STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675034	A. Building B. Wing	05/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arbor Lake Nursing & Rehabilitation, LLC	901 Pennsylvania Ave Fort Worth, TX 76104

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 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. Based on observation, interview and record review, the facility failed to maintain an effective pest control program for 1 of 1 kitchen to keep it free of flies. The facility failed to ensure the kitchen was free of flies on 05/19/26. This failure could affect residents who eat from the kitchen placing them at risk for the potential spread of infection and decreased quality of life.Findings included: Observation on 05/19/26 at 10:45 AM of the facility's kitchen revealed there were 7 flies, 5 of the flies were on a cord of the food processor that was plugged into the outlet, 1 fly was on the outlet, and another fly was observed on the leg of the prep table while 3 staff members prepared lunch. Review of the Pest Control for March, April, and May 2025, reflected they made routine visits and flies had not been a targeted pest.Interview on 05/19/26 at 10:54 AM with Dietary Aide A revealed the flies came into the kitchen through the back door when they opened the door to take the trash out. Dietary Aide A said the number of flies in the kitchen depended on the weather outside, but she said lately the flies had been bad. She stated she thought someone had sprayed something in the kitchen for the flies, but she did not remember whom.Interview on 05/19/26 at 12:56 PM with the Dishwasher revealed this was the time of the year when they would begin to see flies in the facility. The Dishwasher said she could not recall how long she had seen them in the kitchen.Interview on 05/19/26 at 12:58 PM with the Dietitian revealed she was at the facility every Tuesday. She stated she had not noticed any flies the days she had been there, but she did recall seeing one fly today, 05/19/26. The Dietitian said no one had mentioned to her they were having problems with flies in the kitchen. She stated there should not be flies in the kitchen because flies carried bacteria with the potential of the flies coming into contact with food. Interview on 05/19/26 at 1:22 PM with the Interim Dietary Manager revealed he had been overseeing the kitchen at the facility for the past two months. The Interim Dietary Manager said today, 05/19/26, was the only day he had noticed flying in the kitchen since he had been going to the facility. The Interim Dietary Manager said the facility had pest control and they treated the facility, including the kitchen at least once a month. He further stated there should not be any flies in the kitchen because of the risk of bacteria spreading to the food.Interview on 05/19/26 at 3:23 PM with the Administrator revealed he never had issues with flies in the kitchen since he began working at the facility. The Administrator said he had just been made aware today, 05/19/26, by the dietary staff that there were flies in the kitchen. The Administrator further stated they had already called pest control to treat for flies. He stated there should not be any flies in the kitchen due to infection control. Review of the facility's policy titled Pest Control revised August 2020 reflected the following: PurposeTo ensure the Facility is free if insects, rodents, and other pests that could compromise the health, safety, and comfort of resident, Facility Staff, and visitors

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