

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555736	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/02/2020
NAME OF PROVIDER OF SUPPLIER AVALON CARE CENTER - SONORA		STREET ADDRESS, CITY, STATE, ZIP 19929 GREENLEY ROAD SONORA, CA 95370	
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 0609 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on interview, record review, and facility document and policy review, the facility failed to report an allegation of employee to resident physical abuse voiced by one of 167 residents (Resident 1) to the Department within 24 hours. This failure had the potential to cause a delay in the Department's investigation of the alleged incident and had the potential to result in harm to all the residents in the facility. Findings: During an interview with Licensed Nurse (LN) 2 on 11/20/19, she stated on the day the electrical socket broke in Resident 1's room, a certified nurse assistant (CNA) told her Resident 1 claimed a CNA hit Resident 1 while trying to get her dressed and up in the wheelchair. LN 2 said she does not remember the date of the incident. She added, the CNA who allegedly hit Resident 1 was moved to another assignment. LN 2 verbalized she was a mandated reporter and had to file an abuse report accordingly and notify the ombudsman (resident advocate), law enforcement, and the facility administrator as soon as possible for any allegation of abuse. During a review of the clinical record for Resident 1, a progress note written by LN 2 dated 11/5/19, at 6:44 a.m., indicated, CNA came to this nurse stated resident claimed that another CNA hit her . A progress note dated 11/6/19, at 4:16 p.m., indicated, .The resident stated that a lady yanked her out of bed by her arm and put her in a wheelchair one morning .Interviewed (LN 2) and she reported that the resident had lowered her bed all the way down and it pulled the plug out of the wall and broke the outlet cover on Saturday, 11/2/19 AM (morning) shift. (LN 2) said that's when the resident said accusations of a lady hurting her . A review of the facility's report of the alleged abuse indicated the form was faxed to the Department on 11/7/19, at 4:56 p.m. In the report area labeled Date Completed was written 11/7/19. A review of the facility's investigation of the alleged abuse indicated the event occurred on 11/5/19. In the report area labeled Date of Event was written 11/5/19. In an interview with the director of nursing (DON) on 11/20/19, at 1:35 p.m., she reviewed the clinical record for Resident 1 and verified the progress note dated 11/6/19, at 4:16 p.m., indicated LN 2 became aware of the alleged abuse on 11/2/19. The DON stated the incident should have been reported to the Department on 11/2/19, when the allegation was made. Because a facility employee was aware of the alleged abuse on 11/2/19, the reporting to the Department was required no later than 11/3/19. The facility's policy and procedure titled, Facility Requirements for Reporting and Investigating Allegations dated 11/2017, indicated, .The facility will report alleged violations involving abuse .according to regulatory guidelines and in accordance with State law. Alleged violations will be reported to the State Agency .not later than 24 hours if the events do not result in serious bodily injury .</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.