the facility staff, undated, showed that Resident 56 had not received a BCP with the required compotents, in writing, within 48 hours of their admission.</p> <p>During an interview on 04/17/2024 at 11:10 AM, Staff I, Social Services Director (SSD), stated they were unaware of the components to be included in a BCP. Staff I further stated they had not provided any residents or their representative a written BCP with the required components within 48 hours of admission.</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 04/23/2024
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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 04/17/24 at 12:07 PM, Staff E, Resident Care Manager/Licensed Practical Nurse, stated they were unaware of the requirement for a BCP within 48 hours to be given to a resident or their representative in writing. Staff E stated no BCP's had been developed for newly admitted residents.</p> <p>During an interview on 04/19/2024 at 11:55 AM, Staff C, Regional Nurse Consultant stated the Director of Nursing had educated the SSD who was responsible to ensure BCP's were developed with the required components and given to newly admitted residents or their representatives in writing with 48 hours.</p> <p>Reference: WAC 388-07-1060(3)</p> <p>43280</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 04/23/2024
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45117</p> <p>Based on interview and record review, the facility failed to ensure interdisciplinary team [(IDT) a group of healthcare providers from different fields who work together for the best outcome for residents] care conferences were completed for 5 of 5 residents (Residents 4, 6, 8, 15, and 22) reviewed for comprehensive care planning. Additionally, the facility failed to ensure the IDT care conference meetings included the required team members for 5 of 5 residents (Residents 4, 6, 8, 15, and 22) reviewed for comprehensive care planning. These failures disallowed the resident and/or their representative involvement in planning resident care and placed the residents at risk for unmet care needs.</p> <p>Findings included .</p> <p><Resident 4></p> <p>Review of the medical record showed Resident 4 was admitted to the facility on [DATE] with diagnoses including respiratory failure, venous insufficiency (improper functioning of the vein valves in the leg, causing swelling and skin changes), and depression. The 02/20/2024 comprehensive assessment showed Resident 4 was dependent on one to two staff for activities of daily living (ADLs). The assessment also showed Resident 4 had an intact cognition.</p> <p>During an interview on 04/16/2024 at 8:35 AM, Resident 4 stated they were never informed of any meeting about their care. They stated, I would like to be informed that they are having a meeting so I can choose to go; I would like to be given the option.</p> <p>Review of Resident 4's medical record showed a document titled, IDT Care Plan Conference/Welcome Meeting Form, dated 11/15/2023, showed an initial care conference was completed upon admission. Resident 4 attended the meeting, along with two IDT members; Social Service Director and a representative from Physical Therapy. The other required members from the facility IDT were not in attendance. Additionally, the resident's record showed that no additional IDT care plan conference forms or documentation of additional care conferences were completed.</p> <p><Resident 6></p> <p>Review of the medical record showed Resident 6 was admitted to the facility on [DATE] with diagnoses including a stroke with left side paralysis (partial or complete loss of muscle function), epilepsy (a disorder in which nerve cell activity in the brain is disturbed, causing seizures), and difficulty swallowing. The 01/07/2024 comprehensive assessment showed the resident required maximum/dependent assistance of one to two staff members for ADLs. Resident 6 was able to make their needs known.</p> <p>During an interview on 04/16/2024 at 10:19 AM, Resident 6 stated they did not remember having any meetings about their care.</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 04/23/2024
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the medical record showed a document titled, IDT Care Plan Conference/Welcome Meeting Form, Dated 10/23/2023. The document showed the meeting was attended by Resident 6, the SSD, and the dining director. The other required members from the facility IDT were not in attendance and no additional IDT Care Plan Conference forms after 10/23/2023 were noted.</p> <p><Resident 8></p> <p>Review of the medical record showed Resident 8 was admitted to the facility on [DATE] and readmitted on [DATE], with diagnoses including vascular dementia (brain damage caused by multiple strokes), depression, and difficulty swallowing. The 01/07/2024 comprehensive assessment showed Resident 8 was dependent on one to two staff members for ADLs and received nutrition through a feeding tube (a medical device used to provide nutrition to people who cannot obtain nutrition by mouth, are unable to swallow safely, or need nutritional supplementation). Resident 8 had a moderately impaired cognition.</p> <p>During an interview on 04/16/2024 at 6:02 PM, Resident 8's representative, stated they used to be invited to and attended care plan meetings, but the last one they were invited to was cancelled and the facility did not reschedule another.</p> <p>Review of Resident 8's medical record showed the last care conference was on 08/15/2023 with Resident 8's representative, SSD, activities staff, PT, a licensed nurse, and the dietary manager. The other required members from the facility IDT were not in attendance and no additional IDT Care Plan Conference forms after 08/15/2023 were noted.</p> <p><Resident 15></p> <p>Review of the medical record showed Resident 15 was admitted to the facility on [DATE] (readmitted on [DATE]) with diagnoses including hyponatremia (not enough sodium in the blood), anxiety, and weakness. The 02/25/2024 comprehensive assessment showed Resident 15 was dependent on one to two staff members for ADLs. The assessment also showed Resident 15 had an intact cognition.</p> <p>Review of Resident 15's medical record showed their last care conference was on 01/15/2024, attended by Resident 15 and the SSD. There were no additional IDT members present.</p> <p><Resident 22></p> <p>Review of the medical record showed Resident 22 was admitted to the facility on [DATE] with diagnoses including myasthenia gravis (a weakness and rapid fatigue of the muscles) and heart and respiratory failure. The 01/12/2024 comprehensive assessment showed Resident 22 was dependent on one to two staff members for ADLs; set up assistance for eating and oral cares. The assessment also showed Resident 22 had a moderately impaired cognition.</p> <p>During an interview on 04/15/2024 at 2:19 PM, Resident 22 stated they had not had any care conferences with the facility staff that discussed their care.</p> <p>Review of Resident 22's medical record showed no documentation of a care conference since their admission on 01/05/2024 .</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 04/23/2024
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 04/17/2024 at 11:35 AM, Staff I, SSD, stated they were responsible for conducting initial and quarterly care conferences. Staff I stated they had gotten behind on care conferences. They stated the IDT members typically did not attend and the meetings that did occur, included the resident and/or their representative along with the SSD. Staff I stated they were aware that additional IDT members were required to attend the care conference meetings and conferences needed to be held quarterly, but the process was not working.</p> <p>During an interview on 04/18/2024 at 10:21 AM, Staff A, Administrator, stated the facility had recognized the failed process of completing care conferences. They stated staff were provided education, however there was still an ongoing issue with completing the care conferences.</p> <p>Reference: WAC 388-97-1020(c)(i)(ii)(e)(f)(5)(b)</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 04/23/2024
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31168</p> <p>Based on observation, interview, and record review, the facility failed to develop and implement measures to prevent skin breakdown for 1 of 3 residents (Resident 268), reviewed for pressure injuries. The facility failed to implement care interventions for Resident 268, who was identified at increased risk for skin breakdown. This failure placed the resident at risk for worsening of their pressure injury and unmet care needs.</p> <p>Findings included .</p> <p><Resident 268></p> <p>Review of the resident's medical record showed they were readmitted to the facility on [DATE]. Diagnoses include multiple health diagnoses and skin issues to include a sacrum (the bottom or lower back of the body) pressure injury (an injury caused by unrelieved pressure on skin over a bone). The 02/06/2024 comprehensive assessment showed the resident was alert and oriented and able to make needs known. The resident required assistance in bed mobility, transferring and used a wheelchair.</p> <p>During an interview on 04/15/2024 at 10:30 AM, the resident stated they had several non-pressure wounds on their lower extremities. They stated they had a sore on their bottom that had been there for some time but had healed on and off. The resident was lying on their back and did not want to change position and stated they preferred to lay on their back.</p> <p>Review of the 04/01/2024 through 04/04/2024 hospital record showed the resident had a pressure injury on their sacrum. The hospital record showed the pressure injury was assessed and present on 03/13/2024. The resident initially admitted to the facility on [DATE], and then transferred to the hospital on 04/01/2024 and returning to the facility on [DATE].</p> <p>Review of the resident's current care plan dated 04/04/2024 showed no assessment had been completed on Resident 268's sacrum pressure injury nor were there interventions, monitoring or plans for prevention of further breakdown of resident's pressure injury documented in the care plan.</p> <p>During an interview on 04/18/2024 at 2:00 PM, Staff BB, Admissions Registered Nurse (RN), stated they failed to assess the Resident 268's sacrum pressure injury. I missed it.</p> <p>Review of the Resident 286's medical records showed no specific wound assessment of the resident's sacral pressure injury treatment was completed. The nursing staff were completing treatments three times a week for the resident, but no documentation of the pressure injury characteristics/condition, worsening/healing or status of the wound was noted.</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 04/23/2024
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation on 04/18/2024 at 10:41 AM showed, Staff H, Licensed Practical Nurse (LPN), turning the resident onto their side to so they could visualize the resident's sacrum pressure injury. Once on their side it was noted that no dressing, from the previous treatment completed on 04/14/2024, was in place. The resident had a previous pressure injury that had healed on their backside, but the middle of the previous pressure injury wound bed was silver dollar sized and unstageable (not being able to visualize the wound bed) of the pressure injury. Additionally, the skin to the sacrum area showed a white/gray circular surface on the wound and a red pinpoint opening in the center of the wound. No measurements of Resident 268's pressure injury was performed by Staff H during the observation.</p> <p>During an interview on 04/18/2024 at 11:00 AM, Staff B, Interim Director of Nursing Services, stated the nursing staff failed to follow through on skin assessments and monitoring Resident 268 pressure injury to ensure proper care and treatment was completed.</p> <p>Reference: WAC 388-97-1060(3)(b)</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 04/23/2024
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 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** 39652</p> <p>Based on observation, interview and record review the facility failed to provide necessary care and services for urinary retention catheters (a flexible tube inserted into the bladder to drain urine) for 1 of 1 resident (Resident 46) reviewed for urinary catheter care. This failure placed Resident 46 at risk for a urinary tract infection (UTI) and a decline in health status.</p> <p>According to Mosbys Text for Nursing Assistants (standard guideline for the instruction of basic nursing care), copyright 2022, eighth edition Caring for Persons with Indwelling Catheters page 393 stated .keep the drainage tube below the bladder this prevents urine from flowing backward into the bladder .</p> <p><Resident 46></p> <p>Review of the resident's medical record showed the resident admitted to the facility on [DATE] with diagnoses including multiple sclerosis (a disease that causes the destruction of nerve cells) and dementia. Review of the most recent assessment dated [DATE] showed Resident 46 was cognitively impaired. Review of the Kardex (a quick reference care plan for nursing assistants) dated 04/17/2024 showed the resident required substantial assistance for transfers mobility and toileting needs.</p> <p>During an observation on 04/16/2024 at 1:26 PM, Staff U, Nursing Assistant (NA), and Staff V, NA, assisted Resident 46 from their wheel chair to their bed. Staff U and Staff V removed the resident's pants to assist them with incontinent care. During this process Staff U lifted the resident's catheter tube and drainage bag six inches above their abdomen allowing urine to flow backwards into the bladder as Staff V continued to remove the resident's pants.</p> <p>During a concurrent interview on 04/16/2024 at 1:39 PM, Staff U and V stated they had received training on catheter care from the facility trainer. Staff U and V were unaware of the standard to keep the urinary catheter tubing and drainage bag below the bladder to prevent the risk of the resident getting a UTI.</p> <p>During an interview on 04/22/2024 at 3:40 PM, Staff B, Interim Director of Nursing Services' stated their expectation when staff provided urinary catheter care was to not hold the tubing and drainage bag above the bladder as the urine could flow back and cause a UTI.</p> <p>Reference WAC 388-97-1060(3)(c)</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 04/23/2024
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 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45117</p> <p>Based on observation, interview and record review, the facility failed to ensure appropriate treatment and services related to tube feedings [(TF) the delivery of nutrients through a tube directly into the stomach to provide nutrition for those who cannot obtain nutrition by mouth, are unable to safely swallow, or need nutritional supplementation] for 1 of 1 resident (Resident 8) reviewed for TF. The failure check for tube placement and label the tube feeding administration set with the date and time the feeding was initiated, placed the resident at risk for receiving expired and/or inaccurate enteral nutrition, adverse consequences, and complications of tube feeding.</p> <p>Findings included .</p> <p>Review of a policy titled, Tube Feeding Management/Restore Eating Skills, dated ,d+[DATE], showed monitoring for the feeding tube included verification of patency (the condition of the tube being unobstructed) and function of the feeding tube. This included checking for gastric residual volumes [(GSV)the amount of liquid drained from the stomach following the administration of a TF and/or before the administration of medications] and checking the external length of the tube. Further review showed auscultation (instillation of air into the feeding tube using a syringe, while using a stethoscope placed over the stomach to listen for rushing air) is no longer recommended for checking placement of feeding tube. Staff caring for residents with feeding tubes were competent to provide care and services.</p> <p>Review of the 2017 American Society for Parenteral and Enteral Nutrition document, ASPEN Safe Practices for Enteral Nutrition Therapy showed that resident-specific labels clearly and accurately identified what formula the resident was receiving at any time. The label should be affixed to formula containers or syringes to include who prepared the formula, date/time it was prepared, and date and time it was started.</p> <p><Resident 8></p> <p>Review of the medical record showed Resident 8 was admitted to the facility on [DATE] with diagnoses including difficulty swallowing after a stroke, right sided paralysis, and a feeding tube. The [DATE] comprehensive assessment showed Resident 8 was dependent on one to two staff members for activities of daily living. Resident 8 had a moderately impaired cognition.</p> <p>A concurrent observation and interview on [DATE] at 6:44 AM, showed Staff F, Registered Nurse, preparing to administer medications to Resident 8 through their feeding tube. There was a bag of TF hanging from the night before that was not connected to the resident's feeding tube. Staff F proceeded to check placement of the feeding tube by auscultation, not by the recommended checking for GSV). Staff F stated they were listening for air and was able to hear it pass through the tube into the stomach. Staff F stated that was how they were trained to check placement of the tube. Staff F stated it had been a while since they had competencies completed and they needed to catch up. Staff F stated it had been a while since they had worked the floor.</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 04/23/2024
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 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An observation on [DATE] at 7:58 AM, showed a bag containing 900 milliliters of tube feeding formula attached to the tube feeding pump (a medical device used to deliver tube feeding formula at a preset rate); the pump was not running. The bag was not labeled with the date, time, and initials of the staff member that prepared the formula.</p> <p>During an interview on [DATE] at 8:28 AM, Staff H, Licensed Practical Nurse, stated they did not hang the bag of tube feeding formula that was currently in Resident 8's room. Staff H stated they were told in report that morning that the resident had not been feeling well and the tube feeding was held (not administered) overnight. Staff H stated the unlabeled bag hanging in the room was from the previous evening/night shift.</p> <p>During an interview on [DATE] at 1:10 PM, Staff B, Interim Director of Nursing Services, stated the process for checking placement of the feeding tube included checking for gastric residuals (the amount of liquid drained from the stomach following administration of feedings directly into the stomach) and using a stethoscope, push air, and listening for the air.</p> <p>During an interview on [DATE] at 1:44 PM, Staff A, Administrator, stated they expected the licensed nurses to follow the professional standards of practice for tube feedings.</p> <p>Reference: WAC [DATE](3)(f)</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 04/23/2024
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39652</p> <p>Based on interview and record review, the facility failed to ensure dialysis services met professional standards of care for 1 of 1 resident (Resident 167) reviewed for dialysis care. The facility did not have a coordinated process for communication with the outside dialysis center and for monitoring the resident after dialysis treatments. This failure placed residents receiving dialysis at risk for complications and unmet care needs.</p> <p>Findings included .</p> <p>Review of a facility policy titled, Quality of Care/Dialysis, dated 01/2024, showed</p> <ul style="list-style-type: none"> -The facility and the dialysis center would collaborate to assure that the resident's needs related to dialysis treatment were being met. - The facility would assess the resident's condition and monitor for complications before and after dialysis treatments. - Facility and dialysis dieticians would coordinate the nutritional care of the resident including weight fluctuations to fluid retention/depletion. - There would be ongoing communication between the facility and the dialysis center reflected in the residents medical record. <p><Resident 167></p> <p>Review of the residents medical record showed they were admitted to the facility on [DATE] with a diagnosis of kidney failure with dialysis (the kidneys no longer function and require a process to remove waste and excess fluids from the blood stream).</p> <p>Record review of the April 2024 physician orders showed nurses were to complete and print a Pre-Dialysis Assessment and Communication Form and ensure it was sent with the resident to the dialysis center. The nurses were also instructed to review the Dialysis Post Assessment Form after the resident returned and complete any follow up as indicated. The nurse was to contact the dialysis center if the form was not returned with the resident.</p> <p>During an interview on 04/18/2024 at 8:53 AM, Resident 167 stated they had gone to dialysis almost every day over the past week. The resident further stated they were trying to get their dialysis treatments scheduled for Tuesday, Thursday and Saturday during the day time as it would be easier to have consistent days and times.</p> <p>During an interview on 4/18/2024 at 10:19 AM, Staff D, Unit Manager/Licensed Practical Nurse, stated the facility process for dialysis communication was the nurses completed the Pre-Dialysis Assessment Form printed it off and send it with the resident to the dialysis center. The second part of the form was for staff at the dialysis center to complete the post assessment and send it back with the resident for the facility to review.</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 04/23/2024
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Staff D was asked to provide the pre/post assessment forms for Resident 167 and stated they were unable to find them consistently completed. Staff D provided two facility dialysis forms dated 04/12/2024 and 04/17/2024. Review of the forms showed the dialysis center had not completed any post assessments or communicated the residents weights, post dialysis vital signs, or other pertinent information related to the residents dialysis treatment.</p> <p>During an interview on 04/22/2024 at 12:28 PM, Staff G, Registered Dietician (RD), stated they had not had any communication with the RD at the dialysis center related to Resident 167's care or follow up as a new dialysis resident. Staff G stated they struggled with being able to communicate with the RD's at the dialysis centers: I would contact them if I had their phone number.</p> <p>During an interview on 04/23/2024 at 8:50 AM, Staff B, Interim Director of Nursing Services stated their expectation was that the Pre-Dialysis Assessment Form was started at the facility pre-dialysis and sent with the resident to be finished by staff at the dialysis center. This process was to ensure communication and continuity of care between the facility and the outside dialysis center.</p> <p>Reference WAC 388-97-1900(1), (6)(a-c)</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 04/23/2024
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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39652</p> <p>Based on observation, interview, and record review, the facility failed to ensure licensed nurses had the specific competencies and skill sets which included documented demonstration necessary to safely and efficiently perform care for residents' needs in the area of Central Vascular Access Devices (CVAD - a thin flexible tube that is inserted into a vein with the tip close to the heart) used to instill medications, fluids, flushes, draw blood, and complete sterile dressing changes) for 2 of 2 nursing staff (Staff Y and W) reviewed for staff competencies. This failure placed residents at risk for adverse outcomes related to CVAD's and unmet care needs.</p> <p>Findings included .</p> <p>Washington State Board of Nursing (an entity that regulates the competency and quality of nurses to protect the health and safety of the public) defines nurse competency in reference to WAC 246-840-210 section 5 titled, Continuing Competency .the ongoing ability of a nurse to maintain, update and demonstrate sufficient knowledge, skills, judgement and qualifications to practice safely and ethically .</p> <p>Record review of the Facility assessment dated [DATE], showed .Staff will receive competency training all year round .Director of Nursing provides competencies, training and ongoing education at Licensed Nurses meetings. Staff complete a competency validation process upon hire and selected Core competencies are completed annually.</p> <p>Record review of the facility policy titled, Central Vascular Access Device, dated 06/01/2021, showed .The nurse is responsible and accountable for obtaining and maintaining competencies with infusion therapy within his/her scope of practice. Competency validation is documented and placed in employee file. Further review of the facility's policy for sterile dressing changes of a CVAD showed that the insertion site for the line as a potential entry site for bacteria that could cause an infection if guidelines/procedure were not followed. The policy showed CVAD's dressing changes were to be performed using sterile technique (the use of a practice that restrict bacteria in the environment and prevent cross contamination of the CVAD). CVAD dressing changes included documentation of the length of the external catheter to ensure it had not become dislodged and measurement of the arm circumference to detect for the presence of a thrombus (a blood clot that forms inside the vein and is a serious condition).</p> <p>During an interview 04/22/2024 at 11:59 AM, Staff Y, Registered Nurse (RN), stated they were responsible for CVAD care on their unit for one resident, to include giving medications, flushes and sterile dressing changes. Staff Y stated they had not received training or had their competencies reviewed related to the care and maintenance of CVAD's. Staff Y stated they had completed sterile dressing changes on CVAD's at the facility and verbally reviewed the process. Staff Y was not aware of the requirement during a sterile dressing change to measure the catheter tubing length to validate that the CVAD had not been displaced.</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 04/23/2024
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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 04/22/2024 at 9:19 AM, Staff W, Licensed Practical Nurse (LPN), stated they had three CVAD's running on their unit which required routine care including flushes, sterile dressing changes, and instilling medications. Staff W stated they had not been trained by the facility or had their CVAD competencies checked. I did not know I needed to show competencies or have any training. Staff W stated they had completed sterile dressing changes at the facility for residents with CVAD's and verbally reviewed the process. Staff W was unaware of the requirement to measure the arm circumference and the length of the catheter tubing. When asked where to find this information in the medical record they stated they did not know.</p> <p>During an interview on 04/22/2024 at 9:09 AM, Staff B, Interim Director of Nursing Services stated they had checked employee training's and did not find evidence that the facility nurses (Staff Y and W) had been trained or demonstrated competency through skill checks related to CVAD's. Staff B stated it should be done at least annually, I will make sure the nurses receive training.</p> <p>Reference WAC-388-97-180(1), 1090(1)</p> <p>43280</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 04/23/2024
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45117</p> <p>Based on interview and record review, the facility failed provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of 1 of 1 resident (Resident 4) reviewed for pharmacy services. Resident 4 expressed a need for an as needed (PRN) pain medication at bedtime and did not receive it. This failed practice placed the resident at risk for ongoing, uncontrolled pain, and emotional distress.</p> <p>Findings included .</p> <p>Review of a policy titled, Pain Management, dated 11/2017, showed residents were assessed and evaluated to identify and manage pain with appropriate interventions to assist the resident to attain or maintain their highest practicable level of well-being. The resident would be monitored for the presence of pain and be evaluated when there was a change in condition and whenever new pain or an exacerbation (an increase in the severity of a problem, illness, or bad situation) of pain was suspected.</p> <p><Resident 4></p> <p>Review of the medical record showed Resident 4 was admitted to the facility on [DATE] with diagnoses including lumbar degenerative disc disease (wear and tear on a spinal disc that causes lower back pain), right hip pain, and right-side lumbago with sciatica (low back pain that shoots down your legs, down to the toes). The 02/20/2024 comprehensive assessment showed Resident 4 was cognitively intact and was dependent on staff for activities of daily living; set up for eating. The assessment also showed Resident 4 had a scheduled pain medication regimen, as needed pain medications, and received non-medication interventions for pain. A pain assessment interview was completed that showed Resident 4 had frequent pain that interfered with their day-to-day activities, and almost constantly made it hard to sleep at night.</p> <p>A concurrent observation and interview on 04/16/2024 at 9:51 AM, showed Resident 4 lying in bed, using colored pencils to color a picture, and watching television. Resident 4 stated their hips always hurt. They stated they were taking pain medications that were not always effective, especially at bedtime. Resident 4 stated their provider ordered Tramadol (a narcotic pain medication used to relieve moderate to moderately severe pain) to take as needed at bedtime but they had not received the medication yet. Resident 4 stated they were unsure why they had not received the medication and stated, I think, maybe, my insurance denied it.</p> <p>Review of a provider progress note dated 03/27/2024, showed Resident 4 had complained of general body pain, especially at night. The provider ordered Tramadol 50 milligrams (a unit of measure) as needed at bedtime.</p> <p>Review of the April 2024 Medication Administration Record showed Resident 4 had not received the ordered Tramadol up until 04/22/2024.</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 04/23/2024
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A concurrent observation and interview on 04/22/2024 at 8:25 AM, showed Staff H, Licensed Practical Nurse, standing at the medication cart. Staff H stated there was an order for the as needed Tramadol and looked for Resident 4's Tramadol in the medication cart. Staff H stated there was no Tramadol in the medication cart for Resident 4 and would follow up with the pharmacy to see why they did not have the medication.</p> <p>During an interview on 04/22/2024 at 9:51 AM, the Advanced Registered Nurse Practitioner stated they were not notified that there was an issue with getting the Tramadol.</p> <p>During an interview on 04/22/2024 at 10:44 AM, Staff E, Licensed Practical Nurse/Unit Manager, stated they were not aware that Resident 4 did not have their Tramadol medication. They stated if it were an insurance issue, the process would have been to get a prior authorization for the medication and the facility would have provided the medication until the prior authorization was completed. During a follow up interview at 11:15 AM, Staff E stated the pharmacy never received the order on their end. Staff E stated they expected the floor nurses to alert them if there was a missing medication.</p> <p>During an interview 04/22/2024 at 2:09 PM, Staff A, Administrator, stated they expected the nursing staff to reach out to the provider if they were unable to get the medication for Resident 4.</p> <p>During an interview on 04/22/2024 at 2:13 PM, Staff C, Regional Nurse Consultant, stated the licensed nurses need to follow up with the provider and the pharmacy when ordered medications were not available.</p> <p>Reference: WAC 388-97-1300(1)(a)(b)(ii)</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 04/23/2024
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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45117</p> <p>Based on observation, interview, and record review, the facility failed to ensure a medication error rate of less than five percent. Three medication errors were identified for 2 of 8 residents (Residents 22 and 319) observed during 25 medication administration opportunities that resulted in an error rate of 12 percent. This failure placed the residents at risk of not receiving the full therapeutic effect of the medication and potential adverse side effects.</p> <p>Findings included .</p> <p>Review of a policy titled, General Dose Preparation and Medication Administration, revised 01/01/2013, showed facility staff should verify that the medication name and dose were correct. The facility should ensure that medication carts were locked when unattended.</p> <p>Review of the Instructions for use (IFU) by the U.S. Food and Drug Administration (USFDA) revised 07/2023, stated to prime the insulin pen with a new needle prior to each injection administration. Priming was meant to remove air from the needle and the cartridge. In addition, the IFU stated to insert the needle into the skin, press plunger all the way down, continue to hold the plunger and slowly count to five prior to removing the needle. These steps were to ensure the insulin pen worked correctly and the proper dosage of medication was administered.</p> <p><Resident 22></p> <p>Review of the medical record showed Resident 22 was admitted to the facility on [DATE] with diagnoses including congestive heart failure (a condition in which the heart does not pump blood efficiently) and muscle weakness. The 01/12/2024 comprehensive assessment showed Resident 22 was dependent on one to two staff members for activities of daily living (ADLs). The assessment also showed Resident 22 had a moderately impaired cognition.</p> <p>Review of a physician order dated 02/16/2024, showed Cyanocobalamin (a form of vitamin B12) oral tablet give 500 mg (milligrams - a unit of measurement) by mouth one time a day for supplement.</p> <p>During an observation on 04/17/2024 at 6:13 AM, Staff F, Registered Nurse (RN), removed a bottle of medication labeled Vitamin B-12 500 mcg (micrograms - a unit of measurement), and placed one tablet into a medication cup along with Resident 22's other morning medications. Staff F reviewed the medication order and placed the bottle back into the medication cart. Staff F delivered the medication to Resident 22 and observed them taking the medications.</p> <p>During an interview on 04/18/2024 at 1:29 PM, Staff E, Licensed Practical Nurse/Unit Manger (LPN/JM), stated they had made a transcription error when entering the Vitamin B-12 order. Staff E verified that the order should have been 500 mcg.</p> <p>During an interview on 04/22/2024 at 10:14 AM, Staff F stated they realized they needed to read the medication orders closely; they had not noticed the mg versus mcg order.</p> <p><Resident 319></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 04/23/2024
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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the medical record showed Resident 319 was admitted to the facility on [DATE] with a diagnosis including diabetes mellitus (a condition where there is too much sugar in the blood). The 04/16/2024 care plan showed Resident 319 required substantial/maximal assistance of one staff member for ADLs. The resident was able to make their needs known.</p> <p>During a concurrent observation and interview on 04/18/2024 at 11:31 AM, Staff M, RN, prepared an insulin pen (a pre-filled disposable device containing insulin) by cleaning the pen tip with an alcohol swab, then attached a disposable needle to administer the insulin. Staff M dialed the insulin pen to six units and administered the insulin to Resident 319. Staff M did not prime the insulin pen prior to administration of the insulin. Staff M stated priming the insulin pen was not part of the process for insulin administration and they had not been trained to prime the pen.</p> <p>During a concurrent observation and interview on 04/19/2024 at 11:31 AM, Staff N, LPN, prepared the insulin pen by cleaning the pen tip with an alcohol swab, then attached a disposable needle to administer the insulin. Staff N dialed the pen to six units, inserted the needle of the pen into the resident's abdomen, pressed the plunger, waited one second, then removed the needle. Staff N did not prime the pen prior to administration and did not wait five seconds before removing the needle from Resident 312's abdomen. Staff N stated they were not trained to prime the pen but were trained to wait five seconds before removing the needle when administering insulin. Staff N stated they did not wait the required five seconds.</p> <p>During an interview on 04/22/2024 at 1:12 PM, Staff B, Interim Director of Nursing Services, stated the process for administering insulin with a pen included priming the pen, holding the needle in the skin for 10 seconds to ensure the insulin was delivered. Staff B stated the process was not followed.</p> <p>During an interview on 04/22/2024 at 1:45 PM, Staff A, Administrator, stated the licensed nurses needed to do a double check for accuracy when transcribing physician orders.</p> <p>Reference: WAC 388-97-1060(3)(k)(ii)</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 04/23/2024
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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>45117</p> <p>Based on observation and interview, the facility failed to ensure proper storage and labeling of medications for 1 of 2 medication carts (North Cart) reviewed for medication storage and labeling. Additionally, the facility failed to ensure 1 of 2 medication carts (North Cart) was locked when unattended. These failures placed the residents at risk for receiving compromised medications and access to potentially harmful medications resulting in negative health outcomes.</p> <p>Findings included .</p> <p>Review of a policy titled, General Dose Preparation and Medication Administration, dated 01/01/2013, showed facility staff should not administer a medication if the label was missing. Additionally, the medication carts should always be locked when out of sight or unattended.</p> <p>During a concurrent observation and interview on 04/17/2024 at 6:44 AM, Staff F, Registered Nurse, obtained medications from the North Cart. Staff F closed all the drawers on the cart and proceeded to take the medications to a resident room, without locking the cart. There was an outside wound care vendor and a resident in proximity of the unlocked medication cart. Staff F stated they always locked the cart and did not know why they didn't that time.</p> <p>During a concurrent observation and interview on 04/22/2024 at 12:44 PM, showed the top drawer on the North Cart contained an unlabeled 30 milliliter (ml - a unit of measure) medication cup that contained 15 ml of a clear liquid. There was a second unlabeled medication cup that contained nine, brown medication capsules. Staff H, Licensed Practical Nurse, stated they did not know what the liquid was, but were saving it until they figured it out. Staff H stated the capsules were a probiotic (live bacteria and yeast supplements that may have beneficial effects on the body) medication for a resident, but they were not sure which one.</p> <p>During an interview on 04/22/2024 at 1:45 PM, Staff A, Administrator, stated the licensed nurses needed to ensure all medications had the proper labeling, and if not, they should discard them. Staff A stated they expected the licensed nurses to ensure the medication carts were locked when not attending to it.</p> <p>Reference: WAC 388-97-1300(2)</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 04/23/2024
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>31168</p> <p>Based on observation, interview, and record review, the facility failed to maintain a clean and sanitary surface of the kitchen stove hood. This included maintenance on a non-operational fan in the hood that vented out and removed grease, smells of food cooking, and hot vapors from the stove during the cooking of foods. Grease accumulated around the hood's large stove pipe from the stove hood, up to the area where the stove pipe reached up towards the ceiling, was bolted through the roof of the building, for 1 of 1 facility kitchen. This failure placed residents at risk of receiving food prepared from a kitchen with less than sanitary conditions.</p> <p>Findings included .</p> <p>During an observation on 04/15/2024 at 9:51 AM, the stove hood had dark grease that showed through the metal filter on the right upper side of the stove hood. The large pipe over the stove hood had yellowish dried grease streaks on both sides of the stove pipe. The stove pipe from the stove hood to the ceiling, was bolted and had large amounts of dark grease around the bolt attachments of the stove pipe to the ceiling.</p> <p>Record review of the kitchen's cleaning schedule showed the stove hood's last professional cleaning was 03/14/2024. Staff DD, Dietary Manager stated the company who cleaned the stove hood came on 03/14/2024 and said they cleaned it, but they were not satisfied with it. Staff DD stated they reported the issue to the Administrator and Staff T, Maintenance Director (MD).</p> <p>During an interview on 04/15/2024 at 11:00 AM, Staff T, (MD) stated they had called the company who was contracted to clean the stove hood and they were to fix the vent fan. They did not thoroughly clean the stove hood or repair the vent fan in the stove pipe. The contracted company stated they did clean the stove hood and refused to come and repair the stove hood. Staff T stated they were now trying to locate another company to clean the stove hood/ pipe and repair the fan.</p> <p>Reference: WAC 388-97-1100(3)</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 04/23/2024
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 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31168</p> <p>Based on observation, interview, and record review, the facility failed to ensure effective coordination of care between the facility and hospice staff, for 1 of 2 residents (Resident 48) reviewed for hospice services. Additionally, the facility failed to communicate and update the resident's care plan, which identified which entity was responsible for resident care. These failures prevented a system by which consistent communication between the facility and hospice staff occurred and placed the residents at risk for not receiving necessary care and services.</p> <p>Findings included .</p> <p>Review of the facility's policy titled, Hospice, dated 07/2018, showed the facility and hospice would establish a coordinated care plan which provided specific services and functions that each provider was responsible for performing. The facility retained primary responsibility for implementing those aspects of care that were not related to hospice.</p> <p>Additionally, the signed contract, dated 03/12/2015, titled, Nursing Facility and Hospice Services Agreement, was to have an annual contract review, revision and renewal, or termination of contract. The hospice/facility contract showed the facility and hospice were to participate in care conferences.</p> <p><Resident 48></p> <p>Review of the medical record showed the resident admitted on hospice services to the facility on [DATE] with diagnoses of a brain tumor, seizures, and high blood pressure. Review of the 01/16/2024 comprehensive assessment showed the resident was alert and able to make their needs known. The resident required extensive assistance of one staff member with transfers, toileting, and personal cares.</p> <p>Review of the 04/09/2024 care plan did not include a coordination of hospice care plan.</p> <p>Review of the 03/27/2024 hospice progress note, showed the resident had no changes and instructions to call hospice for any changes.</p> <p>During an interview on 04/16/2024 at 9:30 AM, Resident 48 stated they felt better and would like to see if they could do some therapy for their upper body strength. Additionally, the resident stated that their bed was too narrow and they could not turn in bed and had fallen out of bed. The bed was the size of a twin bed in width and there were no supports on the sides of the bed so the resident could turn themselves.</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 04/23/2024
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 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 04/16/2024 at 2:25 PM, the Hospice Social Worker (HSW), stated they did not have anyone that was a point person when they came to see the residents on hospice in the facility and they usually talked to the receptionist. When the surveyor asked if the HSW saw the resident's bed was too narrow for the resident, the HSW stated the resident's bed was too small for Resident 48 and that the resident was improving. The HSW stated they could suggest a Physical Therapy evaluation and a wider bed. Additionally, they would speak with the hospice staff about the resident's condition.</p> <p>During an interview on 04/16/2024 at 3:06 PM, Staff A, Administrator stated they needed to update the 03/12/2015 Hospice Agreement and there was no amendment to continue hospice services. Staff A stated even though hospice services were continued at the facility, they needed to get together to determine how to communicate and coordinate with the staff and hospice residents in the facility.</p> <p>During an interview on 04/17/2024 at 12:37 PM, the hospice Registered Nurse stated they had just taken over Resident 48's case. They further stated they were not knowledgeable about the resident's condition and were not updated on the resident, and unaware the resident had safety issues.</p> <p>Reference: WAC 388-97-1060(1)</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 04/23/2024
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 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action.</p> <p>43280</p> <p>Based on interview and record review, the facility failed to ensure an effective Quality Assurance and Performance Improvement (QAPI) program that identified high-risk (refers to care and services associated with significant risk to the health and safety of residents), high-volume (refers to care and service areas performed frequently or with a large population of residents, thus increasing the scope of the problem), problem-prone areas and/or implementation of corrective action for identified deficiencies related to nursing staff competencies, medication administration errors, infection prevention and control measures, resident immunizations, antibiotic stewardship program, or resident's homelike environment. Additionally, the facility failed to make a good faith attempt at correcting the identified quality deficiency with residents' baseline care plans. These failures placed all residents at risk for unidentified complications and prompt corrective action in resident care/services areas.</p> <p>Findings included .</p> <p>Refer to Code of Federal Regulations (CFR):</p> <p>483.21 (a)(1) F 655 Baseline Care Plans.</p> <p>483.35 (a)(3) F 726 Competent Nursing Staff.</p> <p>483.45 (f)(1) F 759 Free of Medication Error Rates of 5% or More.</p> <p>483.80 (a)(1) F 880 Infection Prevention and Control.</p> <p>483.80 (a)(3) F 881 Antibiotic Stewardship Program.</p> <p>483.80 (d)(1-2) F 883 Influenza and Pneumococcal Immunizations.</p> <p>483.80 (d)(3) F 887 COVID-19 Immunizations.</p> <p>Review of the policy titled, Quality Assurance and Performance Improvement, revised 10/25/2022, showed the facility would implement and maintain an effective QAPI program that would focus on outcomes of care/quality of life and would address the full range of care and services provided by the facility. The facility would make good faith attempts to identify and correct quality deficiencies.</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 04/23/2024
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 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 04/23/2024 at 8:00 AM, Staff A, Administrator, stated their QAPI process had not identified or corrected the quality deficiencies regarding nursing staff competencies, infection surveillance, influenza/pneumococcal or COVID-19 (an infectious disease causing respiratory illness with symptoms including cough, fever, new or worsening malaise, headache, dizziness, nausea, vomiting, diarrhea, loss of taste or smell, and in severe cases, difficulty breathing that could result in severe impairment or death) immunizations, antibiotic stewardship, resident's homelike environment, nor medication administration errors. Staff A stated their QAPI process should have been aware of high-risk, high-volume, problem-prone areas and did not make a good faith attempt of correcting the process identified with resident care plans.</p> <p>Reference: WAC 388-97-1760(1)(2)</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 04/23/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43280</p> <p>Based on observation, interview and record review the facility failed to maintain components of an infection prevention control program to prevent the development and transmission of communicable (capable of being transmitted from person to person) infections by ensuring, A) the required procedure was followed for hand hygiene/glove change with resident (Resident 36 and 46) cares for 5 of 10 staff (Staff O, P, Q, H and V) reviewed for hand hygiene, B) enhanced barrier precautions (EBP, indicated with high contact resident care activities with an infection, long term wound, indwelling medical device or colonization [the presence of a bacteria that has not yet started its infection process] of an multi drug resistant organism) and staff use of Personal Protective Equipment (PPE) were implemented during resident wound cares for 1 of 3 residents (Resident 22) reviewed for PPE with EBP, C) facility's environment was cleaned and disinfected with an Environmental Protection Agency (EPA) registered disinfectant, and D) implementation of an effective outcome surveillance system (a process of identification of communicable diseases by collecting/documenting resident specific data like; laboratory cultures, antibiotic medication orders, suspicions and/or signs and symptoms of infection) for 1 of 3 residents (Resident 2) reviewed for infection surveillance. These failures placed residents, staff, and visitors at an increased risk for exposure to cross contamination (harmful spread of diseases) and transmission of infectious diseases.</p> <p>Findings included .</p> <p>Review of the facility's policy titled, Infection Prevention and Control Program (IPCP), dated 06/08/2022, showed the facility would maintain an IPCP to help prevent the development/ transmission of communicable diseases and the staff member responsible for the IPCP was the Infection Preventionist (IP). The IP would record identified infections or residents with symptoms suspicious of an infection. The policy showed that facility staff were to perform hand hygiene, even if gloves were used; before and after contact with a resident, after contact with blood/body fluids/visibly contaminated surfaces, after contact with objects in a resident's room, after removing PPE, after using the restroom and before meals. The policy showed that residents on transmission-based precautions (TBP, preventative safeguards put in place to help prevent the spread of infectious diseases) would have their environment disinfected routinely using an approved disinfectant.</p> <p>Review of the undated facility guidelines titled, EBP, showed that all staff were to perform hand hygiene before entering and when leaving a room. Staff were to .wear gloves and a gown for the following high-contact resident care activities. Dressing, bathing/showering, transferring, changing linens, providing hygiene, changing briefs or assisting with toileting, device care or use: central line (a tube for medications to be administer right by the heart), urinary catheter (a tube that drains urine from the bladder), feeding tube (a tube that delivers food to the stomach), tracheostomy (a tube and/or opening made in the neck to help with breathing), wound care: any skin opening requiring a dressing.</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 04/23/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Centers for Disease Control and Prevention recommendations titled, Guidelines for Environmental infection control in Health-Care Facilities, updated July 2019, showed that cleaning and disinfecting environmental surfaces is fundamental in reducing their potential for transmission of diseases. Environmental surfaces can be medical equipment surfaces or .housekeeping surfaces (e.g., floors, walls, and tabletops), and need to go through a cleaning and disinfecting process. Environmental surface disinfectants are regulated by the EPA and labeled with an EPA registration number. Additionally, guidelines showed that high touch surface (areas with frequent hand contact) should be cleansed and disinfected more frequently with EPA disinfectants.</p> <p>Review of the facility's policy titled, Infection Control Program Implementation, dated April 2019, showed that when a new infection was identified with a resident, documentation of the McGeer's (a surveillance checklist that evaluates the resident's signs and symptoms to see if they meet the criteria of an infection) criteria would be utilized/performed along with evaluation of a residents laboratory samples and cultures to validate and organisms sensitivity to antibiotics.</p> <p>Review of the policy titled, Infection Control Surveillance, dated April 2019, showed the surveillance system included reviewing residents' laboratory and antibiotic reports.</p> <p><Hand Hygiene></p> <p>During an observation on 04/15/2024 at 10:23 AM, Staff O, Nursing Assistant (NA) and Staff P, NA, were transferring Resident 36 from a shower chair to their bed using a mechanical lift. Staff O and Staff P, both wearing gloves, attached the lift sling to the mechanical lift. Staff O placed their hands on the sling and guided the resident to the bed while Staff P operated the lift and adjusted the resident's bare legs. Staff O positioned the residents over the bed and adjusted their unclothed body, wearing the same gloves. Staff O and Staff P removed the sling from the mechanical lift. Staff O placed one hand on Resident 36's upper thigh and the other on the their shoulder and rolled them to their side. Staff P, wearing the same soiled gloves, obtained the residents clothing from their closet and presented them with two shirts and two pants to choose from. Staff P placed the clothing on the bed and returned the second outfit to the closet. Staff P removed their gloves, did not perform hand hygiene, and donned clean gloves. While the Resident 36 was still rolled to their side, Staff P used a towel to dry them off, including their private areas, and placed a clean brief under the resident. Staff O, wearing the same gloves, rolled the resident towards Staff P, positioned, and fastened the clean brief. Staff O and Staff P, both wearing the same gloves, put clean pants, shirt, and socks on the resident. Staff O gathered the same lift sling, rolled the resident towards Staff P, and placed the sling under the resident. Staff P adjusted the sling under the resident and, wearing the same gloves, positioned the mechanical lift over the bed then attached the sling to the mechanical lift. Staff O and Staff P transferred the resident to their wheelchair. Staff O, still wearing the same gloves, tucked the sling around the resident in the wheelchair. Staff P, wearing the same gloves, stripped the linen from the bed and placed them in a bag. Staff O and Staff P both removed their gloves. Staff O exited the room without performing hand hygiene. Staff P exited the room with the mechanical lift and bag of soiled linen. Staff P parked the lift in the hallway without cleaning it, carried the bag of soiled linen to the utility room. Staff P exited the utility room and proceeded to take the shower chair to the shower room, all without performing hand hygiene.</p> <p>During an interview on 04/22/2024 at 10:55 AM, Staff O stated they would have performed hand hygiene if the resident had a soiled brief, but this resident did not. Staff O stated there was no hand sanitizer in the room, but they should have washed their hands and changed gloves.</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 04/23/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an observation on 04/17/2024 at 6:28 AM, Staff Q, NA, donned a gown and gloves and entered a resident room with EBP signage, and performed morning personal cares (assistance with care following an episode of incontinence either bowel or bladder) on a resident under EBP's. Staff Q removed the residents soiled brief, performed personal cares, placed a clean brief, all while wearing the same gloves. They gathered their soiled items and placed them in a trash bag. Wearing the same soiled gloves, they positioned the resident with pillows and tucked their blanket around them. Staff Q then removed their gloves and washed their hands.</p> <p>During an interview on 04/22/2024 at 11:04 AM, Staff Q stated they should have changed their gloves and performed hand hygiene after tying up the soiled bag and before tucking the resident in. Staff Q stated they were trained to change gloves and perform hand hygiene in between soiled and clean tasks.</p> <p>During an observation on 04/17/2024 at 7:45 AM, Staff H, Licensed Practical Nurse (LPN), performed a wound dressing change to Resident 22's open wound to the left of their rectum. Staff H, wearing gloves, removed the soiled dressing and cleansed the wound. Staff H opened packages of dressing supplies while wearing the same soiled gloves. Staff H then removed their soiled gloves and donned clean gloves without performing hand hygiene. Staff H completed the dressing change by applying the dressings that were opened using the soiled gloves.</p> <p>During an interview on 04/17/2024 at 1:39 PM, Staff H stated they were trained to perform hand hygiene in between soiled and clean tasks. They stated they were just trying to hurry and keep things moving along. Staff H stated they needed to carry hand sanitizer with them and use it between tasks.</p> <p>During an observation on 04/16/2024 at 1:26 PM, Staff V, NA, was observed to assist Resident 46 with incontinent care. Staff V donned gloves and performed care for the resident who had been incontinent and had a bowel movement (BM). After incontinent care was completed Staff V while still wearing the same gloves used to clean the residents BM replaced their brief, dressed them, and assisted them to cover up in bed. Staff V moved several items around on Resident 46's over bed table. Staff V had completed these tasks without changing their soiled gloves or performing hand hygiene.</p> <p>During an interview on 04/22/2024 at 1:13 PM, Staff B, Interim Director of Nursing Services, stated they expected staff to change gloves and perform hand hygiene between glove changes.</p> <p>During an interview on 04/22/2024 at 1:50 PM, Staff A, Administrator, stated they expected to staff to wash or sanitize their hands after removing gloves.</p> <p><EBP/PPE></p> <p><Resident 22></p> <p>Review of the medical record showed Resident 22 was admitted to the facility on [DATE] with diagnoses including myasthenia gravis (a weakness and rapid fatigue of muscles), heart and respiratory complications. The 01/12/2024 comprehensive assessment showed Resident 22 was dependent on one to two staff for activities of daily living (ADLs, daily actions like dressing, transferring and toileting); set up assistance for eating and oral cares. The assessment also showed Resident 22 had a moderately impaired cognition.</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 04/23/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of a provider progress notes, dated 03/26/2024 at 8:01 AM, showed Resident 22 had a pressure injury (localized soft tissue injury that forms as a result of prolonged pressure and shear) that was documented as closed and in the final remodeling phase of wound healing.</p> <p>Review of nursing progress notes, dated 04/18/2024 at 11:13 AM, showed Staff H, licensed Practical Nurse (LPN), had documented that Resident 22 had an open area to the sacrum (bottom or lower backside of the body).</p> <p>Observation of Resident 22's room on 04/18/2024 at 1:09 PM and 04/19/2024 at 7:34 AM showed no EBP signage on the door or PPE supplies outside of Resident 22's room.</p> <p>During an observation on 04/18/2024 at 1:09 PM, Staff S, NA, entered Resident 22's EBP room to answer the call light. Staff S exited and stated they needed to get trash bags to do resident cares. Staff S reentered Resident 22's room, not wearing a gown, donned gloves and performed personal cares on Resident 22.</p> <p>During an interview on 04/19/2024 at 9:08 AM, Staff H stated that Resident 22 had a pressure injury that had opened like a slit a few days ago. Staff H stated they covered the wound with a foam dressing but Resident 22 did not like it so they left the wound uncovered.</p> <p>During an interview on 04/19/2024 at 9:11 AM, Staff D, Infection Preventionist (IP), stated they were informed of new wounds upon admission of a new resident or through wound rounds. Staff D stated they did nursing rounds every morning and asked the staff if there were any new issues including wounds. Staff D stated they expected Staff H or Staff F, Registered Nurse (RN), to report the newly opened wound to ensure EBP's were initiated. Staff D stated I will go take care of initiating EBP's right now, especially since staff have been in there doing cares.</p> <p><Environment></p> <p>During a concurrent interview and observation on 04/17/2024 at 3:43 PM, Staff Z, Laundry/Housekeeper, stated the facility had just transitioned over to a new chemical cleaning/disinfecting products that housekeeping staff used when cleaning the facility's environment. Observation of a Neutral Floor Cleaner chemical with no EPA registration number and Micro-Kill Q3 (a chemical disinfectant that kills bacteria and viruses) with EPA number 6836-349-37549. Staff Z stated the neutral floor cleaner was utilized when staff were cleaning all the floors of the facility, which included resident rooms. When asked about resident rooms that required TBP, Staff Z stated the neutral floor cleaner was the only chemical used to clean the floors. Staff Z stated the Micro-Kill Q3 chemical was used for all high touch surface areas and was unaware of the contact time (the amount of time the disinfected surface needs to remain visibly wet to effectively perform the disinfection process) for the Micro-Kill Q3 or the neutral floor cleaner.</p> <p>During an interview on 04/17/2024 at 4:00 PM, while cleaning the resident dining room, Staff CC, Housekeeper, stated they used the neutral floor cleaner for about two minutes (contact time) on all floors surface in the facility. When asked the contact time for the Micro-Kill Q3 when they disinfected high touch surface areas, Staff CC stated 30 seconds.</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 04/23/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the facility's, Micro-Kill Q3 Concentrated Disinfectant, Cleaner and deodorizer technical data bulletin, dated for the year 2022, showed that it recommended a three-minute contact time for most bacteria and viruses.</p> <p>During a concurrent interview on 04/19/2024 at 1:04 PM Staff A, Administrator and Staff B, IDNS, stated that Staff Z and CC were not following the correct process regarding the clean and disinfecting of the facility's environmental surfaces. Staff A stated that all the facility's floors, including TBP/EBP resident rooms, were to be disinfected with the EPA registered Micro-Kill Q3 disinfectant and that education needed to be done.</p> <p><Surveillance></p> <p><Resident 2></p> <p>Review of the medical record showed the resident was admitted on [DATE] with diagnoses including pressure injury wound on their sacrum altered mental status, speech and language complication following a stroke, and diarrhea. The 03/12/2024 comprehensive assessment showed the resident cognition was moderately intact, able to make their needs known and had a Stage 4 (full thickness ulcer likely involving muscle or bone) pressure injury.</p> <p>Record review of the provider wound care consultant notes showed:</p> <p>On 03/13/2024 Resident 2's sacrum had abnormal redness an increase in dead skin tissue and purulent drainage (a type of fluid that oozes from a wound that indicate infection). A wound culture/sensitivity (C/S, a test to diagnose a bacterial infection and what antibiotics would be best to treat the infection) was obtained by the provider and a recommendation for an antibiotic was made for a possible wound infection. Resident 2's wound vacuum (a device that utilizes a vacuum and suction to assist and promote healing of pressure injuries) was discontinued due to the infection and would be on hold until the wound infection cleared up.</p> <p>On 03/20/2024 another wound C/S was obtained due to the first one coming back inconclusive and the resident's wound vacuum still on hold due to infection concerns. The provider recommended a repeat of the wound C/S, a trial of antibiotics for the wound infection and a computed tomography (CT, an imaging test that can give a detailed view of a specific area of the body) scan of the sacrum area due to concerns for osteomyelitis (an infection of the bone, caused by bacteria) and wanting to rule out a bone infection for Resident 2.</p> <p>Record review Resident 2's sacrum wound cultures, received by the facility on 03/24/2024 showed the resident's wound was positive for Staphylococcus Aureus (a type of bacteria), but had not included the sensitivity (which antibiotics would be the best (most sensitive) for treatment to the type of identified bacteria in the wound) in the report.</p> <p>During an interview on 04/17/2024 at 7:16 AM, after wound care completed on Resident 2, the provider wound care consultant, stated they were treating the resident's sacrum pressure injury for an infection. The provider stated they had not seen a sensitivity report on the cultures obtained on 03/20/2024 nor that the recommended antibiotics were started for Resident 2's wound infection.</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 04/23/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 04/17/2024 at 7:53 AM, Staff B, IDNS, stated that antibiotics orders had not been completed for Resident 2 regarding the provider wound care consultant's recommendations on 03/13/2024 or 03/20/2024. Staff B stated that the primary provider for the facility, who would have ordered Resident 2's antibiotics, was not notified of the antibiotic recommendations nor that positive C/S results had been received on 03/24/2024. Staff B stated they did not see any documentation that nursing staff had received the C/S or why the sensitivity portion of the C/S was not obtained. Staff B stated they would have expected that the recommendations for antibiotics would have been conveyed to the primary provider by nursing staff and that the primary provider would have been notified when Resident 2's positive C/S was received, so that a decision could have been made to start antibiotic or not.</p> <p>Record review of the facility's infection surveillance log for March and April 2024 showed that Resident 2 was not being monitored, tracked, or followed regarding their sacrum wound infection, positive C/S nor provider wound care consultant's recommendations for antibiotics.</p> <p>During an interview on 04/18/2024 at 1:17 PM, Staff D, IP, stated for infection surveillance they documented, tracked, and trended all resident signs/symptoms of infections or suspected infections, along with C/Ss and antibiotic orders for all the facility's residents. Staff D stated they were not aware of Resident 2's sacrum wound infection, positive C/S on 03/24/2024 nor the provider wound care consultant's recommendations for antibiotics or CT to rule out osteomyelitis. Staff D stated they were not informed of any infection concerns for Resident 2 and did not usually attend the morning wound rounds. Staff D stated they did not have a good process for infection surveillance in place right now.</p> <p>During a concurrent interview on 04/19/2024 at 1:04 PM, Staff A, Administrator, Staff B, IDNS and Staff C, Regional Nurse Consultant, stated they did not have a good process in place for infection surveillance and would be working to correct it.</p> <p>Reference: WAC 388-97-1320 (1)(a)(c)2)(b)(c)</p> <p>39652</p> <p>45117</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 04/23/2024
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 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement a program that monitors antibiotic use.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43280</p> <p>Based on interview and record review, the facility failed to ensure the infection prevention and control antibiotic stewardship program (ASP) implemented measures for a system-wide monitoring/tracking of antibiotic to ensure appropriate use of antibiotics for 2 of 3 sampled residents (Resident 47 and 2) reviewed for antibiotic stewardship. This failure increased all residents' risk for development of multidrug-resistant organisms (MDRO/a bacteria that are resistant to many antibiotics), and unidentified nursing care trends related to infection prevention.</p> <p>Findings included .</p> <p>Review of the facility's policy titled, ASP, dated May 2019, showed that the facility was to .implement a system for monitoring and reviewing antibiotic orders and antibiotic usage to aide in the responsible use of antibiotics . and that the Infection Preventionist (IP) would be responsible for oversight on the ASP. The policy stated that the IP would, verify that antibiotic orders were in compliance with the Loeb Criteria (a checklist that evaluates the resident's signs and symptoms to see if they indicate the need for an antibiotic), review cultures/sensitivity (C/S, a test to diagnose a bacterial infection and what antibiotics would be best to treat the infection) completed on residents' infections, and conduct an antibiotic time-out checklist (An assessment of an antibiotic medication that occurs 48-72 hours after the first administration, taking into account C/S testing results, residents response to therapy, and resident condition).</p> <p>Review of the facility's policy titled, Infection Control Program, dated April 2019, showed the facility would monitor and investigate causes of infection and how they might have spread. The policy showed that it would maintain records of resident infections which included each resident with an infection, the date of the infection, the causative agent (the organism that caused the infection), the site of infection and the intervention that were taken to control the spread of infection.</p> <p><Resident 47></p> <p>Review of the medical record showed the resident was admitted to the facility on [DATE] with diagnoses including recent neck surgery of the cervical spine (area at the base of the neck), diabetes (a disease in which the body does not process blood sugar efficiently), and osteomyelitis (an infection in the bone). Review of the residents comprehensive assessment dated [DATE] showed the resident was cognitively intact.</p> <p>Review of the February 2024 medication administration record showed the resident was receiving a intravenous (IV-medication distributed directly into the blood stream) antibiotic (vancomycin). The IV medication was discontinued on 02/15/2024. and two additional oral (by mouth) antibiotic medications were started on 02/23/2024 (doxycycline and linezolid), each to be administered concurrently for 14 additional days. Further review of Resident 47's record did not show rationale or clinical evidence as to why the residents antibiotics had changed.</p> <p>During an interview on 04/19/2024 at 10:30 AM, Staff D, Infection Preventionist, stated they did not have clinical information or assessments to monitor Resident 47's antibiotic use, and stated I should have gotten that information from the lab.</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 04/23/2024
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 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p><Resident 2></p> <p>Review of the medical record showed the resident was admitted on [DATE] with diagnoses including pressure injury wound on their sacrum (bottom or lower backside of the body), altered mental status, speech and language complication following a stroke, and diarrhea. The 03/12/2024 comprehensive assessment showed the resident cognition was moderately intact, they were able to make their needs known and had a stage 4 (full thickness ulcer likely involving muscle or bone) pressure injury to the sacrum.</p> <p>Record review of the provider wound care consultant notes showed:</p> <p>On 03/13/2024 Resident 2's sacrum had abnormal redness an increase in dead skin tissue and purulent drainage (a type of fluid that oozes from a wound that indicate infection). A wound C/S was obtained and a recommendation for antibiotic was made for a possible wound infection.</p> <p>On 03/20/2024 recommendations were made for a repeat of the wound C/S due to the first sample being inconclusive, to start antibiotics, acquire a computed tomography scan (CT, an imaging test that can give a detailed view of a specific area of the body) of the sacrum area because of the providers concern for osteomyelitis.</p> <p>Record review Resident 2's sacrum wound cultures, received by the facility on 03/24/2024 showed the residents wound was positive for Staphylococcus Aureus (a type of bacteria), but had not included the sensitivity in the report.</p> <p>Record review of facility's ASP log for March and April 2024 showed that Resident 2 was not being monitored, tracked, or followed regarding their sacrum wound infection, positive C/S nor provider wound care consultant's recommendations for antibiotics.</p> <p>Record review of Resident 2 physician orders, for April 2024 showed levofloxacin (a type of antibiotic medication) and doxycycline were ordered on 04/17/2024 for osteomyelitis (24 days after the positive culture was received).</p> <p>During an interview on 04/18/2024 at 1:17 PM, Staff D, IP, stated they were not aware of Resident 2's sacrum wound infection, positive C/S on 03/24/2024 nor the provider wound care consultant's recommendations for antibiotics or CT to rule out osteomyelitis. Staff D stated they had not talked with the in-house provider about antibiotic recommendations or why antibiotics were started 24 days after Resident 2's C/S came back positive, it's really late to be putting in antibiotic now (for possible osteomyelitis). Staff D stated they did not have a good process in place right now for monitoring antibiotic.</p> <p>During a concurrent interview on 04/19/2024 at 1:04 PM, Staff A, Administrator, Staff B, Interim Director of Nursing Services, and Staff C, Regional Nurse Consultant, stated they did not have a good process in place for the ASP and would be working to correct it.</p> <p>Reference: WAC 388-97-1320(2)(a,c)</p> <p>39652</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 04/23/2024
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 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43280</p> <p>Based on interview and record review, the facility failed to ensure residents received pneumococcal immunization (a vaccine that protects against pneumococcal infections that can lead to serious infections such as pneumonia and blood infections) and influenza immunization (a vaccine that protects against a viral infection that attacks the lungs, nose, and throat) education regarding the potential risk versus benefits when offered the immunizations for 5 of 5 residents (Resident 56, 118, 41, 2 and 31) residents reviewed for immunizations and infection control. This failure placed residents at risk of exposure to contagious diseases without the knowledge of the risks and/or benefits of the immunization in order to make an informed decision.</p> <p>Findings included .</p> <p>Review of the policy titled, Influenza and Pneumococcal Immunizations, dated 06/08/2022, showed the facility provided influenza and pneumococcal immunizations to minimize the risk of residents acquiring, transmitting, or experiencing complications from influenza and pneumococcal diseases. The resident and/or their representative would receive information related to the risks and benefits of the immunizations. The influenza season .typically covers October 1 through March 31 each year . Further review showed that documentation in a resident's record would show that education had been completed and the resident had the right to receive or refuse the immunization .</p> <p><Resident 56></p> <p>Review of the medical record showed the resident was admitted to the facility on [DATE] with a diagnosis of a right shoulder dislocation. The 02/26/2024 comprehensive assessment showed the resident's cognition was moderately intact, but they were able to make their needs known. Resident 56 was offered, and declined the pneumococcal immunization, and received the influenza immunization outside of the facility (no date of when the influenza immunization was received).</p> <p>Review of Resident 56's pneumococcal immunization consent form, dated 03/26/2024, completed by Staff D, Infection Preventionist (IP), showed the pneumococcal immunization was declined on 03/26/2024 by Resident 56 and no immunization education related to benefits, risks, and potential side effects was provided.</p> <p>Review of Resident 56's influenza immunization consent form, dated 02/13/2024, showed the influenza immunization was declined on 02/13/2024 by Resident 56 and no immunization education related to benefits, risks and potential side effects was provided.</p> <p>During an interview on 04/17/2024 at 1:53 PM Resident 56 stated they had not received education related to benefits, risks, and potential side effects of the influenza or pneumococcal immunizations.</p> <p><Resident 118></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 04/23/2024
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 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the medical record showed the resident was admitted to the facility on [DATE] with diagnoses including respiratory complications, diabetes (impaired ability to convert blood sugar to energy), and long-term pain. The 03/21/2024 comprehensive assessment showed the resident was cognitively intact and that Resident 118 was offered and declined the influenza and pneumococcal immunizations.</p> <p>Review of Resident 118's influenza and pneumococcal immunization consent forms, both dated 03/15/2024, completed by Staff BB, Admissions Registered Nurse (RN), showed that both vaccines were declined on 03/14/2024 by Resident 118 and no immunization education related to benefits, risks and potential side effects was provided.</p> <p>During an interview on 04/17/2024 at 2:20 PM Resident 118 stated they had not received education related to benefits, risks, and potential side effects of the influenza or pneumococcal immunizations.</p> <p><Resident 41></p> <p>Review of the medical record showed the resident was admitted to the facility on [DATE] with diagnoses of dementia (an impairment of brain function that causes memory loss, forgetfulness, and impaired thinking abilities), dysphagia (difficulty swallowing), pneumonia (an inflammatory condition of the lungs), and urinary tract infections (infection of the bladder or urinary tract). The 02/07/2024 comprehensive assessment showed the resident had severe cognitive impairment and complications with their short/long term memory. Additionally, the comprehensive assessment showed that Resident 41 was offered and declined the influenza and pneumococcal immunizations.</p> <p>Review of Resident 41's influenza and pneumococcal immunization consent form, both dated 02/10/2024, completed by Staff D, showed that both immunizations were declined on 02/05/2024 by Resident 41 and no immunization education related to benefits, risks, and potential side effects was provided.</p> <p><Resident 2></p> <p>Review of the medical record showed the resident was admitted to the facility on [DATE] with diagnoses including a pressure injury wound on their sacrum (bottom or lower backside of the body), altered mental status, speech and language complications following a stroke, and diarrhea. The 03/12/2024 comprehensive assessment showed the resident's cognition was moderately intact, was able to make their needs known, and that Resident 2 was offered and declined the influenza and pneumococcal immunizations.</p> <p>Review of Resident 2's influenza and pneumococcal immunization consent form, both dated 03/06/2024, completed by Staff BB, showed that both vaccines were declined on 03/06/2024 by Resident 2, and no immunization education related to benefits, risks and potential side effects was provided.</p> <p>During an interview on 04/17/2024 at 2:12 PM Resident 2 stated they did not remember receiving education related to benefits, risks, and potential side effects of the influenza or pneumococcal immunizations.</p> <p><Resident 31></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 04/23/2024
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 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the medical record showed the resident was admitted to the facility on [DATE] with diagnoses including high cholesterol, Parkinson disease (a progressive disorder that affects the nervous system and causes unintended or uncontrollable movements), COVID-19 (an infectious disease causing respiratory illness with symptoms including cough, fever, new or worsening malaise, headache, dizziness, nausea, vomiting, diarrhea, loss of taste or smell, and in severe cases, difficulty breathing that could result in severe impairment or death). The 02/24/2024 comprehensive assessment showed the resident had the ability to clearly comprehend/ability to understand others and was able to make their needs known. Additionally, the comprehensive assessment showed that Resident 31 was offered and declined the influenza and pneumococcal immunizations.</p> <p>Review of Resident 31's influenza and pneumococcal immunization consent form, both dated 01/19/2024, showed that both vaccines were declined on 01/19/2024 by Resident 31 and no immunization education related to benefits, risks, and potential side effects was provided.</p> <p>During an interview on 04/22/2024 at 3:53 PM, Resident 31 stated they did not remember receiving education related to benefits, risks, and potential side effects of the influenza or pneumococcal immunizations. Resident 31 stated that they had not received a handout with information on the either of the immunizations and that they would have liked to have asked questions about the immunizations so they could make a decision on getting them or not.</p> <p>During an interview on 04/17/2024 at 3:34 PM, Staff BB, stated when they performed the admission process for residents, they did not give the residents immunization education related to benefits, risks, and potential side effects. Staff BB stated they ask about the residents' immunization status and if they would want to receive or decline the immunizations. Staff BB stated that if any resident was unable to remember when they previously received their influenza or pneumococcal immunization then it was documented as the resident declined the immunizations.</p> <p>During an interview on 04/19/2024 at 11:27 AM, Staff D stated they did not have a good process for educating/informing residents of the benefits, risk, and potential side effects of the influenza and pneumococcal immunizations. Staff D stated that all residents should be receiving education prior to their declination of any immunization so they were able to make an informed decision.</p> <p>During a concurrent interview on 04/19/2024 at 1:04 PM, Staff A, Administrator, Staff B, Interim Director of Nursing Services, and Staff C, Regional Nurse Consultant, stated they did not have a complete process in place for educating/informing residents of the benefits, risks, and potential side effects regarding the influenza and pneumococcal immunizations.</p> <p>Reference: WAC 388-97-1340(2)</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 04/23/2024
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 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43280</p> <p>Based on interview and record review, the facility failed to ensure that residents were offered and educated on the COVID-19 (an infectious disease causing respiratory illness with symptoms including cough, fever, new or worsening malaise, headache, dizziness, nausea, vomiting, diarrhea, loss of taste or smell, and in severe cases, difficulty breathing that could result in severe impairment or death) vaccination for 5 of 5 sampled residents (Resident 56, 118, 41, 2 and 31) reviewed for immunization status. This failure placed the residents at risk of an uninformed decision and contracting the COVID-19 virus.</p> <p>Findings included .</p> <p>Review of the facility policy titled, COVID-19 Immunizations, dated 12/07/2023, showed the facility provided COVID-19 immunizations to protect facility residents and staff from the COVID-19 infection. The policy showed that resident and/or their representative would receive information/education related to the risks and benefits/potential side effects of the COVID-19 vaccination. The policy stated, .education related to benefits, risks and potential side effects will be provided prior to requesting consent for administration of each does of the vaccine . Additionally, the policy showed that documentation in a resident's record would include the date when the education and offering of the vaccination occurred, who received the education, name of representative authorized to make decision for the resident and the residents acceptance or refusal of the COVID-19 vaccine.</p> <p><Resident 56></p> <p>Review of the medical record showed the resident was admitted on [DATE] with a diagnosis of a right shoulder dislocation. The 02/26/2024 comprehensive assessment showed the resident's cognition was moderately intact but was able to make their needs known, was offered, and declined the pneumococcal vaccine, and received the influenza vaccine outside of the facility (no date of when the influenza vaccine was received).</p> <p>Review of Resident 56's immunization Consent form, dated 03/26/2024, completed by Staff D, Infection Preventionist/Unit Manager (IP/UM), showed the COVID-19 vaccine was declined on 03/26/2024 by Resident 56 and no vaccine education related to benefits, risks and potential side effects was provided.</p> <p>During an interview on 04/17/2024 at 1:53 PM Resident 56 stated they had not received education related to benefits, risks, and potential side effects of the COVID-19 vaccine.</p> <p><Resident 118></p> <p>Review of the medical record showed the resident was admitted on [DATE] with diagnoses including respiratory complications, diabetes (impaired ability to convert blood sugar to energy), and long-term pain. The 03/21/2024 comprehensive assessment showed the resident was cognitively intact and that Resident 118 was offered and declined the influenza and pneumococcal vaccines.</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 04/23/2024
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 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident 118's immunization Consent form, dated 03/15/2024, completed by Staff BB, Admissions Registered Nurse (RN), showed the COVID-19 vaccine was declined on 03/14/2024 by Resident 118 and no vaccine education related to benefits, risks, and potential side effects was provided.</p> <p>During an interview on 04/17/2024 at 2:20 PM Resident 118 stated they had not received education related to benefits, risks, and potential side effects of the COVID-19 vaccine.</p> <p><Resident 41></p> <p>Review of the medical record showed the resident was admitted on [DATE] with diagnoses of dementia (an impairment of brain function, which causes memory loss, forgetfulness, and impaired thinking abilities), dysphagia (difficulty in swallowing), pneumonia (an inflammatory condition of the lungs), and urinary tract infections (infection of the bladder or urinary tract). The 02/07/2024 comprehensive assessment showed the resident had severe cognitive impairment, and complications with their short/long term memory. Additionally, the comprehensive assessment showed that Resident 41 was offered and declined the influenza and pneumococcal vaccines.</p> <p>Review of Resident 41's immunization Consent form, dated 02/10/2024, completed by Staff D, IP/UM, showed the COVID-19 vaccine was declined on 02/05/2024 by Resident 41 and no vaccine education related to benefits, risks and potential side effects was provided.</p> <p><Resident 2></p> <p>Review of the medical record showed the resident was admitted on [DATE] with diagnoses including pressure injury wound on their sacrum (bottom or lower backside of the body), altered mental status, speech and language complication following a stroke, and diarrhea. The 03/12/2024 comprehensive assessment showed the resident cognition was moderately intact was able to make their needs known and that Resident 2 was offered and declined the influenza and pneumococcal vaccines.</p> <p>Review of Resident 2's immunization consent form, dated 03/06/2024, completed by Staff BB, Admissions RN, showed the COVID-19 vaccine was declined on 03/06/2024 by Resident 2 and no vaccine education related to benefits, risks, and potential side effects was provided.</p> <p>During an interview on 04/17/2024 at 2:12 PM Resident 2 stated they did not remember receiving education related to benefits, risks, and potential side effects of the COVID-19 vaccine.</p> <p><Resident 31></p> <p>Review of the medical record showed the resident was admitted on [DATE] with diagnoses including high cholesterol, Parkinson's disease (a progressive disorder that affects the nervous system and causes unintended or uncontrollable movements), and COVID. The 02/24/2024 comprehensive assessment showed the resident had the ability to clearly comprehend/ability to understand others and was able to make their needs known. Additionally, the comprehensive assessment showed that Resident 31 was offered and declined the influenza and pneumococcal vaccines.</p> <p>Review of Resident 31's immunization consent form, dated 01/19/2024 showed the COVID-19 vaccine was declined on 01/19/2024 by Resident 31 and no vaccine education related to benefits, risks, and potential side effects was provided.</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 04/23/2024
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 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 04/22/2024 at 3:53 PM Resident 31 stated they did not remember receiving education related to benefits, risks, and potential side effects of the COVID-19 vaccine. Resident 31 stated that they had not received a handout with information on the COVID-19 vaccine and would have liked to have asked questions about the COVID-19 vaccine so they could decide on if they wanted it or not.</p> <p>During an interview on 04/17/2024 at 3:34 PM, Staff BB, stated when conducting the admission assessment/process for residents they did not give the residents vaccination information in the form of a handout, nor do they provide vaccine education related to benefits, risks, and potential side effects. Staff BB stated they asked the residents if they have had the COVID-19 vaccination, or if they would want it and if the resident declined the vaccine or was not able to remember when they previously received the COVID-19 vaccine, Staff BB documented that the resident declined the vaccine.</p> <p>During an interview on 04/19/2024 at 11:27 AM, Staff D, IP/UM, stated the process for educating/informing residents of the benefits, risk, and potential side effects of the COVID-19 vaccine was not a complete process. Staff D stated that all residents should be receiving the COVID-19 vaccination education prior to their declination of the vaccine so they can make an informed decision.</p> <p>During a concurrent interview on 04/19/2024 at 1:04 PM, Staff A, Administrator, Staff B, Interim Director of Nursing Services and Staff C, Regional Nurse Consultant, stated they did not have a complete process in place for educating/informing residents of the benefits, risk, and potential side effects of the COVID-19 vaccination.</p> <p>Reference: WAC 388-97-1320(2)(a)</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 04/23/2024
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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43280</p> <p>Based on observation and interview the facility failed to provide a safe, clean, and comfortable homelike environment for residents and staff for 1 of 1 laundry rooms (LR 1), and 1 of 3 Hallways (North Hallway) reviewed for a homelike environment. This failure placed residents and staff at an increased risk for not feeling safe and secure with their environment.</p> <p>Findings included .</p> <p><Laundry Room></p> <p>Observations on 04/17/2024 at 2:57 PM, showed LR 1's corner wall behind the two washing machines had previous water damage (an accidental leakage or discharge of water that caused possible losses or value of materials) with two, three foot (ft, a unit of measure) by one ft sections of sheet rock that had been waterlogged (saturated or full of water) at one point, with the sheetrock or wall paper peeling off the wall. A three inch (a unit of measure) diameter black drainage pipe under the washing machines chemical dispenser was caked (a thick substance that has hardened and covered an area) in a thick white chemical substance. One of the open ceramic/tile drains (one ft by one ft, used to collect and dispose of the washing machines soiled water) had a three inch black pipe hovering above the drain. When the water was drained from the washing machine it would splash out up over the ceramic/tile drain onto a concrete floor where a three ft by ten ft missing section tile floor was noted. Where the soiled water would collect by the washing machines drain was a slimy rust colored that had been building up.</p> <p>During an interview on 04/17/2024 at 2:59 PM, Staff AA, Laundry Aide, stated that two weeks ago one of the washing machines had a problem and a lot of water leaked out to the back of it onto the floor and walls. Staff AA stated they were not responsible to clean behind the washing machine and that the section behind the washing machines was not included in the routine maintenance cleaning of the laundry room.</p> <p>During an interview on 04/17/2024 at 3:43 PM, Staff Z, Laundry/Housekeeper, stated they had a really bad water leak and chemical leak when they had to change/fix the tubing that dispensed chemicals to the washing machines.</p> <p>During a concurrent interview and observation on 04/18/2024 at 10:41 AM, Staff T, Maintenance Director, stated they had not touched/cleaned the thick white chemical substance because they were unsure of what the chemical was and did not want to inhale something bad. Staff T stated the drain was on their list of things to get to but had not yet and was aware that solid water was splashing out over the sides of the drain and some type of growth was forming in the splash water. Observations of a 1/2 ft by three ft section of a waterproof baseboard peeling off the wall behind the washing machines. Staff T stated that a lot of the area behind the washing machine needed to be fixed and that it was not safe and clean.</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 04/23/2024
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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 04/19/2024 at 1:04 PM, Staff A, Administrator, Staff B, Interim Director of Nursing Services and Staff C, Regional Nurse Consultant, stated they had observed the LR1 water damaged walls, chemical build up, growth around the washing machine drain, and that the area behind the washing machines was not a safe, clean or homelike environment, and they were working to fix it.</p> <p><North Hallway></p> <p>An observation on 04/15/2024 at 10:49 AM, showed the mop boards in the North Hallway had deep scratches into the finish that exposed the wood.</p> <p>An observation on 04/15/2024 at 12:30 PM, showed a large irregular shaped, hole in the ceiling, measuring 20 inches by 20 inches at it widest points. There were exposed pipes, wood beams, and foil backed insulation. There was a white towel stuffed into the hole.</p> <p>An observation on 04/19/2024 at 7:42 AM, showed a key hanging on the wall to the right of the Transitional Care Unit (TCU) shower room. The area was patched with white patching material on the yellow wall. The area measured 14 inches by eight inches. The paint on the door trim was chipped and exposed trim material was visible. The door to the tub room had the same white patching material to the left of the door, that measured 14 inches by eight inches. The bottom of the door trim had chipped paint that exposed the trim material.</p> <p>An observation on 04/19/2024 at 8:03 AM, showed the door to the soiled utility room, located across from the North Hall nurses' station, had an eight inch by 11 inch piece of silver metal attached to wall with screws. There was a key mounted on the metal. There was white patching material that extended four inches around the perimeter of the metal.</p> <p>An observation on 04/22/2024 at 11:01 AM, showed the door trim to resident room [ROOM NUMBER] had chipped paint with exposed door trim material. There was profanity (swear words) written in black marker on the door and on the wall to the left of the door.</p> <p>An observation on 04/22/2024 at 2:05 PM, showed the floor transition strip from the hallway to the main dining room was missing and the area was covered with brown tape that was torn and missing pieces.</p> <p>During an interview on 04/23/2024 at 9:41 AM, Staff T, Maintenance Director, stated the hole in the ceiling was from a water leak. They stated the hole had been there for over two months.</p> <p>Reference: WAC 388-97-3220(1)</p> <p>45117</p>		