

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 015141	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/05/2022
NAME OF PROVIDER OR SUPPLIER Arbor Woods Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 515 2nd Avenue Northwest Reform, AL 35481	

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)
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on interviews, observations and the facility's policy titled, Foods Brought by Family/ Visitors, the facility failed to ensure food and drink items, that were in the resident's refrigerators' on the East and Wing West, were clearly distinguishable from facility-prepared food. Specially, the resident's food was not labeled with the resident's name, and the use by date.</p> <p>This deficient practice affected 41 out of 41 residents, who resided in the facility.</p> <p>Findings Included:</p> <p>A review of the facility policy titled, Foods Brought by Family/ Visitors, with a revised date of October 2017, revealed: . Policy Interpretation and Implementation . 7. Food brought by family/visitors that is left with the resident to consume later will be labeled and stored in a manner that it is clearly distinguishable from facility-prepared food. b. Containers will be labeled with the residents's name, the item and the use by, date</p> <p>On 05/05/22 at 10:29 AM, the surveyor observed the resident's refrigerator on the East Wing accompanied by Employee Identifier (EI) #1, LPN, Licensed Practical Nurse. The surveyor observed a black bowl with a plastic lid covering with fish and hush puppies, a Snap Apple Juice 16 ounces, and a Snap Water 16 ounces. The food and drink items were not labeled.</p> <p>An interview was conducted with EI #1 at 10:29 AM. EI #1 was asked if the bowl with the fish and hush puppies were labeled with a name and date. EI #1 said no, it was not. EI #1 was asked if the Snap Apple Juice and Snap Water was labeled with a name and date. EI #1 said no, it was not. EI #1 was asked if the food and drink items belong to a resident. EI #1 said, yes. EI #1 was asked if the food and drink items should be labeled. EI #1 said yes. EI #1 was asked what should be on the label. EI #1 said the resident's name and the date the food was put in the refrigerator. EI #1 was asked who was responsible for ensuring the food items was labeled. EI #1 said the Nurses, CNAs (Certificate Nursing Assistant), and who ever put the food in the refrigerator. EI #1 confirmed the name and date was supposed to be put on the food and drinks.</p> <p>On 05/05/22 at 10:38 AM, the surveyor observed the resident's refrigerator on the [NAME] Wing accompanied by EI #2, Registered Nurse (RN)/Director of Nurses (DON). The surveyor observed a Ritz, Balance cheese and crackers snack bowl, a hot pocked in a plastic wrap and a French Vanilla monster triple shot drink 15 ml (milliliters). The food and drinks items were not labeled.</p> <p>An interview was conducted with EI #2 at 10:38 AM. EI #2 was asked if the food and drink items, a Ritz Balance Cheese and Crackers snack bowl, a hot pocket and a French Vanilla monster triple shot</p> <p>(continued on next page)</p>

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: 015141
		If continuation sheet Page 1 of 2

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 015141	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/05/2022
NAME OF PROVIDER OR SUPPLIER Arbor Woods Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 515 2nd Avenue Northwest Reform, AL 35481	
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)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>drink was labeled. EI #2 said, no they were not labeled. EI #2 was asked should the food and drink items be labeled. EI #2 said they should have been labeled. EI #2 was asked what should be on the label. EI #2 said the resident's name and the date the food was put in the resident's refrigerator. EI #2 was asked what was the harm with food and drink items not being labeled. EI #2 said you do not know how long it has been in the refrigerator and the owner of the food and drink items.</p>		