

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 08/27/2020
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 0607 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. Based on interview and record review, the facility failed to ensure 1 of 6 reviewed staff members, Staff D, was annually trained in abuse, neglect and exploitation as per the facility policy. Findings Include: Review of the facility policy titled Abuse Prohibition/Investigative Policy, revised in November 2016, reads, Training/Education. Training will be provided to all employees through orientation, annual education, and ongoing sessions about: - Appropriate intervention to deal with aggressive and/or catastrophic reactions of residents, - how staff should report their knowledge related to allegations without fear of reprisal, - how to recognize signs of burnout frustration and stress that may lead to abuse, - what constitutes abuse, neglect and misappropriation of resident property, - interacting with resident to maintain and enhance self esteem/self worth, - policies and procedures on protection, identification and reporting abuse, confidentiality and facility grievance process. Review of the facility's Employee Electronic Inservice Record revealed that Staff D, Housekeeping Aide, completed freedom from abuse, neglect and exploitation training on 10/29/2018. During an interview on 08/27/2020 at 4:30 PM, the Director of Operations confirmed that Staff D had not completed abuse, neglect and misappropriation of property training since 10/29/2018. She also confirmed that the training was supposed to be completed annually.		

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.