

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 105346	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/29/2020
NAME OF PROVIDER OF SUPPLIER AVALON HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 1270 SW MAIN BLVD LAKE CITY, FL 32055	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0677 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and record review, the facility failed to ensure 5 of 6 sampled residents, Residents #1, 2, 4, 5, and 6, who were unable to carry out activities of daily living (ADLs) received the necessary services to maintain good grooming and personal and oral hygiene. Findings include: 1. Review of Resident #1's clinical records revealed the resident was admitted on [DATE], with [DIAGNOSES REDACTED]. Review of Resident #1's activities of daily living report dated from 07/15/2020 to 07/21/2020 revealed two partial bed baths were given. On 07/28/2020 at 4:43 PM, during an observation of Resident #1, his hair was oily and matted, and his nails were dirty and overgrown. On 07/28/2020 at 5:44 PM, Resident #1 was observed in his room in a Broda chair wearing a facility gown, with his briefs and legs exposed. The sheet was crumpled to the side of the chair. His hair was unkempt. When he was asked to stick his tongue out, his tongue was crusty and red. His teeth had a dried dark crusty substance. No tray was observed in the room. It was located on the uneaten meal cart located outside of the room. Review of Resident #1's Minimum Data Set (MDS) with assessment reference date of 07/21/2020 revealed a Brief Interview for Mental Status (BIMS) score of 6 (indicating cognitive impairment). Section G revealed the resident required extensive assistance for ADLs including transfers: extensive assistance, two-person assist; dressing: extensive assistance, one-person assist; eating: extensive assistance, one-person support; toileting: extensive assistance, one-person support; personal hygiene: extensive assistance, one-person support; bathing: total dependence. During an interview on 07/29/2020 at 10:50 AM, Staff F, Certified Nursing Assistant (CNA), stated, I was assigned to take care of (Resident #1's name) today, I try to do ADL care for those residents that need it, but there is so much to do with everyone in their rooms all the time and sometimes I just can't get to it. 2. Review of Resident #2's clinical records revealed the resident was admitted on [DATE] with [DIAGNOSES REDACTED]. On 07/28/2020 at 04:30 PM, Resident #2 was observed in his room, sitting in a chair with his right leg elevated. A full leg cast was noted with his toes and forefoot exposed. The skin and nails of the foot were dry with soiled flaking dry skin. His hair was oily and matted. During an interview on 07/28/2020 at 5:10 PM, Resident #2 stated he couldn't recall exactly the last time he had a shower, but that he tried to wash his face and hands in the bathroom sink. Review of Resident #2's ADL report revealed the last recorded bath as 05/16/2020. No baths after that date were documented. Review of Resident #2's MDS revealed a BIMS score of 7 (indicating cognitive impairment). Section G coded bathing as 4 (total dependence). Review of Resident #2's care plan dated 05/19/2020 read, ADL deficit d/t (due to) recent revision for hardware repair recent patellar fracture. Currently non-weight bearing to Rt. (right) leg and requires staff assistance for safe transfers. Interventions: Restorative program for ROM (Range of Motion) as directed. Assist with setting up meal tray. Encourage resident to assist with ADL care as capable. Set up and assist with AM/PM and PRN (as needed). Hygiene care to include brushing hair, wash face, assist with or provide nail care, shaving to ensure resident is neatly groomed. Showers per schedule and (PRN) as needed or as requested. 3. During an interview on 07/29/2020 at 8:53 AM, Resident #4 stated that he had not had a shower for over a week and needed one. He stated he couldn't shower because the shower room was not available for them to use. Review of Resident #4's MDS dated [DATE] revealed a BIMS score of 13 (cognitively intact). Section G for personal hygiene was coded as supervision with one-person physical assist. Review of Resident #4's care plan with start date of 01/31/2020 read, ADL deficit related to requiring the use of a walker for ambulation. Interventions: encourage resident to assist with ADL care routinely as capable. Set-up and assist with AM/PM and as needed (PRN) hygiene care to include brushing hair, wash face, assist with or provide nail care, shaving. Shower per schedule and PRN (as needed) or as requested. Review of the physician's orders [REDACTED].#4 read, Resident shower choice is every Wednesday and Saturday - once a day on Wednesday and Saturday. 4. On 07/28/2020 at 5:06 PM, Resident #5 was observed sitting at the edge of her bed. Her hair was matted. During an interview on 07/28/2020 at 5:06 PM, Resident #5 stated she had not had a shower for over a week. When asked if she had a bed bath, she replied, No bath, no shower because there is not enough help. I tried to clean myself at the sink. Review of Resident #5's MDS dated [DATE] revealed BIMS score of 13 (cognitively intact). Section G revealed personal hygiene coded as extensive assistance with one-person physical assist. Review of Resident #5's care plan with a start date of 12/05/2018 read, Activity of daily living (ADL) deficit related to generalized weakness, tremors, has poor motivation. Requires encouragement to assist with ADLs. Interventions: Set-up and assist with AM/PM and PRN hygiene care to include brushing hair, wash face, assist with or provide nail care, shaving, motivate and encourage to do as much for herself as she can. Showers per schedule and PRN as needed or as requested. Encourage resident to assist with ADL care routinely as capable, praise for participation. On 07/29/2020 at 8:56 AM, Resident #5 was observed in bed, awake, and with matted hair. During an interview on 07/29/2020 at 8:56 AM, Resident #5 stated she had not received a shower yet. Review of the physician's orders [REDACTED].#5 read, [MEDICATION NAME] shampoo 2% once a day on Mondays and Thursdays. 5. During an interview on 07/28/2020 at 3:43 PM, Staff A, CNA, stated she had ten residents. She stated there was not enough staff and no shower had been provided since last Monday (9 days prior to survey date). Staff A stated she did not give any shower to any of her 10 residents today. When asked if she provided bed bath to her residents today, Staff A replied, some. On 07/28/2020 at 4:02 PM, Resident #6 was observed with his fingernails unclean, with black colored sediments under the nails. His hair was matted. During an interview on 07/28/2020 at 4:03 PM, Resident #6 stated no one had offered to clean or trim his fingernails or offered a shower. During an interview on 07/28/2020 at 4:35 PM, Staff E, CNA, stated, We are short with help. I did not provide any shower to any of my 10 residents but gave a partial bath. We stopped giving showers since over a week ago, we were told by management not to give showers. During an interview on 07/29/2020 at 8:38 AM, Staff G Regional Nurse Consultant, stated she directed the nursing staff to stop giving showers until they have developed a cleaning process to sanitize the public shower room in between resident use. Showers have not been provided for the past two weeks, the facility had not yet developed a cleaning process, and the facility did not have a shower schedule. On 07/29/2020 at 11:57 AM, Resident #6 was observed seated at the edge of his bed attending to his laptop. His hair was matted. During an interview on 07/29/2020 at 11:57 AM, Resident #6 stated, I need a shower very badly. I have not had a shower for over a week. I will ask the girl if I can get a shower today. Review of Resident #6's MDS dated [DATE] revealed personal hygiene was coded as extensive assistance of one-person physical assist. Review of Resident #6's care plan with a start date of 08/10/2018 read, ADL deficit related to requiring staff assistance with ADLs. He has contractures of his left knee and is non-ambulatory. He has long hair and often looks unkempt and at times needs encouragement for showers. Interventions: Set-up and assist with AM/PM and as needed (PRN) hygiene care to include brushing hair, wash face, assist with or provide nail care, shaving, motivate and encourage to do as much for herself as she can. Showers per schedule and PRN as needed or as requested. Encourage resident to assist with ADL care routinely as capable, praise for participation. Review of the physician's orders [REDACTED].#6 read, Resident preferred shower choice is every Mondays and Thursdays on 7-3 shift. Once a day on Mondays and Thursdays. Review of the</p>		

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

TITLE

(X6) DATE

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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<p>F 0677</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>(continued... from page 1)</p> <p>facility ADL policy and procedure read, Residents will be provided with care, treatment and services as appropriate to maintain or improve their ability to carry out activities of daily living (ADLs). Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with: 1. Hygiene Bathing, dressing, grooming, and oral care), 2. Mobility (transfer and ambulation, including walking), 3. Elimination (Toileting), 4. Dining (meals and snacks); and 5. Communication (functional communication systems).</p>		