

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255219	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/19/2025
NAME OF PROVIDER OR SUPPLIER Arbor Walk Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 570 North Solomon Street Greenville, MS 38703	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>47158</p> <p>Based on staff interview, record review, and facility policy review, the facility failed to notify the Resident Representative (RR) of changes in condition for one (1) of three (3) residents reviewed for notification of change. Resident #1.</p> <p>Findings Include:</p> <p>Record review of the facility policy titled Change in a Resident's Condition or Status with a revision date of February 2021 revealed the following policy statement: Our facility shall promptly notify the resident, his or her Attending Physician, and the resident representative of changes in the resident's medical/mental condition and/or status .</p> <p>In a telephone interview with Resident #1's RR on 5/19/25 at 12:19 PM, he stated that one weekend in late April 2025, he visited his brother during lunch and noticed that his diet was pureed. He said he had never been notified that his brother's diet was changed to pureed, nor was he informed of the reason for the change.</p> <p>A record review of the Physician Order Summary for Resident #1 revealed an order for Regular diet, Pureed texture, Regular/Thin consistency, state frozen nutritional treat to all trays, dated 4/9/25.</p> <p>A record review of the Physical Therapy/Occupational Therapy/Speech Therapy (PT/OT/ST) Rehab Screening form for Resident #1, dated 4/9/25 and signed by Speech Therapist #1, documented that Resident #1 had impaired swallowing and included a recommendation to downgrade the diet to pureed.</p> <p>In an interview with ST #1 on 5/19/25 at 3:20 PM, she stated that on 4/9/25, she received communication from Certified Nursing Assistants (CNAs) that Resident #1 was experiencing episodes of coughing and vomiting while being fed. She evaluated him and found that he was having difficulty swallowing soft mechanical foods, so she recommended changing his diet to pureed. She stated she obtained and entered the order for the pureed diet but did not notify Resident #1's RR of the change. She further stated that it was not facility practice for therapists to notify families of such changes.</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
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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview with the Director of Nursing (DON) on 5/19/25 at 3:27 PM, she confirmed that Resident #1's RR had not been notified of the resident's status or order changes prior to the visit when he discovered the resident was on a pureed diet. She stated that when a therapist enters an order into the system, it triggers the nurse to confirm the order, and the nurse who confirms it is responsible for notifying the resident's RR of the change. She explained that she was unable to determine which nurse confirmed the order because she had made recent clarifications to it, which replaced the original confirming nurse's name with hers. She confirmed that the RE should have been notified and stated that it is important to ensure the residents' RR is updated on any changes in status or orders.</p> <p>A record review of the Admission Record for Resident #1 revealed that the facility admitted him on 12/13/23 with diagnoses including Cerebral Infarction, Dysphagia, Oropharyngeal Phase, and Other Seizures.</p>