STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315223	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVALON REHABILITATION AND HEALTHCARE CENTER	**1059 EDINBURG ROAD , HAMILTON, New Jersey, 08690**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000	INITIAL COMMENTS INITIAL COMMENTS COMPLAINT #: NJ179083, NJ184591 CENSUS: 180 SAMPLE SIZE: 2 THE FACILITY IS NOT IN SUBSTANTIAL COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR PART 483, SUBPART B, FOR LONG TERM CARE FACILITIES BASED ON THIS COMPLIANT VISIT.	F0000		09/18/2025
F0656 SS = G	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.	F0656	1. Resident #2 was assessed. The physician and responsible party were notified promptly. The resident was transferred to the hospital for evaluation, where NJ Ex Order 26.4(b)(1) was confirmed. Treatment was initiated as ordered upon return to the facility. The resident's care plan was reviewed and updated on NJ Ex Order 26.4(b)(1) to reflect NJ Ex Order 26 needs, including NJ Ex Order 26.4(b)(1), NJ Ex Order 26.4(b)(1), and follow-up NJ Ex Order 26.4(b)(1) 2. Residents that utilize the Hoyer lift have the potential to be affected by this practice. On 09-09-2025, DON/Designee reviewed the care plans of all residents requiring mechanical lifts to confirm accuracy. Observations of transfers were conducted by DON/Designee to ensure staff were following the care plan and interventions. No additional residents were identified as having been placed at risk 3. Nursing staff were re-educated by DON/Designee on the importance of following individualized care plans, specifically transfer interventions requiring the Hoyer lifts. Mandatory in-service training on safe transfer techniques and care plan adherence was completed for all direct care staff on 09-10-2025, 09-11-2025, 09-13-2025, 09-15-2025 and 09-16-2025. The interdisciplinary team will review all care plans weekly to ensure transfer interventions remain appropriate and clearly communicated once a week for 4 weeks.	09/16/2025

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315223	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVALON REHABILITATION AND HEALTHCARE CENTER	1059 EDINBURG ROAD , HAMILTON, New Jersey, 08690

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0656 SS = G	Continued from page 1 (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, and review of pertinent facility documents on 8/7/25, it was determined that the facility failed to follow a resident's care plan interventions to provide safe NJ Ex Order 26 of a resident utilizing NJ Ex Order 26.4(b)(1). Resident #2 was assessed by the facility to NJ Ex Order 26.4(b)(1) as tolerated and required the use of NJ Ex Order 26.4(b)(1) for NJ Ex Order 26.4(On NJ Ex Order 26.4(b)(1) Resident #2 requested NJ Ex Order 26.4(b)(1) the resident from NJ Ex Order 26.4(b)(1) The resident became NJ Ex Order 26 and did not want to wait for the NJ Ex Order 26.4(b)(1) to be NJ Ex Order 26.4(b)(1) Resident #2 began to NJ Ex Order 26.4(b)(1) . Two staff members NJ Ex Order 26.4(b)(the resident to bed without the NJ Ex Order 26.4(b)(1) . After this NJ Ex Order 26 occurred, the resident began to NJ Ex Order 26.4(b)(1) and a diagnosis of NJ Ex Order 26.4(b)(1) was made. This deficient practice was identified for 1 of 2 residents reviewed for accidents (Resident #2). The deficient practice was evidenced by the following: According to an Admission Record, Resident #2 was admitted to the facility with diagnoses that included but were not limited to: NJ Ex Order 26.4(b)(1) NJ Ex Order 26.4(b)(1) , NJ Ex Order 26.4(b)(1)), NJ Ex Order 26.4(b)(1) . According to the Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated	F0656	Continued from page 1 4. DON/Designee will perform random observations of 5 resident transfers per week for 4 weeks, then monthly for 3 months. On 09-10-2025 and 09-16-2025 a random observation of 5 transfers was performed. Results of audits will be reported to the QAPI Committee monthly for review and further corrective actions as needed.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315223	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVALON REHABILITATION AND HEALTHCARE CENTER	1059 EDINBURG ROAD , HAMILTON, New Jersey, 08690

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0656 SS = G	Continued from page 2 NJ Ex Order 26.4, Resident #2 had a Brief Interview of Mental Status (BIMS) score of NJ E out of 15, which indicated the resident had NJ Ex Order 26.4(b)(1). According to a facility Reportable Event Record/Report (FRE) dated NJ Ex Order 26.4(b)(, on NJ Ex Order 26, at approximately 4:45 PM while sitting in a wheelchair next to their bed, Resident #2 requested LPN #1 NJ Ex Order 26 him/her NJ [redacted] Resident #2 "expressed NJ Ex Order 2 and attempted to NJ Ex Order 26.4(b)(1) the wheelchair, indicating [he/she] did not want to NJ Ex Order 26.4(b)(1)." LPN #1 and CNA #1 proceeded with NJ Ex Order 26.4(b)(1) the resident back to bed without the NJ Ex Order 26.4(b)(1). Resident #2 stated "when I was being put to bed by nurse and other staff, my NJ Ex Order 26.4(b)(1) and NJ Ex Order 26.4(b)(1), they NJ Ex Order 26.4 so I NJ Ex Order 26.4(b)(1)." The staff did not observe NJ Ex Order 26.4(b)(1) by the resident. An NJ Ex Orc of the resident's NJ Ex Order 26.4(b)(1 revealed NJ Ex Order 26.4(b)(1) [redacted] and NJ Ex Order 26.4(b)(1) [redacted] The resident was sent to the hospital. The FRE included that the NJ Ex Order 26.4(b)(1) and NJ Ex Order 26 were likely a result of the incident where [his/her] NJ Ex Order 26.4(b)(1) during the NJ Ex Order 26.4(b) A Care Plan initiated on NJ Ex Order 26.4(b) for Resident #2 included a "Focus" of "I am at NJ Ex Order 26.4(b)(1 r/t [related to] history of NJ Ex Order 26.4(b)(1) [redacted], use of NJ Ex Order 26.4(b)(1)." Interventions for this focus included but was not limited to: "Resident to be transferred via NJ Ex Order 26.4(b with NJ Ex staff members NJ Ex Order 26.4(b) A progress note (PN) dated NJ Ex Order 26 at 4:45 pm documented via "Late Entry" by LPN #1 revealed Resident #2 was sitting in a wheelchair next to his/her bed and asked to be NJ Ex Order 26.4(b) at 4:15 pm. The resident was NJ Ex Order 26 and NJ Ex Order 26.4(b)(1) in the wheelchair. LPN #1 called for another staff member for assistance in putting Resident #2 NJ Ex Order 26.4(b)(1). The note further indicated Resident #2 did not verbalize complaints at the time. A PN dated NJ Ex Order 26.4(b)(timed at 6:36 pm included that the nurse and physician assessed Resident #2 related to complaints of NJ Ex Order 26.4(b)(1). The resident had NJ Ex Order 26.4(b)(1) [redacted]. The NJ Ex O was NJ Ex Orc [redacted]. The resident was unable to NJ Ex Order 26.4(b)(1) [redacted] due to “the resident’s NJ Ex Order 26.4(b)(1) of being assessed.” Resident voiced that “when I was NJ Ex Order 26.4(b)(1) by [the] nurse and [the] other staff man, NJ Ex Order 26.4(b)(1) [and] NJ Ex Order 26.4(b)(1), they NJ Ex Orde [sic] so I NJ Ex Order 26.4(b)(1) [redacted] and NJ Ex Order were ordered.	F0656		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315223	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVALON REHABILITATION AND HEALTHCARE CENTER	1059 EDINBURG ROAD , HAMILTON, New Jersey, 08690

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0656 SS = G	Continued from page 3 A PN dated NJ Ex Order 26.4(b)(timed at 6:52 am revealed Resident #2 returned from the hospital at 2:30 am with NJ Ex Orde [redacted] to his/her NJ Ex Order 26.4(b)(1) The resident was administered medication for NJ Ex Or The Emergency Documentation discharge summary from the hospital diagnosed the resident as having NJ Ex Order 26. and NJ Ex Order 26.4(b)(1) [redacted]. During an interview with the surveyor on 8/7/25 at 10:15 am, LPN #1, stated to keep resident from NJ Ex Orde [redacted] the wheelchair, LPN #1 and CNA #1 NJ Ex Order 26.(resident back NJ Ex Order [redacted]. The LPN #1 stated they were unsure if the resident's NJ Ex Order 26.4(b)(1) during the NJ Ex Order 26. but the NJ Ex Order 26.4 should have been used for the NJ Ex Order 26. per policy. During an interview on 8/7/25 at 11:35 am the U.S. FOIA (b) (6 [redacted] stated before the NJ Ex Order 26. Resident #2 status was NJ Ex Order 26.4(b)(1) as tolerated, was NJ Ex Order 26.4(b)(1) and required NJ Ex Order 26.4(b)(1). The U.S. F further stated it is the facility policy for two staff to NJ Ex Orde during NJ Ex Order 26 using NJ Ex Order 26.4(b)(1) and if the resident was NJ Ex Order 2 the staff would NJ Ex Order 26. the resident first, then use the NJ Ex Order 26.4 for NJ Ex Order 26. During an interview on 8/7/25 at 12:15 pm the U.S. FOIA (b) (6 [redacted] stated that per the Care Plan, Resident #2 required transfer by NJ Ex Order 26.4 with NJ Ex Order 26.4(b)(1) [redacted] from bed NJ Ex Order 2(if resident NJ Ex Order 26.4(b) [redacted] A review of the facility's policy titled "Care Plans, Comprehensive Person-Centered" Revision Date March, 2022 under "Policy Interpretation and Implementation" "7. The comprehensive, person-centered care plan:" "b. describes the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being, including:" "(3) which professional services are responsible for each element of care;" and "e. reflects currently recognized standards of practice for problem areas and conditions." NJAC 8:39-11.2(e) thru (i); 27.1(a), (d)	F0656		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315223	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVALON REHABILITATION AND HEALTHCARE CENTER	**1059 EDINBURG ROAD , HAMILTON, New Jersey, 08690**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000	INITIAL COMMENTS Revisit Completed	F0000		

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE