

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 16E170	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/22/2024
NAME OF PROVIDER OR SUPPLIER Franklin General Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 1720 Central Avenue East Hampton, IA 50441	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>48003</p> <p>Based on clinical record review, facility policy review, staff, and family interview the facility failed to report within the required time frame an allegation of abuse to Iowa Department of Inspection and Appeals and Licensing (DIAL) for 1 of 1 resident reviewed (Resident #22). The facility reported a census of 30 residents.</p> <p>Findings include:</p> <p>Review of the facility intake information reported to DIAL documented the facility reported an allegation of missing money on 4/23/24 at 4:05 PM for Resident #22 after the facility staff learned of the incident on 4/19/24 at 6:33 PM.</p> <p>During an interview on 5/23/24 at 3:20 PM, Staff D, Registered Nurse (RN), reported Resident #22's family reported missing money on 4/19/24. He added that he reported the allegation right away to the Administrator and Director of Nursing.</p> <p>During an interview on 5/22/24 at 10:00 AM, the Administrator reported the facility didn't feel Resident #22 had any missing money so they did an investigation then reported it on 4/23/24. She reported Staff D reported to her on 4/19/23 that the family reported Resident #22 had missing money. The Administrator acknowledged she should have reported it to DIAL within the 24 hours required time frame and not waited until 4/23/24.</p> <p>The Abuse Prevention, Identification, Investigation, and Reporting policy revised August 2023 directed staff must report allegations of abuse within 24 hours of the event that caused the allegation involving neglect, exploitation, mistreatment, injuries of unknown origin and misappropriation, but didn't result in serious bodily injury.</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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