Department of Health & Human Services Centers for Medicare & Medicaid Services

Printed: 01/30/2025 Form Approved OMB No. 0938-0391

NAME OF PROVIDER OR SUPPLIER				
NAME OF PROVIDER OR SUPPLIER Avalon Place Kirbyville		STREET ADDRESS, CITY, STATE, ZIP CODE 700 N Herndon Kirbyville, TX 75956		
For information on the nursing home's plar	n to correct this deficiency, please cont	act the nursing home or the state survey a	agency.	
	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)			
Level of Harm - Actual harm Residents Affected - Few				

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.

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

TITLE

(X6) DATE

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 675220

If continuation sheet Page 1 of 3

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675220	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/06/2022
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE	
Avalon Place Kirbyville		700 N Herndon Kirbyville, TX 75956	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0689 Level of Harm - Actual harm Residents Affected - Few	with acute distal femur fracture. During an observation and interviewelevated and she was eating her lutransferred her from her bed to her her. She said she told CNA F to putransferred her to the wheelchair. Sa Hoyer lift. She said her knee popland received pain medication. She She said she did not know why the During observation rounds on 4/6/2 wheelchairs and had lift pads undetransfer during the investigation. During an interview on 04/06/22 at residents who required a Hoyer lift room by CNA G on 3/2/22 around 8 get one and took it back to the roor She said rather than trying to put the opposite sides of Resident #1 and when CNA G and CNA I laid Resid. Resident #1 did not complain of pain at 6:00 p.m. She said staff received after the incident. She said she cheany pain. Record review of an Employee Couget to a Hoyer lift on Hall 2 because #1 was demanding to get up before her, so she transferred Resident #1	w on 04/06/22 at 12:02 p.m., Resident inch. She said she did not want to get of wheelchair and did not know why she ther down, but CNA F wrapped her are the said when she was put back in bed ped when she was transferred to the bosaid the staff always used the Hoyer list staff transferred her without the Hoyer list staff transferred her without the Hoyer list. She said she said Resident #1 repeatedly keller Hoyer lift pad underneath Resident #1 said her in initially and she thought it was becaute training on Hoyer lifts and transfers procked on Resident #1 throughout the nick at large from dated 3/4/22 indicated Content in the content without difficulty and did not put a Hoyer latt 12:50 p.m. regarding the incident invested at 12:50 p.m. regarding the incident invested to the content in the content invested the content invested the content invested to the content i	#1 was in her bed with her right leg but of bed. She said CNA F did not use the Hoyer lift to transfer ms around her (Resident #1) and that evening, the staff did not use ed. She said she had some pain ft when she was being transferred. lift that day. Int #2 and #3 were up in their ies for observations of Hoyer lift supposed to transfer or lift he was called to Resident #1's I under Resident #1. She went to bot saying she wanted to get to bed. #1, CNA G and CNA I each got ent #1 fell on to her side. She said are knee had popped. She said are she had administered a pain pill rior to the incident and immediately ght and she did not complain of the could not ar lift's wheel was stuck. Resident on Hall 1 was not available to help yer pad underneath her.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	675220	A. Building B. Wing	04/06/2022	
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE		
Avalon Place Kirbyville		700 N Herndon Kirbyville, TX 75956		
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0689 Level of Harm - Actual harm Residents Affected - Few	During an interview on 4/6/22 at 1: lift. She said Resident #1 was supphave a lift pad under her. Resident her. CNA G said she went to get the Hoyer lift. CNA G said she and CN #1 kept telling them to just get her face down and they had to repositisaid she does not know who said said she did not feel comfortable the probably should have put the lift pad During an interview on 4/6/22 at 2: told her she had been transferred wincident. During an interview on 4/11/22 at 3 bed because she did not have the with the Hoyer lift. CNA I said she with the Hoyer lift. CNA I said she with the Hoyer lift. CNA I said she with the Hoyer lift. She had thought she heard a pop when they During an interview on 4/6/22 at 9: Resident #1 from her bed to her with carts were on the hall so she could with a transfer so she made the de The DON said that evening the sta underneath her. The CNAs got the bed and were repositioning her, the fracture. She said Resident #1 sho have put the pad under her for the Record review of the facility's Safe In order to protect the safety and we appropriate techniques and de medical condition will be incorporal residents. 2. Manual lifting of reside be used for heavy lifting, including	4/6/22 at 1:59 p.m., CNA G said she was teaching another CNA how to use the Hoyer #1 was supposed to have a Hoyer lift for all transfers. CNA G said Resident #1 did not er. Resident #1 told her the aide in the morning gave her a bear hug and transferred ent to get the nurse because Resident #1 did not have the pad under her for the she and CNA I did a 2-person transfer to put Resident #1 in bed. She said Resident just get her back in bed. She said when they transferred her the Resident wound up do to reposition her. She said when they repositioned her, they heard a pop. CNA G who said someone fell on Resident #1. She said nobody fell on the resident. CNA G infortable transferring Resident #1 without the Hoyer lift. She said looking back they but the lift pad under her while she was in her wheelchair. 4/6/22 at 2:31 p.m., LVN H said Resident #1 told her about her knee hurting and then transferred without the Hoyer lift. She said she was not working the night of the work the lift pad under her. She said Resident #1 was supposed to be transferred to thave the lift pad under her. She said Resident #1 was supposed to be transferred to thave the lift pad under her because she had rolled onto her face. She said she grabbed the upper part of her body and CNA G grabbed her lower body. Bed, she had to be repositioned because she had rolled onto her face. She said she grabbed the upper part of her body and CNA G grabbed her lower body. Bed, she had to be repositioned because she had rolled onto her face. She said she grabbed the upper part of her body and CNA G grabbed her lower body. Bed, she had to be repositioned because she had rolled onto her face. She said she grabbed the upper part of her body and CNA G grabbed her lower body. Bed, she had to be repositioned because she had rolled onto her face. She said she grabbed the upper part of her body and the grabbed her lower body. Bed and the lunch to she could not get to the Hoyer lift and could not find any co-workers to assist her made the decision to transfer Residen		
	25115			