

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365720	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/18/2024
NAME OF PROVIDER OR SUPPLIER Arbors at Stow		STREET ADDRESS, CITY, STATE, ZIP CODE 2910 L'Ermitage Pl Stow, OH 44224	

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 0607</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>43061</p> <p>Based on record review and interview, and facility policy review the facility failed to ensure background checks were completed on all employees, specifically volunteers. This had the potential to affect all 130 residents residing in the facility.</p> <p>Findings included:</p> <p>Review of the facility Abuse, Neglect and Exploitation Policy dated 07/28/2020 revealed the facility will provide protections for the health, welfare, and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation, and misappropriation of resident property. Staff was defined as including volunteers who provide care and services to residents on behalf of the facility. Potential employees will be screened for a history of abuse, neglect, exploitation, or misappropriation of resident property by background, reference, and credentials checks conducted on potential employees, including volunteers.</p> <p>Review of the employee file for Housekeeper (HK) #341 revealed no evidence a background check was completed on the housekeeper.</p> <p>Interview on 06/13/24 at 2:30 P.M. with Administrator verified HK #341, who was a volunteer, did not have a BCI completed. Administrator explained HK #341 was a volunteer, on a trial basis, at the facility. Administrator reported if he was hired, they would have done a BCI then.</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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