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

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 09/04/2022
NAME OF PROVIDER OR SUPPLIER Avalon Place Kirbyville		STREET ADDRESS, CITY, STATE, ZI 700 N Herndon Kirbyville, TX 75956	P CODE
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)		on)
F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	and neglect by anybody. **NOTE- TERMS IN BRACKETS IN	HAVE BEEN EDITED TO PROTECT Cound record review the facility failed to enterieviewed for abuse. (Resident #s 1, 2, and #1, who had a history of inappropriate esident #1 was seen walking out of Resident #1 was seen walking out of Resident with blood in her brief. Resident was identified on 9/3/22 at 2:59 p.m. compliance at no actual harm with a property of the facility's need to evaluate the start risk of abuse, physical harm, mentified biting physical and mental abuse included for property. E. Sexual Abuse is defined as not limited to any unnecessary touching inthout voluntary, informed consent and reson. This definition is to include sexual Residents identified as exhibiting abusing the plan of care. 4.staff will immediate ouse has occurred. Protection: 1. All resist involving residents will necessitate as inch may include a. temporary one on thome or to a family member/responsib	ONFIDENTIALITY** 14645 Insure the right to be free from abuse and 3) It is esexual behavior, from sexually ident #2's room. Resident #1 had ent #1 was heard trying to get It was heard trying to get It was removed on obtential for more than minimal harm the effectiveness of the corrective ental anguish, emotional distress, and ental anguish, emotional distress, and ental icated: .will ensure a safe ling involuntary seclusion, neglect, as non-consensual contact of any ng or exposure of the resident's with the intention to arouse or harassment, sexual coercion, or two behaviors will be assessed and the telepropert and protect the resident sidents will be immediately sessment and interventions one supervision. b. transfer to

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 23

			NO. 0936-0391
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 09/04/2022
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	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	D PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Record review of face sheet dated [DATE] and his diagnoses included or change in a person's life), Parkir walking, balance, and coordination feeling of sadness and loss of inter someone uses language), and sch abnormally). Record review of MDS dated [DAT with a walker. He had Other behave Resident #1 did not exhibit any ware service with a monitoring and sent out to behavior with RP & ombudsman. Aware that Record review of August 2022 behavior review of August 2022 behavior and inappropriate sexual monitoring and sent out to behavior with RP & ombudsman. Aware that Record review of August 2022 behavior and her diagnoses include shrink (atrophy) and brain cells to consider the constraint (atrophy) and brain cells to	9/4/22, indicated Resident #1 was a [A dadjustment disorder (emotional or beth ason's (a brain disorder that leads to sh.), major depressive disorder (mood disest), cognitive communication deficit (cizophrenia (a serious mental disorder in E], indicated Resident #1 had moderational symptoms not directed toward othering behaviors. The plan dated 04/11/22 indicated he disgesture with a female resident. Interveiral hospital for evaluation and treatment any inappropriate behaviors would be avior monitoring indicated Resident #1 behavior monitoring indicated Resident #2 was a [A ad Alzheimer's (a progressive neurological). E] indicated Resident #2 had severely aviors which occurred last 4 to 6 days to bility. 9/4/22, indicated Resident #3 was a [A dad Alzheimer's (a progressive neurological) and depression (a mood disorder the E] indicated Resident #3 had severe content in the series of	GE] year-old male, admitted on navioral reaction to a stressful event taking, stiffness, and difficulty with order that causes a persistent difficulty with thinking and how in which people interpret reality. The cognitive impairment, ambulated the ers which occurred 1 to 3 days. The played socially inappropriate entions included 15-minute of the strength of the player of the
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	NAME OF BROWNER OF SURPLUE		
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P 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 DEFIC (Each deficiency must be preceded by the state of the state o		CIENCIES full regulatory or LSC identifying informati	on)
F 0600	At 7:18 p.m. Resident #1 walked or	ut of his room using his walker and stoo	od near the common area.
Level of Harm - Immediate jeopardy to resident health or	At 7:21 p.m. CNA A went into Resi	dent #3's room and closed the door.	
safety	At 7:23 p.m. LVN B left the secure	unit, leaving no staff to monitor residen	ts.
Residents Affected - Few	At 7:24 p.m. Resident #1 walked to	his room and leaned against the wall i	in the hallway.
	At 7:25 p.m. Resident #1 walked a	cross the hall into Resident #2's room.	
	At 7:27 p.m. CNA A left Resident # then continued to a closet on hall.	3's room and walked down the hall. Sh	e looked in Resident #1's room and
	At 7:28 p.m. Resident #1 walked or	ut of Resident #2's room.	
	During an observation on 9/3/22 at 11:20 a.m., Resident #2 was in her bed. There were no visible injuries her periarea. She had a scab on her right 3rd toenail. Resident #2 was non-verbal and not able to answer questions. She did not appear afraid.		
	Record review of progress note dated 04/11/22 at 4:08 p.m., completed by LVN L, indicated CNA F head Resident #3 scream no don't do that when she entered the room. The door was open and she witnesse Resident #1 standing behind Resident #3. Resident #1 was holding on to Resident #3 with one hand, his pants were down and he was exposed. Resident #3's pants were down and she was exposed.		
	Record review of In-service training for CNA A on 7/12/22 and LVN B on 8/22/22 indicated they were training on Supervision & Monitoring of hall 3 secure unit. There must be hallway monitor in hall 3 at all times-especially when wandering residents or residents at high risk for adverse behaviors are active. Of CNA or other staff is to stay in hallway & be alert for residents wandering into other resident's rooms. Cl can take turns being hall monitor and if a resident requires two CNA's for care there must be a nurse or staff member to fill hall monitor roll.		
	Record review of a progress note of asked an unidentified aide if he cou	dated 8/31/22 at 9:00 p.m., completed buld have her while making rounds.	by LVN B, indicated Resident #1
	Record review of a progress note dated 9/1/22 at 10:23 a.m., completed by LVN D, indicated Resident #1 was noticed standing at his door looking into the hallway masturbating. The CNA that saw this told him to go to his room, to his bed to do that and he cannot do it outside of his room. After this occurred, he also was asking a female resident to come into his room. The CNA heard this and told him to stop asking female residents to his room, he said OK. Later that day he was seen looking in on female resident lying in bed and redirected by CNA.		
	Record review of a progress note completed by LVN B dated 9/1/22 at 7:37 p.m. indicated Resident #1 was found in Resident #2's room by aide and was asked to leave the room. Aide on the hall called for another nurse to come into the unit to assess the residents. This resident (#1) was found with blood on his left thumb by other nurse. Other nurse asked this resident not to wash his hands so that she could take a picture while she was on the phone with the DON. This nurse was in the room assessing resident #2, found blood in resident #2's brief and around the vaginal and rectal area. DON notified. (continued on next page)		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION	(VZ) DATE CLIDVEV
	IDENTIFICATION NUMBER: 675220	A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/04/2022
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS CITY STATE 71	D CODE
Avalon Place Kirbyville		STREET ADDRESS, CITY, STATE, ZI 700 N Herndon	PCODE
Avaion nace Kirbyville		Kirbyville, TX 75956	
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(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by f			on)
F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Record review of an incident report dated 9/1/22, prepared by the DON, indicated alleged by a staff nurse that this resident (Resident #1) went into a female resident room and allegedly touched her inappropriately. Record review of a progress note dated 9/2/22 at 7:10 a.m. completed by the DON indicated Incorrect charting with staff education provided: resident confidentiality, charting of facts and not assumptions, and charting incorrect chart. This nurse was at facility for assessment of this resident and concern. This charting is not fact. Record review of a progress note dated 9/2/22 at 12:28 p.m. completed by the DON indicated Resident (# has been referred to behavioral hospital related to his inappropriate behaviors this week. This nurse spoke with LVN at behavioral and all paperwork sent to her. Residents RP is aware of referral. Resident is agreeable to go to behavioral if accepted. Record review of a progress note dated 9/1/22 at 7:56 p.m. completed by LVN B indicated Resident #2 for with blood in her brief and on her peri area after Resident #1 left her room. Resident also has dried blood the bed. DON notified. Assessed resident and she does not appear in any pain at this time. During an interview on 9/3/22 at 8:48 AM, RN J asked surveyors if they were at the facility for the incident. When asked which incident, RN J said the incident with Resident #1. She said he had another incident an thinks it was sexual. She said she did not know the details. She said she thought resident #1 was on 15-minute checks and thought the incident had been reported to the state agency. She was the DON in Aj 2022 when Resident #1 was found with Resident #3. During an interview on 9/3/22 at 8:50 a.m., CNA F said Resident #1's supervision level was 15 minutes checks. She said the 15 minutes checks had been discontinued (unknown date) and then started back on 9/1/22 due to his behaviors. She said he was sexually inappropriate. She said he would masturbate in the		
	only one CNA assigned to the secular halls. She said she was not suppose She said there was not a dedicated and neglect. During an interview on 9/3/22 at 8: inappropriate behaviors. She said to residents and ensure Resident #1 of During an interview on 9/3/22 at 9:0	did not wander into other female reside ure unit from 6:00 p.m. through 6:00 a.n. sed to leave the hall to do care if there is a staff to monitor the hall after 6:00 p.m. 59 a.m., CNA G said she was aware of there was always supposed to be a staff did not go into other residents' rooms. 00 a.m., CNA H said there was always or residents and to ensure Resident #1	n. and the nurse worked multiple was no staff to monitor the hall. She had been trained on abuse Resident #1's sexually If on the hall to supervise the supposed to be a staff in the

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F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	behaviors like masturbating in the had per like to assess the resident in order to so in Resident #2's private area. She stoenail that had been ripped off and the staff jumped to conclusions about because the blood had come from She said Resident #2 was not able behavior hospital on 9/2/22 due to agency or to the police because she the progress notes about incorrect abused. During an interview on 9/3/22 at 10 said Resident #1 had been placed behaviors. She said he had been of they had been stopped because he supposed to be someone monitoring. During an interview on 9/3/22 at 11 resident's buttocks on the evening someone was to be monitoring the a previous sexual incident but said. During an interview on 9/3/22 at 11 resident's buttocks on the evening someone was to be monitoring the a previous sexual incident but said. During an interview on 9/3/22 at 12 When asked if she was sure it was she saw resident #2's brief pulled to	24 AM, the DON said resident #1 was a hall and saying inappropriate things to stesident #1 was seen coming out of resident. She was told LVN C had seen bloof Resident #2's bed. She said she too be any tears in the periarea. She said stesident #2 had feces and urine in a dissumed that was where the blood has to sexual abuse. She did not think Resident to enail and she did not see any bloot to answer any questions. The DON said is increased sexual behaviors. She said documentation from the LVN B who the set of the tolon and the sexual at the tolon and the sexual at the se	staff. The nurses called her around sident #2's room. She was told ood on resident #1's thumb. CNA A k a flashlight to Resident #2's room she did not see any blood or tears in her brief. She said there was a ad come from on the bed. She said sident #2 was sexually abused ood, just brown feces in the brief. id Resident #1 was sent to a sid she did not report to the state buse. She said she documented in bought Resident #2 had been be possed to be on the secure unit bring the hall. If ge nurse on the secure unit. She had to having increased sexual with Resident #3 in April 2022, but viors. She said there was ering into other resident rooms. If given the secure was a sering into other resident #2 having prior to 9/1/22. If with blood on his left thumb. was blood on his thumb. She said ok. CNA A thought the brief looked

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F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	saw blood on the sheets and began resident #2's brief. When she pulle nurse. She said she did not change got to the facility but thought it was resident #2's private area too. She later that evening. She said it was supposed to have a monitor on the care. Resident #1 had been in the said she had only worked at the fac at the facility Resident #1 asked he Resident #1 was trying to coax Resident #1 was looking into Resid Resident #1 was looking into Resid said she thought the nurse was an the incident on 9/01/22. She said Faken off previous 15-minute check Resident #2 when she was in her of the secure unit at all times to ensure (masturbating) or go into other resident yas blood on her sheets. During an interview on 9/4/22 at 11 coordinator until a permanent admissexual abuse involving the two resides was blood on her sheets. During an interview on 9/4/22 at 11 facility not to take Resident #1 backsexual behaviors. She said the nure the incident with Resident #1 and #4 to be at the facility on 9/2/22 but fe said when she got to the facility, the facility was not able to meet the giving the resident a 30-day dischard the properties of the president and the secure unit at the time of the president and the secure unit at the time of the president and the secure unit at the time of the president and the secure unit at the time of the president and the secure unit at the time of the president and the secure unit at the time of the president and the secure unit at the time of the president and the secure unit at the time of the president and the secure unit at the time of the president and the secure unit at the time of the president and the secure unit at the time of the president and the secure unit at the time of the president and the secure unit at the time of the president and the secure unit at the time of the president and the secure unit at the time of the president and the secure unit at the time of the president and the secure unit at the time of the president and the secure unit at the time of the presiden	42 PM CNA A said Resident #2's brief in to look to see where the blood came of the front down off the Resident, she is the resident until the DON arrived. She about an hour or so after the incident, said the DON said there was no blood still red when the DON got to the facility hall, but the nurse wasn't always on the hall when she started her rounds and Licility since the end of July. She said a fer if he could lick it, referring to her private sident #3 into his room and they started 27 p.m., CNA K, who works the day shent #1 going into Resident #2's room, started to act weird and not his understand the resident #1 was put on 15 minutes che as but started to act weird and not his understand the resident #1 did not exhibit inappropriate to remain the resident #1 did not exhibit inappropriate to remain the remain the remainstrator was hired. He said he was not idents. He only was told Resident #1 with the secure unit sent a fax to the remain the remain the secure unit sent a fax to the remain the remain the secure unit sent a fax to the remain the secure unit sent a fax to the remain t	from. She decided to change saw the blood and ran to get the ne was not sure what time the DON CNA A said she saw blood on on the resident when she arrived by CNA A said she knew they were ne hall when she needed to provide and any control of the hall. CNA A said she knew they were ne hall when she needed to provide and any control of the hall. CNA A said she knew they were ne hall when she needed to provide and any control of the hall. CNA A said she said CNA F told her down the hall of the hall of the charge nurse if she would go to his room. She name. She said she told LVN D of cks. She said Resident #1 was sual self. He was staring at the one staff monitoring the hall of the print of the hall of the hall of the sexual behaviors. If the DON was the abuse told there was any allegation of as in Resident #2's room and there are in Resident #2's room and there the spital in April 2022 due to his the office on 9/1/22 informing her of the spital in April 2022 due to his the office on 9/1/22 informing her of the spital in April 2022 due to his the provided the between the residents. She said if facility took him back, she would be physician. Indeed on monitoring the hallway on then all new hires received the the control of the provided the the control of the provided the the new the provided the the new the provided the the pro

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		Kirbyville, TX 75956	
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F 0600	The Facility's Plan of Removal for I the following:	mmediate Jeopardy was accepted on §	9/4/22 at 11:59 a.m. and reflected
Level of Harm - Immediate jeopardy to resident health or safety	Please accept the following plan of	removal:	
Residents Affected - Few	Notify V.P of Clinical Operations	of immediate Jeopardy status -	
Nosidents Anedica - 1 ew	Done- 09/3/22@ 3:16 PM per DON	I	
	2. Notify Regional Director of opera	ations of Immediate Jeopardy status -	
	Done -09/03/22@ 3:24 PM per DO	N.	
	3. Notify facility Medical Director of	Immediate Jeopardy status-	
	Notified via E-mail by DON on 09/0	03/22 @ 6:59 PM.	
	4. Initiate report of incident to HHS	C.	
	Done 09/03/22@ 3:42 per DON.		
	5. Notify Kirbyville Police Departme	ent of incident.	
	Done 09/03/22 @ 5:15 PM Per DO	N.	
6. Resident #1-Was immediately placed on 15 minute beginning @ 10 //Designee were notified on 9/1@ 10:40 AM. Responsible party were rorders were received on 9/1 @ 1040 AM for Premarin 0.3 MG Daily a remained on 15 minute monitoring until transferred to a Behavioral Ho at a behavioral hospital at time of this report. Regarding resident #1 -/ readmission status to the facility will be scheduled and conducted with Behavior Hospital, Ombudsman, Responsible Party, Med Dir, PCP, P facility IDT committee. If Resident #1 returns to the facility, he will be determined.		0:40 AM. Responsible party were notifi- 40 AM for Premarin 0.3 MG Daily and in until transferred to a Behavioral Hospit- his report. Regarding resident #1 -A me Il be scheduled and conducted with rep esponsible Party, Med Dir, PCP, Psych	ed on 9/1 @ 10:40 AM. Medication initiated on 9/1 @ 11AM. He al @ 5:06 PM on 9/2. He remains setting to discuss Resident #1's presentatives to include ADM, the Services NP, Ombudsman and
		cility DON on 9/1 @ 8:30 PM with no viied on 9/2 @ 4:59 AM. Responsible pa	
		cure unit have had skin assessments co zero concerns identified. Initiated 9/3 @	
		cure unit were evaluated for any physica ximately 6PM by DON. Completed 9/3/	
	Care plans for Residents #1 and #2 /updated if indicated	2 were updated to reflect identified ever	nt and interventions were reviewed
	(continued on next page)		

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10.Facility staff were provided educ	cation by DON/Designee on:		
10a) Procedures for Inappropriate Resident to Resident touching and /or Sexually Inappropriate Behaviors. Staff were instructed to separate and protect the residents. Evaluate residents involved for any injury, pain or emotional impact. Notify MD, Responsible party, DON and ADM promptly. Initiate monitoring or increased supervision if indicated and document interventions. Initiated 9/3/22 @ 6PM and completed at 7:30 PM. 36 attendees. Follow-up sessions will resume on 9/4/22.			
monitoring of unit by staff. Staff we stationed in the hallway to monitor unit by another staff member. The sother Residents' rooms or inappropstaff if needed. Staff were educated going into an unobserved area (i.e. aware of need to be on hallway mot to complete tasks and maintain mostaff member must be in place to pstaff outside unit if needed for addit concerns promptly. Initiated on 9/3/resume on 9/4/22. 10c) Resident to Resident Altercat injuries or psychosocial impact. Inc DON/ADM promptly. Initiated 9/3/2 resume on 9/4/22. 10d) Abuse-Content. Abuse Coord 9/3/22 @ 6pm, completed 7:30 PM Abuse Coordinator. 11. Staff who were not on duty will staff will be allowed to work on the Administrator, DON, and MDS Coordinatindicate completion dates for requir completion via phone and texts. No Administrator, DON and MDS Coordinating indicates of the property of the staff will be allowed to work on the Administrator, DON and MDS Coordinating indicate completion dates for required to the staff will be allowed to work on the Administrator, DON and MDS Coordinating indicates of the property of the staff will be allowed to work on the Administrator, DON and MDS Coordinating indicates of the property of the staff will be allowed to work on the Administrator, DON and MDS Coordinating indicates of the property of the staff will be allowed to work on the Administrator, DON and MDS Coordinating indicates of the property of the	mpact. Notify MD, Responsible party, DON and ADM promptly. Initiate monitoring or increased if indicated and document interventions. Initiated 9/3/22 @ 6PM and completed at 7:30 PM. 36 Follow-up sessions will resume on 9/4/22. rivision and Monitoring of Hall 3/Secure Unit. Discussion of procedures to be utilized to facilitate of unit by staff. Staff were instructed that one staff member would be responsible for being of unit by staff. Staff were instructed that one staff member would be responsible for being in the hallway to monitor Residents in the hallway while care is being provided in other areas of the ther staff member. The staff member in the hallway is to monitor Residents for any wandering into lents' rooms or inappropriate behavior and provide redirection or request assistance from other ded. Staff were educated to communicate their location with each other when leaving the unit or an unobserved area (i.e. Resident's room, shower, etc.) to make sure the other staff member is seed to be on hallway monitoring duty during that time period. Staff can rotate the roles as needed et asks and maintain monitoring. If two staff are required for Resident cares, then a nurse or other their must be in place to provide hall monitoring role. Staff were advised to call for assistance from e unit if needed for additional monitoring assistance if needed. Notify DON or ADM of any romptly. Initiated on 9/3/22 @ 6pm, completed 7:30 PM. 36 attendees. Follow-up sessions will 9/4/22. Jent to Resident Altercations - Interventions and approaches to be implemented. Evaluate for any psychosocial impact. Increase supervision if indicated. Notify MD, Responsible party and promptly. Initiated 9/3/22 @6 pm, completed 7:30 PM. 36 attendees. Follow-up sessions will 9/4/22. Jene to Resident Altercations - contact #s and the facility Abuse Prohibition Guideline. Initiated pm, completed 7:30 PM. 36 attendees. Follow-up sessions will resume on 9/4/22. The DON is the ordinator. The were not on duty will be notified, to come to the fac		
	plan to correct this deficiency, please con SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by 10.Facility staff were provided educed to the staff were instructed to separate at emotional impact. Notify MD, Resp supervision if indicated and docum attendees. Follow-up sessions will 10b) Supervision and Monitoring of monitoring of unit by staff. Staff we stationed in the hallway to monitor unit by another staff member. The staff if needed. Staff were educated going into an unobserved area (i.e. aware of need to be on hallway monitor to complete tasks and maintain monitoring to the staff outside unit if needed for additionate on 9/4/22. 10c) Resident to Resident Altercatinguries or psychosocial impact. Inc DON/ADM promptly. Initiated on 9/3/2 resume on 9/4/22. 10d) Abuse-Content. Abuse Coordinator. 11. Staff who were not on duty will staff will be allowed to work on the Administrator, DON, MDS Coordinating indicate completion dates for required completion via phone and texts. Not Administrator, DON and MDS Coordinators have completed the recompleted the	IDENTIFICATION NUMBER: 675220 A. Building B. Wing STREET ADDRESS, CITY, STATE, ZI 700 N Herndon Kirbyville, TX 75956 plan to correct this deficiency, please contact the nursing home or the state survey SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying informati 10.Facility staff were provided education by DON/Designee on: 10a) Procedures for Inappropriate Resident to Resident touching and /or Staff were instructed to separate and protect the residents. Evaluate resic emotional impact. Notify MD, Responsible party, DON and ADM promptly supervision if indicated and document interventions. Initiated 9/3/22 @ 6F attendees. Follow-up sessions will resume on 9/4/22. 10b) Supervision and Monitoring of Hall 3/Secure Unit. Discussion of pro monitoring of unit by staff. Staff were instructed that one staff member wo stationed in the hallway to monitor Residents in the hallway is to monito other Residents' rooms or inappropriate behavior and provide redirection staff if needed. Staff were educated to communicate their location with ea going into an unobserved area (i.e. Resident's room, shower, etc) to make aware of need to be on hallway monitoring duty during that time period. S to complete tasks and maintain monitoring, If two staff are required for Re- staff member must be in place to provide hall monitoring role. Staff were staff outside unit if needed for additional monitoring assistance if needed. concerns promptly. Initiated on 9/3/22 @ 6pm, completed 7:30 PM. 36 atter resume on 9/4/22. 10c) Resident to Resident Altercations - Interventions and approaches to injuries or psychosocial impact. Increase supervision if indicated. Notify M DON/ADM promptly: Initiated 9/3/22 @ 6pm, completed 7:30 PM. 36 atter resume on 9/4/22. 10d) Abuse-Content. Abuse Coordinator - contact #s and the facility for estaff will be allowed to work on the floor until education has been complete Administrator, DON, and MDS Coordinator and HR Director will conduct audit indicate c	

			NO. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675220	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/04/2022
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	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)		on)
F 0600 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	12. Safe surveys were conducted for the facility general population area. Initiated 9/3/22 @ 6pm per social was interviewed. 14. Facility Administrator and the Date The facility Abuse Prohibition Guida reviewed. Education provided by Von 9/4/22, the surveyors confirmed Immediate Jeopardy (IJ) by: Observations, interviews, and recondand included 5 alert residents, 5 nu DON. Staff were able to identify in a supervision/monitoring on the secult was. Staff provided appropriate results Staff were able to discuss the requision/staff were able to identify the Abust administrator and were able to give procedures. Staff were able to give examples of Staff were able to give examples of Resident #1 remained at the behavincident. Resident #2 did not appear in distraindicated it was updated to reflect to Resident #3 did not appear in any of The in-services/staff training provident.	or Residents on the secure unit who cowith no safety or abuse concerns identifyorker. Completed 9/3/22 @ 7:15PM per provided education on complete was reviewed and discussion on inverse prof Clinical Operations. Initiated 9/3/2 of the facility implemented their plan of resident eviews were conducted on 9/4/22 from the second to resident touching a proper provided to resident touching resident supervision and redirection. Therefore the supervision and redirection. Therefore the supervision and monitoring of Hall the Coordinator, indicated reporting was the example of physical, verbal, sexual at the sexual did not recall the incident. Received the incident.	build be interviewed and reside in tified. Der Social Worker. 8 Residents Diance and monitoring procedures. Sestigation and reporting processes 2 @ 9PM, completed @ 9:30PM. Demoval sufficiently to remove the rom 12:00 p.m. through 3:35 p.m. NAs (who work all shifts), SW, and g and reporting procedures, and who the abuse coordinator re were no observed concerns. 3/Secure Unit. Diamediate to the charge nurse or puse and immediate intervention Diametic services and immediate intervention Diametic services and immediate behaviors. Description of the charge nurse or puse and immediate to reflect the glan was updated to reflect the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION	(201)
	IDENTIFICATION NUMBER: 675220	A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/04/2022
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE	
		700 N Herndon	PCODE
Avalon Place Kirbyville 700 N Herndon Kirbyville, TX 75956			
For information on the nursing home's p	lan to correct this deficiency, please conf	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)		on)
F 0600 Level of Harm - Immediate jeopardy to resident health or safety	Supervision and Monitoring of Hall 3/Secure Unit. Content discussed and procedures discussed to facilitate monitoring of unit. Staff were educated that one staff would be monitoring Residents and the hallway on Hall 3 while care is being delivered by the other staff member. Staff were instructed to take turns with these roles and to notify the nurse if additional monitoring assistance is needed. Abuse-Content Abuse Coordinator - contact #s and the facility Abuse Prohibition Guideline.		
Residents Affected - Few	Facility staff were provided education	on by DON/Designee on:	
		and Monitoring and Unmanageable Relee on resident to resident altercations umentation procedures.	
	Staff who were not on duty were notified to come to the facility for education by the DON/designee. All staff working in the facility were educated. Administrator, DON and MDS Coordinator indicated they will continue to audit, notify, and provide education items until all employees have completed the requirement.		
	Safe surveys were conducted for re	esidents on the secure unit and reside	in the
	facility general population area with	no safety or abuse concerns identified	d.
	No residents indicated they were at	raid of any residents.	
	The facility Administrator and the D by V.P. Of Clinical Operations.	ON were provided education on compl	liance and monitoring procedures
	On 9/4/22 at 4:05p.m., the interim Administrator was informed the IJ was removed; however, the facility remained out of compliance with no actual harm with a potential for more than minimal harm with a scope identified as isolated due to the facility's need to evaluate the effectiveness of the corrective systems.		
	25115		

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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 09/04/2022
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	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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, ne authorities. **NOTE- TERMS IN BRACKETS I-Based on interview and record revimistreatment, neglect, abuse, or mater than 24 hours after the allegat residents (Resident #1 and #2) review. An allegation of sexual abuse was surveyor intervention on 9/3/22. Resident #1 and #2 in this failure could place residents a Findings included: Record review of the facility's Abuse conduct an investigation of all allegand will provide notifications and in regulations. Investigations 1. The violations/allegations and take appresults in serious bodily injury, and not result in serious bodily injury. Record review of face sheet dated [DATE] and his diagnoses included or change in a person's life), Parking walking, balance, and coordination feeling of sadness and loss of intersomeone uses language), and schabnormally). Record review of MDS dated [DAT with a walker. He had Other behaves Resident #1 did not exhibit any walking and sent out to behavior and inappropriate sexual monitoring and sent out to behaviowith RP & Ombudsman. Aware that Record review of face sheet dated	glect, or theft and report the results of the AVE BEEN EDITED TO PROTECT Control of the facility failed to ensure all allegisappropriation of resident property we the facility failed to ensure all allegisappropriation of resident property we the facility failed to other officials (including its ensured for reporting). In made on 9/1/22. The facility did not reposite the facility abused Resident #2 allegedly sexually abused Resident #1 care Center will thoroughly investigation to the proper authorities accompliant the facility of the	che investigation to proper ONFIDENTIALITY** 14645 ed violations involving of re reported immediately, but not ng to the State Agency) for 2 of 7 Port the allegation of abuse until esident #1. Disappropriation. The Health Care Center will ext or misappropriation of property, ording to state and federal estigate all alleged if the allegation involves abuse or does not involve abuse and does GE] year-old male, admitted on navioral reaction to a stressful event taking, stiffness, and difficulty with order that causes a persistent difficulty with thinking and how in which people interpret reality ele cognitive impairment, ambulated ers which occurred 1 to 3 days. played socially inappropriate intions included 15-minute into 5/6/22 Care plan meeting held immediate discharge. GE] year-old female, admitted on

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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 09/04/2022
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	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)		on)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	decision making, had physical behadays and used a wheelchair for more Record review of an incident report staff nurse that this resident (Residinappropriately. Record review of a progress note of asked an unidentified aide if he could be asked asked an unidentified aide if he could be asked an unidentified aide if he could be asked an unidentified aide if he could be asked an unidentified asked be asked and an aroung the staff and an aroung the staff and an aroung the staff and and all paperwood and the staff and and all paperwood and all paperwood to behavioral if accepted. During an interview on 9/3/22 at 8: When asked which incident, RN J sthinks it was sexual. She said she asked she	t dated 9/1/22 at 7:25 p.m., prepared by lent #1) went into a female resident root dated 8/31/22 at 9:00 p.m., completed by	y the DON, indicated Alleged by a m and allegedly touched her by LVN B, indicated Resident #1 by LVN D, indicated Resident #1 be CNA that saw this told him to go After this occurred, he also was old him to stop asking female on female resident lying in bed and after this occurred, he also was old him to stop asking female on female resident lying in bed and after this occurred, he also was old him to stop asking female on female resident lying in bed and after this occurred, he also was old him to stop asking female on female resident lying in bed and after this occurred, he also was old him to stop asking female on female resident #1 was de on the hall called for another as found with blood on his left thumb that she could take a picture while no gresident #2, found blood in her as dried blood on the bed. DON ne. The DON indicated Incorrect facts and not assumptions, and esident and concern. This charting by the DON indicated resident has this week. This nurse spoke with of referral. Resident is agreeable to the ere at the facility for the incident. Said he had another incident and thought resident #1 was on

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 09/04/2022
NAME OF BROWERS OF CURRUN		STREET ADDRESS SITY STATE 7	D. CODE
NAME OF PROVIDER OR SUPPLII	ER	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 DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informat	ion)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 9/3/22 at 9:: behaviors like masturbating in the h 9/1/22 of the behaviors. The nurses was seen coming out of resident #2 told LVN C had seen blood on resident #2's bed. She said she took a flash see, she said there was no blood ourine in her brief. She said there wis blood had come from on the bed. Sthink Resident #2 was sexually abut oenail and she did not see any blood answer any questions. The DON seexual behaviors. She said she did there was any abuse. She said she indicated there was sexual abuse with the staff involved. During an interview on 9/3/22 at 12 When asked if she was sure it was he washed his hand before she cout to the side when CNA A asked her Resident #1 why he had blood on here given to him as an allegation Resident #1 was in Resident #2's r	24 AM, the DON said Resident #1 was nall and saying inappropriate things to so called her around 7 PM on Thursday 2's room. She was told there was bloodent #1's thumb. CNA A said there was light to Resident #2's private area. Sas a toenail that had been ripped off are she said the staff jumped to conclusion used because she assumed the blood od, just brown feces in the brief. She said Resident #1 was sent to a behavior not report the incident to the State agreemade an entry in both Residents' chancher when she felt there was no abuse. She was 100% sure it to look. CNA A thought the brief looken is thumb, he said I don't know, I don't in the same of abuse or he would have reported the own and there was blood on the sheet by abuse. He said the DON was the abuse.	having inappropriate sexual staff. She was made aware on night (9/1/22) and said Resident #1 d on Resident #2's sheet. She was a blood in the middle of Resident he resident. Using the flashlight to he said Resident #2 had feces and ad assumed that was where the sabout sexual abuse. She did not had come from Resident #2's aid Resident #2 was not able to hospital on 9/2/22 due to his ency because she did not think rts because the documentation said she did get statements from #1 with blood on his left thumb. was blood on his thumb. She said she saw resident #2's brief pulled do out of place. When she asked know.

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NAME OF PROVIDER OR SUPPLIER Avalon Place Kirbyville		STREET ADDRESS, CITY, STATE, ZI 700 N Herndon Kirbyville, TX 75956	P CODE
For information on the nursing home's p	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	on)
F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Ensure that a nursing home area is accidents. **NOTE- TERMS IN BRACKETS Hased on observation, interview, an supervision to prevent abuse for 3 of the facility staff did not provide superference of the facility remained out of the f	Free from accident hazards and provided and record review the facility failed to end of 11 residents (Resident #s 1, 2, and 3 pervision to prevent Resident #1 from sing out of Resident #2's room. Resident nher brief. Resident #1 was heard trying on was identified on 9/3/22 at 2:59 p.m. compliance at no actual harm with a post of due to the facility's need to evaluate as at risk of abuse, physical harm, ment as at adjustment disorder (emotional or behason's (a brain disorder that leads to shi), major depressive disorder (mood discest), cognitive communication deficit (discophrenia (a serious mental disorder in E], indicated Resident #1 had moderate for in the solution of the sol	des adequate supervision to prevent ONFIDENTIALITY** 14645 Issure residents received adequate B) reviewed for supervision. Exually abusing Resident #2 on at #1 had blood on his thumb. Ing to get Resident #3 to go to his While the IJ was removed on a stential for more than minimal harm the effectiveness of the corrective Islandarian and inficulty with order that causes a persistent lifficulty with thinking and how a which people interpret reality E cognitive impairment, ambulated ers which occurred 1 to 3 days. Islandarian and included 15-minute at 5/6/22 Care plan meeting held immediate discharge. GE] year-old female, admitted on a disorder that causes the brain to a stress the stress

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675220	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/04/2022
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	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	on)
F 0689 Level of Harm - Immediate jeopardy to resident health or safety	[DATE], and her diagnoses include	9/4/22, indicated Resident #3 was a [A d Alzheimer's (a progressive neurologi die) and depression (a mood disorder the state of the sta	c disorder that causes the brain to
Residents Affected - Few	Record review of MDS dated [DAT behaviors, and used a wheelchair to	E] indicated Resident #3 had severe co	ognitive impairment, had no
	to wandering and significant safety room with verbal cues, notify physi times will take things out of other re	2/30/21 indicated Resident #3 required awareness due to dementia. Intervent cian if behavior increases (1/18/22- in assidents' rooms, 2/6/22 altercation with s walker, 4/11/22 victim of inappropriat	ons included assist with location of and out of other residents' rooms, at another resident, 2/11/22
		9:43 a.m. with the DON, who verified s ngs on 9/1/22 from 6:16 p.m. to 7:28 p	
	At 7:18 p.m. Resident #1 walked out of his room using his walker and stood near the common area.		
	At 7:21 p.m. CNA A went into Resi	dent #3's room and closed the door.	
	At 7:23 p.m. LVN B left the secure	unit, leaving no staff to monitor resider	ts.
	At 7:24 p.m. Resident #1 walked to his room and leaned against the wall in the hallway.		
	At 7:25 p.m. Resident #1 walked a	cross the hall into Resident #2's room.	
	At 7:27 p.m. CNA A left Resident # then continued to a closet on hall.	3's room and walked down the hall. Sh	e looked in Resident #1's room and
	At 7:28 p.m. Resident #1 walked or	ut of Resident #2's room.	
		11:20 a.m., Resident #2 was in her be er right 3rd toenail. Resident #2 was no id.	•
	Resident #3 scream no don't do the Resident #1 standing behind Resident	ted 04/11/22 at 4:08 p.m., completed b at when she entered the room. The doo lent #3. Resident #1 was holding on to sed. Resident #3's pants were down a	or was open and she witnessed Resident #3 with one hand, his
	Record review of a progress note of asked an unidentified aide if he cou	lated 8/31/22 at 9:00 p.m., completed buld have her while making rounds.	by LVN B, indicated Resident #1
	(continued on next page)		

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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 09/04/2022
NAME OF PROVIDER OR SUPPLIER Avalon Place Kirbyville		STREET ADDRESS, CITY, STATE, ZI 700 N Herndon Kirbyville, TX 75956	P CODE
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 DEFICE	CIENCIES full regulatory or LSC identifying informati	on)
F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Record review of a progress note of was noticed standing at his door to to his room, to his bed to do that at asking a female resident to come in residents to his room, he said OK. redirected by CNA. Record review of Resident #1's Quality Resident #1 every 15 minutes beging Record review of a progress note of found in Resident #2's room by aid nurse to come into the unit to asse by other nurse. Other nurse asked she was on the phone with the DO resident #2's brief and around the second review of a progress note of brief and on her peri area after Resonotified. Assessed resident and she record review of a progress note of charting with staff education provide charting incorrect chart. This nurse is not fact. Record review of a progress note of charting incorrect chart. This nurse is not fact. Record review of a progress note of been referred to behavioral hospital LVN at behavioral and all paperword go to behavioral if accepted. During an interview on 9/3/22 at 8: When asked which incident, RN J sthinks it was sexual. She said the 15 minutes of due to his behaviors. She said the word his room. She said there was suensure Resident #1 did not wander assigned to the secure unit from 6:	dated 9/1/22 at 10:23 a.m., completed by the connot do it outside of his room. Into his room. The CNA heard this and the Later that day he was seen looking in control to the connot do it outside of his room. Into his room. The CNA heard this and the Later that day he was seen looking in control to the con	by LVN D, indicated Resident #1 the CNA that saw this told him to go After this occurred, he also was old him to stop asking female on female resident lying in bed and cated the facility began monitoring at the facility for the bed. DON me. The DON indicated Incorrect facts and not assumptions, and assident and concern. This charting at the facility for the incident has this week. This nurse spoke with a facility for the incident. Said he had another incident and thought resident #1 was on agency. She was the DON in April and the said then started back up a would masturbate in the doorway at all times to monitor residents and the said there was only one CNA are worked multiple halls. She said

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NAME OF PROVIDER OR SURRU		CTREET ARRESC CITY CTATE 7	ID CODE
NAME OF PROVIDER OR SUPPLI	ER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Avalon Place Kirbyville		700 N Herndon Kirbyville, TX 75956	
For information on the nursing home's	s plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	IENCIES full regulatory or LSC identifying informat	ion)
F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	During an interview on 9/3/22 at 9:2 behaviors like masturbating in the r 7 PM on Thursday night and said R there was blood on Resident #2's s said there was blood in the middle to assess the resident. She said sh Resident #2 had feces and urine in assumed that was where the blood about sexual abuse. She did not the toenail and she did not see any to a behavior hospital on 9/2/22 due. During an interview on 9/3/22 at 9:4 supposed to be on the secure unit monitoring the hall. She said she compaid #1 went into Resident #2's room be behaviors. She said he had been of they had stopped because he had be someone monitoring the hall to long an interview on 9/3/22 at 11 resident's buttocks on the evening someone was to be monitoring the a previous sexual incident but said. During an interview on 9/3/22 at 12 When asked if she was sure it was she saw resident #2's brief pulled to	24 AM, the DON said resident #1 was sall and saying inappropriate things to desident #1 was seen coming out of reheet. She was told LVN C had seen be of Resident #2's bed. She said she tode edid not see any blood or tears in Resher brief. She said there was a toenai had come from on the bed. She said tink Resident #2 was sexually abused blood, just brown feces in the brief. The to his sexual behaviors. 44 AM, while viewing the video footage when the aide was working in a room sould see on the video, the halls were not session to the said was working in a room sould see on the video, the halls were not session to the said was working in a room sould see on the video, the halls were not session to the said was working in a room sould see on the video, the halls were not session to the said was working in a room sould see on the video, the halls were not session to the said was working in a room sould see on the video, the halls were not seed to the said was working in a room sould see on the video, the halls were not seed to the said was working in a room sould was working in a room sould was working in a room sould was working i	having inappropriate sexual staff. The nurses called her around sident #2's room. She was told lood on resident #1's thumb. CNA A ok a flashlight to Resident #2's room sident #2's private area. She said I that had been ripped off and the staff jumped to conclusions because the blood had come from the DON said Resident #1 was sent was so there would be somebody of being monitored when Resident with Resident #3 in April 2022, but She said there was supposed to the resident rooms. The sident #2's brief and near the le blood. LVN B she was not told the was aware of Resident #1 having a prior to 9/1/22. #1 with blood on his left thumb. was blood on his thumb. She said look. CNA A thought the brief looked.

			NO. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675220	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/04/2022
NAME OF PROVIDER OR SUPPLIER Avalon Place Kirbyville		STREET ADDRESS, CITY, STATE, ZI 700 N Herndon Kirbyville, TX 75956	P CODE
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 DEFIC	CIENCIES full regulatory or LSC identifying informati	on)
F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	saw blood on the sheets and began resident #2's brief. When she pulle nurse. She said she did not change got to the facility but thought it was resident #2's private area too. She later that evening. She said it was supposed to have a monitor on the care. Resident #1 had been in the said she had only worked at the facility Resident #1 asked he Resident #1 was trying to coax Resident #1 was trying to coax Resident #1 was looking into Resid Resident #1 was looking into Resid said she thought the nurse was an the incident on 9/01/22. She said Faken off previous 15-minute check Resident #2 when she was in her of the secure unit at all times to ensure (masturbating) or go into other resident #1. She said she should be prescription for Premarin (a female During an interview on 9/3/22 at 12: Resident #1. She said she should be the said she should be a care plan meeting with Resident sexual behaviors and if it happened care plan. During an interview on 9/4/22 at 1: facility not to take Resident #1 back sexual behaviors. She said the nur the incident with Resident #1 and # to be at the facility on 9/2/22 but fe said when she got to the facility, the facility was not able to meet the	42 PM CNA A said Resident #2's brief in to look to see where the blood came of the front down off the Resident, she is the resident until the DON arrived. She about an hour or so after the incident, said the DON said there was no blood still red when the DON got to the facility hall, but the nurse wasn't always on the hall when she started her rounds and Licility since the end of July. She said a firer if he could lick it, referring to her private sident #3 into his room and they started end of July. She said a firer if he could lick it, referring to her private sident #3 into his room and they started end of July. She said a firer if he could lick it, referring to her private sident #1 going into Resident #2's room, she said the Resident #2's room, she said the subject of the second of the second of the said there was supposed to be referred to act weird and not his under the second of the said there was supposed to be referred to act weird and not his under the second of the facility to contact Resident #4 hormone). He said the facility notified his divised the facility to contact Resident #4 hormone). He said it would have prevent the facility at the time of the previous ident #3 and both of them had their par #1's family and ombudsman. She said diagain, he would be immediately dischard the secure unit sent a fax to the facility at the secure unit sent a fax to the facility and ombudsman. She said diagain, he would be immediately dischard the secure unit sent a fax to the facility and ombudsman. She said the secure unit sent a fax to the facility and ombudsman facility to find the provious of the previous of the pre	from. She decided to change saw the blood and ran to get the se was not sure what time the DON CNA A said she saw blood on on the resident when she arrived y. CNA A said she knew they were shall when she needed to provide LVN B was still on the hall. CNA A sew days after she started working ate area. She said CNA F told her id 15-minute checks on 9/1/22. Iff, said the weekend prior (8/27/22 she notified the charge nurse if she would go to his room. She name. She said she told LVN D of cks. She said Resident #1 was sual self. He was staring at the one staff monitoring the hall of riate sexual behaviors Iff of any incidents involving the needed sexual urges. If of any incidents involving the needed sexual urges. If of any incidents involving the hall of riate sexual behaviors If she would go to his room. She name. She said there had been they talked about Resident #1's the needed sexual urges. If of any incidents involving the hall of riate sexual behaviors If she would go to his room in the sexual urges. If of any incidents involving the hall of riate sexual behaviors If of any incidents involving the hall of riate sexual urges. If of any incidents involving the hall of riate sexual urges. If of any incidents involving the hall of riate sexual urges. If of any incidents involving the hall of riate sexual urges. If of any incidents involving the hall of riate sexual urges. If of any incidents involving the hall of riate sexual urges. If of any incidents involving the hall of riate sexual urges. If of any incidents involving the hall of riate sexual urges. If of any incidents involving the hall of riate sexual urges. If of any incidents involving the hall of riate sexual urges. If of any incidents involving the hall of riate sexual urges. If of any incidents involving the hall of riate sexual urges. If of any incidents involving the hall of riate sexual urges. If of any incidents involving the hall of riate sexual urges.

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 09/04/2022
NAME OF PROVIDER OR SUPPLII	FR	STREET ADDRESS, CITY, STATE, ZI	P CODE
Avalon Place Kirbyville		700 N Herndon	. 5552
		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 DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	on)
F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Record review of the facility's Saferacility-Oriented Approach to Saferesidents. Individualized, Resident analyze information obtained from risks for individual residents. Syste approaches to safety are used toge hazard identified in the environmentaccordingly. W. Resident supervision is hazards in the environment. 3. The and over time for the same resident there are temporary hazards in the resident's condition. The facility was notified of the Imm Immediate Jeopardy template. The Jeopardy. The Facility's Plan of Removal for Inthe following: Please accept the following plan of 1. Notify V.P of Clinical Operations Done- 09/3/22@ 3:16 PM per DON	ty and Supervision of Residents policy by -1. Our facility-oriented approach to ste-Centered Approach to Safety2. The assessments and observations to ident ms Approach to Safety - 1. The facility-ether to implement a systems approach to and individual resident risk factors, are on is a core component of the systems of determined by the individual resident's type and frequency of resident supervision may be type and frequency of resident supervision may environment (such as construction) or ediate Jeopardy on 9/3/22/22 at 2:59 per facility was asked to provide a Plan of mediate Jeopardy was accepted on stations of Immediate Jeopardy status - N. Immediate Jeopardy status-13/22 @ 6:59 PM. C.	revised July 2017 indicated safety addresses risks for groups of a interdisciplinary care team shall lify any specific accident hazards or oriented and resident-oriented to safety, which considers the not then adjusts interventions approach to safety. The type and as assessed needs and identified ision may vary among residents ay need to be increased when if there is a change in the

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NAME OF PROVIDED OR SUPPLIE	-n	CTREET ADDRESS CITY STATE 71	D CODE
NAME OF PROVIDER OR SUPPLIER Avalon Place Kirbyville		STREET ADDRESS, CITY, STATE, ZI 700 N Herndon	PCODE
Avaion nace Kirbyville		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 DEFIC (Each deficiency must be preceded by		CIENCIES full regulatory or LSC identifying informati	on)
F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	6. Resident #1-Was immediately placed on 15 minute beginning @ 10:40AM on 09/01/22. Attending MD /Designee were notified on 9/1@ 10:40 AM. Responsible party were notified on 9/1 @ 10:40 AM. Medication orders were received on 9/1 @ 1040 AM for Premarin 0.3 MG Daily and initiated on 9/1 @ 11AM. He remained on 15 minute monitoring until transferred to a Behavioral Hospital @ 5:06 PM on 9/2. He remains at a behavioral hospital at time of this report. Regarding resident #1-A meeting to discuss Resident #1's readmission status to the facility will be scheduled and conducted with representatives to include ADM, Behavior Hospital, Ombudsman, Responsible Party, Med Dir, PCP, Psyche Services NP, Ombudsman and facility IDT committee. If Resident #1 returns to the facility, he will be placed on 1:1 monitoring until status is determined.		
		cility DON on 9/1 @ 8:30 PM with no v ied on 9/2 @ 4:59 AM. Responsible pa	•
	8. Residents who reside on the secure unit have had skin assessments completed by the Treatment Nurse for any unidentified concerns with zero concerns identified. Initiated 9/3 @ 630 PM by DON. Completed 9/3 @ 845 PM by Treatment Nurse.		
		cure unit were evaluated for any physic kimately 6PM by DON. Completed 9/3/	
	Care plans for Residents #1 and #2 /updated if indicated.	2 were updated to reflect identified ever	nt and interventions were reviewed
	10.Facility staff were provided edu	cation by DON/Designee on:	
	10a) Procedures for Inappropriate Resident to Resident touching and /or Sexually Inappropriate Behaviors. Staff were instructed to separate and protect the residents. Evaluate residents involved for any injury, pain or emotional impact. Notify MD, Responsible party, DON and ADM promptly. Initiate monitoring or increased supervision if indicated and document interventions. Initiated 9/3/22 @ 6PM and completed at 7:30 PM. 36 attendees. Follow-up sessions will resume on 9/4/22.		lents involved for any injury, pain or . Initiate monitoring or increased
	monitoring of unit by staff. Staff we stationed in the hallway to monitor unit by another staff member. The other Residents' rooms or inappropataff if needed. Staff were educated going into an unobserved area (i.e. aware of need to be on hallway moto complete tasks and maintain mostaff member must be in place to pataff outside unit if needed for additional control of the staff outside unit if needed for additional unit if	f Hall 3/Secure Unit. Discussion of pro- re instructed that one staff member wo Residents in the hallway while care is the staff member in the hallway is to monitor write behavior and provide redirection. It to communicate their location with ea Resident's room, shower, etc) to make mitoring duty during that time period. So nitoring. If two staff are required for Re- rovide hall monitoring role. Staff were a tional monitoring assistance if needed.	uld be responsible for being being provided in other areas of the or Residents for any wandering into or request assistance from other ch other when leaving the unit or e sure the other staff member is taff can rotate the roles as needed sident cares, then a nurse or other advised to call for assistance from Notify DON or ADM of any
	(continued on next page)		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	675220	A. Building B. Wing	09/04/2022	
		2. Willig		
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 contact the nursing home or the state survey agency.				
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)	
F 0689 Level of Harm - Immediate jeopardy to resident health or safety	10c) Resident to Resident Altercations - Interventions and approaches to be implemented. Evaluate for any injuries or psychosocial impact. Increase supervision if indicated. Notify MD, Responsible party and DON/ADM promptly. Initiated 9/3/22 @6 pm, completed 7:30 PM. 36 attendees. Follow-up sessions will resume on 9/4/22.			
Residents Affected - Few		dinator - contact #s and the facility Abust. 36 attendees. Follow-up sessions will		
		be notified, to come to the facility for ed floor until education has been complete		
	Administrator, DON, and MDS Coo	ordinator will monitor for employee com	pletion of required education topics.	
	Administrator, DON, MDS Coordinator and HR Director will conduct audits of current facility employees and indicate completion dates for required education. Staff are being notified to report to facility for education completion via phone and texts. Notifications started on 9/3/22 @ 5PM and are continuing 9/4/22.			
	Administrator, DON and MDS Coordinator will continue to audit, notify and provide education items until all employees have completed the requirement.			
	12. Safe surveys were conducted for Residents on the secure unit who could be interviewed and reside in the facility general population area with no safety or abuse concerns identified.			
	Initiated 9/3/22 @ 6pm per social worker. Completed 9/3/22 @ 7:15PM per Social Worker. 8 Residents interviewed.			
	The facility Abuse Prohibition Guide	4. Facility Administrator and the DON were provided education on compliance and monitoring procedures. ne facility Abuse Prohibition Guide was reviewed and discussion on investigation and reporting processes viewed. Education provided by VP of Clinical Operations. Initiated 9/3/22 @ 9PM, completed @ 9:30PM.		
	On 9/4/22, the surveyors confirmed Immediate Jeopardy (IJ) by:	d the facility implemented their plan of r	emoval sufficiently to remove the	
	and included 5 alert residents, 5 nu DON. Staff were able to identify ina supervision/monitoring on the secu	vations, interviews, and record reviews were conducted on 9/4/22 from 12:00 p.m. through 3:35 p.m. cluded 5 alert residents, 5 nurses including 1 RN, 4 LVNs, and 4 CNAs (who work all shifts), SW, and Staff were able to identify inappropriate resident to resident touching and reporting procedures, vision/monitoring on the secure unit, resident-resident altercations, and who the abuse coordinator Staff provided appropriate resident supervision and redirection. There were no observed concerns.		
	Staff were able to discuss the requ	ired supervision and monitoring of Hall	3/Secure Unit.	
	(continued on next page)			

			NO. 0936-0391
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 09/04/2022
NAME OF PROVIDER OR SUPPLIER Avalon Place Kirbyville		STREET ADDRESS, CITY, STATE, ZI 700 N Herndon Kirbyville, TX 75956	P CODE
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 DEFIC	CIENCIES full regulatory or LSC identifying informati	on)
F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Staff were able to identify the Abus administrator and were able to give procedures. Staff were able to give examples or Staff were able to give examples or Resident #1 remained at the behavincident. Resident #2 did not appear in distrindicated it was updated to reflect to Resident #3 did not appear in any or The in-services/staff training provided Inappropriate Resident to Resident Supervision and Monitoring of Hall monitoring of unit. Staff were educt 3 while care is being delivered by the and to notify the nurse if additional contact #s and the facility Abuse Personal Facility staff were provided education by DON/Design procedures, interventions, and documents of the facility were educated to audit, notify, and provide education and	se Coordinator, indicated reporting was a example of physical, verbal, sexual at a f behavior monitoring on unit 3/secure of resident-to-resident touching and/or sovioral hospital. Record review of his car ess and did not recall the incident. Receive incident. distress. ded by the DON/Designee included: touching and reporting procedures. 3/Secure Unit. Content discussed and ated that one staff would be monitoring he other staff member. Staff were instrumonitoring assistance is needed. Abustrohibition Guideline. on by DON/Designee on: a and Monitoring and Unmanageable Reperson resident-to-resident altercations umentation procedures. otified to come to the facility for educating Administrator, DON and MDS Coordion items until all employees have comesidents on the secure unit and reside items.	immediate to the charge nurse or cuse and immediate intervention unit. exually inappropriate behaviors. e plan was updated to reflect the ord review of her care plan procedures discussed to facilitate Residents and the hallway on Hall ucted to take turns with these roles re-Content Abuse Coordinator - esidents. Facility staff were content including reporting on by the DON/designee. All staff dinator indicated they will continue pleted the requirement. In the facility general population of residents on the secure unit.

			NO. 0930-0391
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 09/04/2022
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	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informat	ion)
F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	On 9/4/22 at 4:05p.m., the interim a remained out of compliance with no	Administrator was informed the IJ was a actual harm with a potential for more illity's need to evaluate the effectivenes	removed; however, the facility than minimal harm with a scope