

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115419	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/22/2026
NAME OF PROVIDER OR SUPPLIER  Oaks - Athens Skilled Nursing, The		STREET ADDRESS, CITY, STATE, ZIP CODE  490 Kathwood Dr Athens, GA 30607	

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 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Keep all essential equipment working safely.</p> <p>Based on observations, staff interviews, and review of the facility policy titled, Cleaning Procedures: Major Equipment, the facility's dietary staff failed to ensure two of three kitchenette freezers were free from frost build-up which could lead to food contamination. Findings include: Review of the facility policy titled Cleaning Procedures: Major Equipment reviewed 10/23/2025 revealed under Procedure: under Walk in Refrigerator and Walk in Freezer, Daily: 1. Keep freezer elements free of frost and ice build-up. Observation on 02/20/2026 at 9:20 AM of the kitchenette for the 500, 700, and 800 halls revealed a small freezer sitting on the countertop. The freezer had three shelves, and the middle shelf was fully covered with frost that was an inch thick. Continued observation revealed ice cream cups were sitting within the frost. During an interview on 02/20/2026 at 9:20 AM, the Dietary Manager (DM) confirmed that there was frost build-up on the middle shelf of the small freezer and confirmed the ice cream cups were within the frost build-up. The DM stated that the freezer was cleaned and defrosted as needed, generally when they visibly saw frost, there was no set schedule. Observation on 02/20/2026 at 9:28 AM of the kitchenette for the 100, 200, 300, and 400 halls revealed a small freezer sitting on the countertop. The freezer had three shelves, and the middle shelf was fully covered with a thick layer of frost and ice cream cups sitting within the frost. During an interview on 02/20/2026 at 9:28 AM, the DM confirmed the small freezer had a layer of frost and confirmed there were ice cream cups stored on the frost. The DM stated that the freezer was cleaned and defrosted when there was visible frost.</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
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