

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 396075	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/06/2020
NAME OF PROVIDER OF SUPPLIER AVALON PLACE		STREET ADDRESS, CITY, STATE, ZIP 3410 W. PITTSBURGH RD NEW CASTLE, PA 16101	
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 0655 Level of harm - Potential for minimal harm Residents Affected - Some	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of clinical records and staff interviews, it was determined that the facility failed to ensure that a baseline care plan was developed in the required time frame for two of 19 residents (Residents R225 and R54), and that a written summary of the baseline care plan was provided to the resident and/or the resident's representative for two of 19 residents reviewed (Residents R67 and R74). Findings include: Resident R67's clinical record revealed an admission date of [DATE], with [DIAGNOSES REDACTED]. The clinical record lacked evidence that a summary of Resident R67's baseline care plan was provided to Resident R67 and/or their resident representative. During an interview on 3/04/20, at 10:35 a.m. Registered Nurse (RN) Employee E1 confirmed that baseline care plans were to be provided and signed by the resident and/or their family and a signed copy placed in the clinical record. RN Employee E1 further confirmed that Resident R67's clinical record lacked evidence of the provision of a baseline care plan to Resident R67 and/or Resident R67's representative. Resident R74's clinical record revealed an admission date of [DATE], with [DIAGNOSES REDACTED]. The clinical record lacked evidence that a summary of Resident R74's baseline care plan was provided to Resident R74 and/or Resident R74's representative. During an interview on 3/06/20, at 9:48 a.m. RN Assessment Coordinator (RNAC) Employee E2 confirmed that the clinical record lacked evidence of the provision of a baseline care plan to Resident R74 and/or Resident R74's representative. Closed clinical record review for Resident R225, revealed an admission date of [DATE]. The clinical record lacked evidence that the facility developed a baseline care plan for Resident R225 upon admission. During an interview on 3/5/20, at 1:21 p.m. RNAC Employee E2 confirmed that a baseline care plan was not developed within 48 hours of Resident R225's admission to the facility. Closed clinical record review for Resident R54, revealed an admission date of [DATE]. The clinical record lacked evidence that the facility developed a baseline care plan within 48 hours of admission for Resident R54. During an interview on 3/5/20, at 2:45 p.m. the Director of Nursing confirmed that a baseline care plan was not developed within 48 hours of Resident R54's admission to the facility. 28 Pa. Code 211.5(f) Clinical Records 28 Pa. Code 211.11(a)(c)(d) Resident care plan 28 Pa. Code 211.12(d)(1)(5) Nursing services		
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.