STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365474	A. Building B. Wing	05/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arbors at Carroll	3680 Dolson Court NW Carroll, OH 43112

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 - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, interview, and review of facility policy, the facility failed to wear appropriate personal protective equipment during a mechanical lift transfer of a resident who was on enhanced barrier precautions. This affected one (Resident #17) of three residents reviewed for mechanical lift transfers. The facility census was 93 residents.Findings include:Review of Resident #17's medical record revealed an initial admission date of 03/17/26 with a readmission date of 04/09/26. Resident #17 had diagnoses that included heart failure, chronic respiratory failure, type 2 diabetes mellitus with hyperglycemia, chronic kidney disease stage 3, polyneuropathy, peripheral vascular disease, dysphagia, and lymphedema.Review of Resident #17's care plan revealed the resident had an activities of daily living (ADL) self-care performance deficit with an intervention to transfer the resident with two person assist and use of mechanical lift initiated on 03/17/26. Resident #17 also required enhanced barrier precautions related to the presence of a feeding tube and wounds with an intervention to use enhanced barrier precautions when providing high contact resident care activities (dressing, bathing, transferring, personal hygiene, changing linens, changing briefs/assisting with toileting, and device care).Review of Resident #17's Minimum Data Set (MDS) dated [DATE] revealed the resident was cognitively intactObservation on 05/18/26 at 2:30 P.M. of Resident #17's door revealed a sign indicating Enhanced Barrier Precautions with guidance on when to wear personal protective equipment, including while transferring the resident.Observation on 05/18/26 at 3:19 P.M. of a mechanical lift transfer of Resident #17 by Certified Nursing Assistants (CNAs) #147 and #165. CNAs #147 and #165 performed hand hygiene, donned gloves, entered the room and closed the door for privacy. CNA #147 then exited the room to obtain gowns. CNAs #147 and #165 donned gowns. CNAs #147 and #165 placed mechanical lift pad under Resident #17. CNAs #147 and #165 removed gown and gloves, performed hand hygiene, and exited the room. CNA #147 returned to the room with clean linens. CNA #165 returned to the room with the mechanical lift without applying new gown or gloves, CNA #147 attached the mechanical lift pad to the lift on the left side of Resident #17. CNA #165 attached the mechanical lift pad to the lift on the right side of Resident #17. CNA #165 raised Resident #17 using the lift and backed the resident out of the room and into a specialized wheelchair sitting in the hallway.Interview on 05/18/26 at 3:35 P.M. with CNAs #147 and #165 confirmed personal protective equipment was not worn during the transfer of Resident #17 from the bed to the specialized wheelchair.Interview on 05/19/26 at 7:45 A.M. with Infection Preventionist Registered Nurse #130 confirmed personal protective equipment should have been worn during Resident #17's transfer in the room. Staff have been instructed not to wear personal protective equipment in the hallways so any personal protective equipment should have been removed once the CNAs reached the threshold of the door.Review of the policy ?Enhanced Barrier Precautions (EBP)' implemented 05/10/23 and reviewed/revised on 03/26/24 revealed personal protective equipment for enhanced barrier precautions is only necessary when performing high-contact care activities. High-contact resident care activities to consider include dressing, bathing, transferring, providing personal hygiene, changing linens, changing briefs or assisting with toileting, device care or use, and wound care. In general, gown and gloves would not be recommended when performing transfers in (continued on next page)

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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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	common areas, such as dining or activity rooms, where contact is anticipated to be shorter in duration. Outside the resident's room, EBP should be followed when performing transfers or assisting during bathing in a shared/common shower room and when working with residents in the therapy gym, specifically when anticipating close physical contact while assisting with transfers and mobility.This deficiency represents non-compliance investigated under Complaint Number 2992359.