

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396075	(X2) MULTIPLE CONSTRUCTION: A. BLDG: __-_____ B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/06/2024
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NAME OF PROVIDER OR SUPPLIER: AVALON CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE: 3410 WEST PITTSBURG ROAD NEW CASTLE, PA 16101
STATE LICENSE NUMBER: 194102	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
E 0000	INITIAL COMMENT	E 0000		
E 0004 SS=C	Based on an Emergency Preparedness Survey completed on December 6, 2024, it was determined that Avalon Care Center had deficiencies that have the potential for minimal harm as related to the requirements of 42 CFR 483.73.	E 0004		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

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E 0004 SS=C	Continued from page 1 483.73(a) Develop EP Plan, Review and Update Annually §403.748(a), §416.54(a), §418.113(a), §441.184(a), §460.84(a), §482.15(a), §483.73(a), §483.475(a), §484.102(a), §485.68(a), §485.542(a), §485.625(a), §485.727(a), §485.920(a), §486.360(a), §491.12(a), §494.62(a). The [facility] must comply with all applicable Federal, State and local emergency preparedness requirements. The [facility] must develop establish and maintain a comprehensive emergency preparedness program that meets the requirements of this section. The emergency preparedness program must include, but not be limited to, the following elements: (a) Emergency Plan. The [facility] must develop and maintain an emergency preparedness plan that must be [reviewed], and updated at least every 2 years. The plan must do all of the following: * [For hospitals at §482.15 and CAHs at §485.625(a):] Emergency Plan. The [hospital or CAH] must comply with all applicable Federal, State, and local emergency preparedness requirements. The [hospital or CAH] must develop and maintain a comprehensive emergency preparedness program that meets the requirements of this section, utilizing an all-hazards approach. * [For LTC Facilities at §483.73(a):] Emergency Plan. The LTC facility must develop and maintain an emergency	E 0004	"The Facility submits this Plan of Correction under procedures established by the Department of Health in order to comply with the Department's directive to change conditions which the Department alleges is deficient under State and/or Federal Long Term Care Regulations. This Plan of Correction should not be construed as either a waiver of the facility's right to appeal or challenge the accuracy or severity of the alleged deficiencies or an admission of past or ongoing violation of State or Federal regulatory requirements. Facility will review and revise emergency preparedness plan as needed to ensure that the building can maintain/provide heating and cooling in resident rooms per requirements	Completion Date: 12/30/2024 Status: APPROVED Date: 12/23/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396075	(X2) MULTIPLE CONSTRUCTION: A. BLDG: __-_____ B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/06/2024
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E 0004 SS=C	Continued from page 2 preparedness plan that must be reviewed, and updated at least annually. * [For ESRD Facilities at §494.62(a):] Emergency Plan. The ESRD facility must develop and maintain an emergency preparedness plan that must be [evaluated], and updated at least every 2 years. This REQUIREMENT is not met as evidenced by:	E 0004		
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E 0004 SS=C	<p>Continued from page 3</p> <p>Based on document review and interview, the facility failed to implement and maintain an emergency preparedness plan that included resident room heating/cooling requirements, affecting twelve of twenty-four resident rooms.</p> <p>Observation and interview on December 6, 2024, between 12:00 p.m. and 3:00 p.m., revealed that on November 30, 2024, at approximately 11:00 p.m., the facility's air handler heat exchanger for the center building section failed. To repair the issue, the facility had consulted an HVAC vendor. The vendor determined that parts needed ordered, and it would take twenty-one days for procurement. At this time, the facility implemented space heaters in various resident rooms in an effort to maintain building temperatures. Additionally, blankets and coats were being offered. However, there were no additional emergency action plans undertaken to ensure resident safety.</p> <p>In the meantime, the vendor provided an alternative option and communicated that full replacement</p>	E 0004		

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E 0004 SS=C	Continued from page 4 could be accomplished within a week from December 4, 2024. The facility decided to purchase the full replacement and wait the week. There were no indications that the facility implemented additional interim safety measures while waiting. The vendor was contacted by the facility on the day of the complaint survey, and the vendor explained that replacement could be undertaken that evening. All work was completed at approximately at 10:30 p.m. on December 6, 2024. Interview with the maintenance director and administrator on December 6, 2024, at 3:00 p.m., confirmed the facility failed to maintain the emergency preparedness plan to meet emergency preparedness requirements.	E 0004		



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AVALON CARE CENTER

STATE LICENSE NUMBER: 194102

SURVEY EXIT DATE: 12/06/2024

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey


Jeanne Parisi
Deputy Secretary for Quality Assurance


Debra L. Bogen, MD, FAAP
Secretary of Health



**Pennsylvania
Department of Health**

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K 0000	INITIAL COMMENT Facility ID #194102 Component 01 Main Building Based on a Medicare/Medicaid Recertification Survey completed on December 6, 2024, it was determined that Avalon Care Center was not in compliance with the following requirements of the Life Safety Code for an existing health care occupancy. Compliance with the National Fire Protection Association's Life Safety Code is required by 42 CFR 483.90(a). This is a one-story, Type V (000), unprotected, wood frame building, that is fully sprinklered.	K 0000		
K 0781 SS=E		K 0781		

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K 0781 SS=E	Continued from page 1 NFPA 101 Portable Space Heaters Portable Space Heaters Portable space heating devices shall be prohibited in all health care occupancies, except, unless used in nonsleeping staff and employee areas where the heating elements do not exceed 212 degrees Fahrenheit (100 degrees Celsius). 18.7.8, 19.7.8 This REQUIREMENT is not met as evidenced by:	K 0781	"The Facility submits this Plan of Correction under procedures established by the Department of Health in order to comply with the Department's directive to change conditions which the Department alleges is deficient under State and/or Federal Long Term Care Regulations. This Plan of Correction should not be construed as either a waiver of the facility's right to appeal or challenge the accuracy or severity of the alleged deficiencies or an admission of past or ongoing violation of State or Federal regulatory requirements. On December 6,2024 the facility removed portable space heaters from all resident rooms. Space heaters on December 6, 2024, were placed at approximately 3pm in nonsleeping staff and employee areas. Also, elements did not exceed the 212 degrees Fahrenheit per regulations On December 6,2024 at approximately 10pm the failed air exchanger was replaced with a new unit. Within 30 minutes of the	Completion Date: 12/20/2024 Status: APPROVED Date: 12/23/2024

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K 0781 SS=E	Continued from page 2 Based on observation and interview, the facility failed to maintain heating/cooling requirements in twelve of twenty-four resident rooms. Observation and interview on December 6, 2024, between 12:00 p.m. and 3:00 p.m., revealed the facility was using portable space heaters to heat sleeping rooms #101-112. Interview with the maintenance director and the administrator on December 6, 2024, at 3:00 p.m., confirmed portable space heater use at the time of the survey.	K 0781	installation, the building established an appropriate temperature range for the entire building.	



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