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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 415060 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 05/30/2025 |
| NAME OF PROVIDER OR SUPPLIER Avalon Nursing Home Inc | | STREET ADDRESS, CITY, STATE, ZIP CODE 57 Stokes Street Warwick, RI 02889 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| <p>F 0577</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Allow residents to easily view the nursing home's survey results and communicate with advocate agencies.</p> <p>Based on record review and staff interview, it has been determined that the facility failed to protect identifying information for 3 of 4 current residents residing in the facility, who were identified in the survey results binder, Resident ID #s 3, 4 and 17.</p> <p>Findings are as follows:</p> <p>During an observation of the facility's surveyor results binder the survey dated 5-16-2024 and the Resident/Staff Roster were revealed. The roster identified Resident ID #s 3, 4, and 17.</p> <p>Further review of the above survey contained information including, but not limited to, the resident's diagnoses and their physician orders.</p> <p>During a surveyor interview with the Administrator on 5/29/2025 at approximately 10:45 AM, following the above observation, he revealed that he was unaware that the Resident/Staff Roster was in the survey binder and that it should not have been. The Administrator was unable to provide evidence that the facility protected the identifying information of the residents listed in the survey results binder.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>Based on record review, surveyor observation, and staff interview, it has been determined that the facility failed to ensure that residents receive treatment and care in accordance with professional standards of practice, relative to continuous oxygen administration for 2 of 2 residents reviewed, Resident ID #s 18 and 30, for 1 of 1 resident reviewed who had an order to offload their heels, Resident ID #6 and for 1 of 1 resident reviewed for a hand splint, Resident ID #20.</p> <p>Findings are as follows:</p> <p>According to Mosby's 4th Edition, Fundamentals of Nursing, page 314 states, The physician is responsible for directing medical treatment. Nurses are obligated to follow physician's orders unless they believe the orders are in error or would harm the clients.</p> <p>1a. Record review revealed Resident ID #18 was admitted to the facility in April of 2025 with diagnoses including, but not limited to, Chronic Obstructive Pulmonary Disease (COPD, a lung condition that restricts your breathing) and dependence on supplemental oxygen.</p> <p>Record review revealed a physician's order dated 4/21/2025 for oxygen at 2 liters per minute via nasal cannula (medical device used to provide supplemental oxygen therapy) continuously.</p> <p>During surveyor observations the resident was observed with oxygen at 4 liters per minute via nasal cannula on the following dates and times:</p> <ul style="list-style-type: none"> - 5/27/2025 at 10:16 AM - 5/28/2025 at 11:37 AM - 5/29/2025 at 8:58 AM - 5/30/2025 at 9:06 AM <p>During a surveyor interview on 5/30/2025 at 9:06 AM with Registered Nurse (RN), Staff A, she acknowledged that the resident was not being administered oxygen at 2 liters continuously, as ordered.</p> <p>During a surveyor interview on 5/30/2025 at 9:17 AM with the Director of Nursing Services (DNS), he indicated it would be his expectation that the resident's order would be followed relative to oxygen liter flow.</p> <p>1b. Record review revealed Resident ID #30 was admitted to the facility in March of 2025 with diagnoses including, but not limited to, COPD, pneumonia, acute respiratory failure, and dyspnea (shortness of breath).</p> <p>Record review revealed a physician's order dated 3/11/2025 for oxygen at one liter per minute continuously via nasal cannula.</p> <p>During surveyor observations the resident was observed with oxygen at 2.5 liters per minute via nasal cannula on the following dates and times:</p> <p>(continued on next page)</p> |

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| <p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>- 5/27/2025 at 9:42 AM</p> <p>- 5/27/2025 at 11:45 AM</p> <p>- 5/28/2025 at 11:44 AM</p> <p>- 5/28/2025 at 1:10 PM</p> <p>During a surveyor interview on 5/30/2025 at approximately 12:17 PM with the DNS, he was unable to provide evidence that the oxygen order was followed.</p> <p>2. Record review revealed Resident ID #6 was admitted to the facility in January of 2016 with a diagnosis including, but not limited to, transient ischemic attack (a temporary change in the nerve function caused by disruption of blood flow to an area of the brain or spinal cord).</p> <p>Record review revealed a physician's order dated 3/4/2025 to off load both of the resident's heels when in bed as tolerated.</p> <p>During surveyor observations the resident's heels were lying directly on the mattress and not off loaded on the following dates and times:</p> <p>- 5/27/2025 at 9:55 AM</p> <p>- 5/27/2025 at 11:24 AM</p> <p>- 5/28/2025 at 9:59 AM</p> <p>- 5/28/2025 at 10:17 AM</p> <p>- 5/30/2025 at approximately 8:20 AM</p> <p>Record review failed to reveal evidence that the resident could not tolerate his/her heels being offloaded while in bed.</p> <p>During a surveyor interview on 5/30/2025 at 8:26 AM with RN, Staff A, she acknowledged that the resident's heels were not offloaded.</p> <p>During a surveyor interview on 5/30/2025 at 9:37 AM with the DNS, he revealed it would be his expectation for the order to be followed.</p> <p>3. Record review revealed Resident ID #20 was admitted to the facility in May of 2023 with a diagnosis including, but not limited to, left hand muscle wasting and atrophy (a wasting or thinning of muscle mass).</p> <p>Record review of a physician's order dated 3/6/2025 revealed to apply a left-hand splint after morning care and to remove it during the afternoon rounds</p> <p>(continued on next page)</p> | | |

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| <p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>During surveyor observations on the following dates and times the resident was observed not wearing his/her left-hand splint:</p> <ul style="list-style-type: none"> - 5/27/2025 at approximately 9:50 AM - 5/27/2025 at 11:21 PM - 5/28/2025 at 10:00 AM - 5/28/2025 at 11:36 AM <p>During a surveyor interview on 5/29/2025 at approximately 1:18 PM with RN, Staff A, she acknowledged that the resident was not wearing his/her left hand splint as ordered.</p> <p>During a surveyor interview on 5/30/2025 at 9:10 AM with the DNS, he indicated it would be his expectation that the resident would be wearing his/her left-hand splint as ordered.</p> |

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| <p>F 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> | <p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interview, it has been determined that the facility failed to maintain acceptable parameters of nutritional status, such as usual body weight, for 1 of 1 resident reviewed, who experienced actual weight loss, Resident ID #3.</p> <p>Findings are as follows:</p> <p>Review of a facility policy and procedure titled WEIGHT, last revised in May of 2023, states in part, .It is the policy of this home to monitor the weight of every resident on a regular basis and to carry out the appropriate interventions when necessary to assure the optimum level of health possible for the individual resident .the facility will ensure that each resident maintains acceptable parameters of body weight unless the resident's clinical condition demonstrates that this is not possible .The Director of Nursing will .Ensure that all residents with unplanned weight loss are monitored by the physician and dietician .Calculate weight loss/gains above or below 5 lbs. [pounds] and notify the resident's physician, dietician and DNS [Director of Nursing Services] if there is a discrepancy .</p> <p>Review of a facility policy titled Weighing and Measuring the Resident states in part, .1. Report significant weight loss/weight gain to the nurse supervisor. 2. The threshold for significant unplanned and undesired weight loss/gain will be based on the following criteria .1 month- 5% weight loss is significant; greater that 5 % is severe .3. Notify the Nurse Supervisor if the resident refuses the procedure. 4. Report other information in accordance with facility policy and professional standards of practice.</p> <p>Record review revealed the resident was readmitted to the facility in April of 2025 with diagnoses including, but not limited to, bipolar disorder and depression.</p> <p>Further record review revealed the s/he was recently hospitalized from [DATE]-[DATE], related to behaviors and a diagnosis of a urinary tract infection.</p> <p>Review of a care plan dated 4/1/2025 revealed that the resident is at nutritional risk related to a weight loss, reduced appetite, and possible medication changes. Further review of the care plan revealed interventions to monitor weights, administer an appetite stimulant, and consult with a Registered Dietician (RD) as needed.</p> <p>Record review revealed the following weights were obtained:</p> <ul style="list-style-type: none"> - 3/5/2025: 118 lbs. - 4/2/2025: 118.6 lbs. - 5/7/2025: 110 lbs. - 5/28/2025: 110 lbs. <p>(continued on next page)</p> | | |

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| <p>F 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> | <p>Record review revealed the resident experienced a 7.82% (8.6 lbs.) severe weight loss in one month, from 4/2/2025 to 5/7/2025.</p> <p>Record review of the Registered Dietician Assessments on the dates below revealed the following:</p> <ul style="list-style-type: none"> - 5/13/2025: Will request reweigh to confirm weight. Will continue to follow . - 5/20/2025: Will request reweigh to confirm weight. Will continue to follow . - 5/27/2025: Reweigh needed to confirm current weight. will continue to follow . <p>Record review failed to reveal evidence that a reweigh was obtained on or after 5/13 and 5/20/2025 per the RD's recommendations.</p> <p>Record review failed to reveal evidence that a reweigh was obtained. Additionally the record revealed that a weight was obtained on 5/28/2025, 21 days after weight of 110 lbs. was obtained on 5/7/2025, which confirmed the resident experienced a weight loss in one month.</p> <p>Record review failed to reveal evidence that the Dietician or the Physician were notified of the weight loss that was greater than 5% from 4/2 to 5/7/2025, per the facility's policy.</p> <p>During a surveyor interview on 5/29/2025 at 12:49 PM with the RD, she revealed that when she requests a reweigh on a resident, she documents it in the assessment and gives the DNS and the Charge Nurse a handwritten note to obtain it. She stated that she was unaware that the reweigh was completed on 5/28/2025 that confirmed the resident had a severe weight loss of 8.6% in one month. She further revealed that she would have expected the reweigh to be completed no more than 2 days after the weight was initially identified. Additionally, she revealed that had she been notified that the reweigh had been obtained, she would have provided further recommendations.</p> <p>During surveyor interviews on 5/29/2025 at 1:28 PM and 2:55 PM with the Nurse Practitioner (NP), she revealed that she was not aware of the extent of the resident's weight loss, and she would not confirm if she was or was not made aware of the resident's severe weight loss.</p> <p>Record review of a note authored by the NP dated 5/29/2025 at 10:10 PM, states in part, Plan: Updated labs due on June 4th which will include pre alb/albumin [an abnormal amount of albumin may suggest a problem with a nutrient deficiency] .If decreased in combination with wt [weight] loss, would add Remeron [a medication prescribed to stimulate your appetite] .Add HDS [house dietary supplement] 240 cc TID [three times a day].</p> <p>During a surveyor interview on 5/29/2025 at 3:25 PM with the Director of Nursing Services, he revealed that his expectation is that a reweigh should be obtained on the same day or the next morning. Additionally, he was unable to provide evidence that the Dietician or the Physician were notified of the resident's severe weight loss, per the facility's policy.</p> | | |

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| <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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on surveyor observation and staff interview, it has been determined that the facility failed to store and label drugs and biologicals in accordance with currently accepted professional principles for 2 of 2 medication carts and the 1 of 1 medication storage room observed.</p> <p>Findings are as follows:</p> <p>Review of a facility policy titled Medication Labeling and Storage with a revision date of February 2023 states in part, .Medications and biologicals are stored in the packaging, containers or other dispensing systems in which they are received .If the facility has discontinued, outdated or deteriorated medications or biologicals, the dispensing pharmacy is contacted for instructions regarding .destroying these items .</p> <p>1. During the medication storage and labeling task on [DATE] at approximately 9:00 AM through 10:15 AM, in the presence of Registered Nurse (RN), Staff A, observation of the treatment cart and the medication room revealed the following:</p> <ul style="list-style-type: none"> -One vial of tuberculin purified protein derivative (tuberculin skin test solution) opened and not dated. Additionally, the manufacturer's instructions indicate to discard the vial after 30 days of opening. -One Insulin lispro injectable pen (a medication prescribed to treat high blood sugar) 100 units per milliliter (ml) with an open date of [DATE] and an expiration date of [DATE]. Additionally, manufacturer's instructions indicate to discard the vial after 28 days of opening. -One lorazepam intensol oral suspension (a medication prescribed to treat anxiety) 2 milligrams (mg) per ml with an open date of [DATE]. Additionally, the manufacturer's instructions indicate to discard it after 90 days of opening. <p>During a simultaneous interview with Staff A, she acknowledged the opened date for the lorazepam was greater than 90 days and the medication should be discarded, Additionally, she acknowledged that the insulin was expired and in use, and that the tuberculin purified protein derivative vial should have been dated when opened.</p> <p>2. During a surveyor observation of the medication cart on [DATE] at 12:17 PM in the presence of Certified Medication Technician (CMT), Staff B, a medication prescription card was observed with twenty-two tablets of lorazepam 0.5 mg. Further observation revealed this medication had been discontinued in March of 2025.</p> <p>During a subsequent interview immediately following the above observation with Staff B, she acknowledged that the order for the lorazepam tablets had been discontinued and the medication should have been discarded per the facility policy.</p> <p>(continued on next page)</p> | | |

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| <p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>During a surveyor interview with the Director of Nursing Services on [DATE] at 11:20 AM and 1:06 PM, he revealed that he would expect that the medication bottles would be dated once opened, and that the lorazepam intensol, lispro and tuberculin purified protein derivative vial should be discarded.</p> |

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| <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>Based on surveyor observation, record review, and staff interview, it has been determined that the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety, relative to the main kitchen.</p> <p>Findings are as follows:</p> <p>Review of the Rhode Island Food Code, 2022 Edition, section 3-501.17 (B) states in part, refrigerated, READY-TO-EAT TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and PACKAGED .shall be clearly marked, at the time the original container is opened in a FOOD ESTABLISHMENT .and: (1) the day the original container is opened in the food establishment shall be counted as Day 1; and (2) The day or date marked by the food establishment may not exceed a manufacturer's use-by date .</p> <p>1. During the initial tour of the main kitchen on 5/27/2025 at 9:40 AM, with the Food Service Manager (FSM), the following was observed in the reach-in refrigerator:</p> <ul style="list-style-type: none"> -One, 5 pound (lb.) container of ricotta cheese approximately $\frac{3}{4}$; full, opened, with a manufacturer's use by date of 5/22/2025. -One, 2.5lb. sealed package of cooked sliced roast beef with a use or freeze by date of 5/18/2025. -One, 6.11lb. bag of nacho cheese sauce without a use by date or a manufacturer's expiration date. -Three, 1lb. sealed packages of bologna with a use by date of 5/25/2025. <p>2. Observation during the initial tour, of the reach-in freezer, the following was observed:</p> <ul style="list-style-type: none"> -One, frozen, rectangular block of split pea soup with the occlusive packaging unsealed, the contents were exposed, discolored, and covered in ice crystals. <p>3. Observations during the initial tour of the dry storage room, the following was observed:</p> <ul style="list-style-type: none"> -One, 6.6lb. can of mandarin oranges with a manufacturer's date of 12/25/2023 and without an expiration date. -One 2.5lb. box of Nabisco Entertainment Crackers, opened, with a use by date of 3/5/2025. <p>During a surveyor interview with the FSM immediately following the above observations, she revealed that she would expect food and beverages to be labeled and dated when opened. She further acknowledged that the expired items, undated items and the exposed pea soup should have been discarded.</p> | | |

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| <p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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** Based on surveyor observation and staff interview, it has been determined that the facility failed to maintain a safe, functional, and comfortable environment relative to window air conditioning units, for 4 of 4 air conditioning units observed.</p> <p>Findings are as follows:</p> <p>During surveyor observations on the following dates and times the window air conditioning units in occupied resident rooms were observed to have an accumulation of visible black matter on the adjustable louvers (adjustable flaps) and beyond the louvers within the air conditioners:</p> <p>-5/28/2025 at 10:46 AM and 5/30/2025 at 8:40 AM rooms [ROOM NUMBERS].</p> <p>-5/28/2025 at 11:05 AM and 12:34 PM rooms 13 (C/D) and 14.</p> <p>During a subsequent surveyor observation and simultaneous interview on 5/30/2025 at 8:40 AM with the Director of Nursing Services of rooms 8, 13 (C/D), 14, and 17, he acknowledged that an accumulation of black matter was visible on the adjustable louvers and beyond the louvers within the air conditioners. Additionally, he revealed that the air conditioning units should be cleaned.</p> <p>During a surveyor interview on 5/30/2025 at 9:59 AM with the Administrator, he was unable to provide evidence that the facility maintained a safe, functional, and comfortable environment.</p> |

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| <p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>Based on record review and staff interview it has been determined that the facility failed to develop, implement, and maintain an effective in-service training program including no less than 12 hours per year, to ensure competence of nurse aides (NAs) with their expected roles for 2 of 4 NAs reviewed, Staff D and E.</p> <p>Findings are as follows:</p> <p>Record review revealed that NA, Staff D, was hired on 2/3/2017. Additional review revealed that Staff D did not receive at least 12 hours of training in 2024.</p> <p>Record review revealed that NA, Staff E was hired on 3/1/2022. Additional review revealed that Staff E did not receive at least 12 hours of training in 2024.</p> <p>During a surveyor interview on 5/30/2025 at 10:03 AM with the Director of Nursing Services, he was unable to provide evidence of at least 12 hours of training for 2024 for Staff D and E.</p> |