

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 365689	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/15/2020
NAME OF PROVIDER OF SUPPLIER ARBORS AT FAIRLAWN THE		STREET ADDRESS, CITY, STATE, ZIP 575 S CLEVELAND MASSILLON ROAD FAIRLAWN, OH 44333	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on observation and staff interview the facility failed to maintain a clean and sanitary central shower room to prevent the spread of infection including Covid-19. This had the potential to affect all 16 residents residing on the 300 hall (Residents #2, #5, #8, #11, #29, #32, #33, #35, #39, #49, #50, #61, #67, #68, #73, and #74). Findings Include: On 09/15/20 at 8:31 A.M. tour of the facility revealed a strong foul odor from the central shower located on the 300 hall. Observation of this central shower revealed a large shower chair with a large amount of dirt around the bottom base of the chair and a second smaller shower chair with what appeared to be dried fecal matter on the rim of the chair. The second shower chair was positioned in close proximity to the toilet which was overflowing with what appeared to be urine. There was also the presence of dead insects and what appeared to be mold around the base of the walls in the shower room. Interview with State tested Nursing Assistant (STNA) #200 at 8:34 A.M. verified the findings. Review of the facility's current census sheet revealed Residents #2, #5, #8, #11, #29, #32, #33, #35, #49, #50, #61, #67, #68, #73, and #74 resided on the 300 hall.		

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.