

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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40907</p> <p>Based on observations, interviews, and record reviews, the facility failed to have accurate code status directives available to their staff for 4 of 16 residents reviewed (Residents #13, #15, #26 and #27). Resident #15 and #26 didn't have DNR (Do Not Resuscitate in the event of no respirations and no pulse) stickers on the outside of their charts. Resident #13 had a provider's order and an IPOST (Iowa Physician's Orders for Scope of Treatment) indicating them as a DNR. Resident #13 had a heart sticker on the outside of his doorway, indicating he desired to be a full code (have Cardiopulmonary Resuscitation (CPR) performed in the event of no respirations and no pulse). Resident #27 had an order for full code, but didn't have a heart sticker on the outside of his doorway. The facility reported a census of 30 residents.</p> <p>Findings include:</p> <p>1. Resident #13's IPOST dated [DATE], indicated DNR in the event of his heart stopping and cessation (stop) of breathing.</p> <p>A provider's order dated [DATE], directed Resident #13 didn't want CPR.</p> <p>On [DATE] at 2:18 p.m. observed Resident #13 had a DNR sticker on the outside of his chart. The outside of Resident #13's room door had a heart sticker.</p> <p>2. An IPOST dated [DATE], listed Resident #27 as a DNR in the event of his heart stopping and cessation of breathing.</p> <p>A provider's order dated [DATE], reflected Resident #27 as a DNR/do not attempt resuscitation.</p> <p>On [DATE] at 2:07 PM, witnessed no DNR sticker on the outside of Resident #27's chart.</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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On [DATE] at 11:02 AM, the Director of Nursing (DON) stated they had several different ways to look at code status for residents. If they are to have CPR performed the outside of their door would have a heart and a heart sticker on their charts. She stated the electronic health record had the code status provider order for either full code or for DNR as would the IPOST which is right inside the hard chart in a red sleeve. The DON said she expected the staff keep all of the areas mentioned up to date. The DON acknowledged the heart sticker outside of Resident #13's door. She stated his code status changed recently when he went on hospice care. She removed the heart sticker off of Resident #13's door at the time. The DON confirmed Resident #27 didn't have a DNR sticker on the outside of their chart, but they should have one. The DON instructed a staff member to apply the DNR sticker.</p> <p>On [DATE] at 11:18 AM, Staff A, Licensed Practical Nurse (LPN), stated to find the code status she would go directly to the electronic health record and check the provider's order. She said she worked at the facility for less than a year, and the code status could change. Staff A stated she felt confident in checking the doctor's (providers) orders. She stated she didn't trust someone to update the stickers. She says she's pretty sure that other nurses check the electronic health record too but couldn't say for sure. She stated she didn't receive education regarding which area to go to find a resident's code status.</p> <p>On [DATE] at 2:03 PM, Staff B, Certified Nurse Aide (CNA), stated she would call her nurse right away if she found a resident not breathing. She stated if someone asked her to look at a code status she thought it was on each residents' door. When asked what is on each resident's door she said she thought it was like a red dot, a yellow dot, and a green dot. She said there is also a red book at the nurses' station that lists all of the residents' code statuses.</p> <p>The DON failed to mention a red book at the nurses' station with resident code status as a place to look for code status.</p> <p>48003</p> <p>3. Resident #15's IPOST dated [DATE], listed her as a DNR in the event her heart stopped beating and cessation of breathing.</p> <p>A provider's order dated [DATE], directed Resident #15 did not want CPR.</p> <p>An observation on [DATE] at 2:35 PM, revealed Resident #15's chart didn't have a DNR sticker on the outside. The chart didn't have any stickers on the outside.</p> <p>During an interview on [DATE] at 2:20 PM Staff C, Licensed Practical Nurse, explained she looked a resident's code status sticker on either the outside of the door to the resident's room or on the outside of the chart,</p> <p>During an interview on [DATE] at 2:25 PM, the DON acknowledged the chart needed a sticker on the outside of the chart.</p> <p>4. Resident #27's IPOST date [DATE], listed her as a Full Code in the event her heart stopped and cessation of breathing.</p> <p>A provider's order dated [DATE], directed Resident #27 did want CPR.</p> <p>(continued on next page)</p>		

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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An observation on [DATE] at 2:55 PM, witnessed Resident #27's outside of his room by his name didn't have stickers.</p> <p>During an interview on [DATE] at 2:27 PM, the DON acknowledged the outside of Resident #27's room by his name should have a heart sticker due to being a full code.</p>		

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<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>

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<p>F 0868</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Have the Quality Assessment and Assurance group have the required members and meet at least quarterly</p> <p>40907</p> <p>Based on record review and interview, the facility failed to have the minimal required members at its quarterly QA meeting. The facility reported a census of 30 residents.</p> <p>Findings include:</p> <p>Review of the quarterly QA minutes dated 5/7/24, revealed the Director of Nursing (DON) who is also the Infection Preventionist (IP), did not attend.</p> <p>On 5/22/24 at 10:04 AM, the Licensed Nursing Home Administrator (LNHA), stated they had a clinical nurse sit in for the DON on the 5/7/24 meeting. When asked if the clinical nurse sat in as the IP, the LNHA acknowledged she didn't sit in as the IP.</p> <p>A Quality Assurance and Process Improvement policy dated May 2017, directed the Nursing Facility Quality Assurance and Process Improvement (QAPI) Plan is part of the overall Quality Assessment Program. The staff will appoint a core group of individuals to the performance improvement project (PIP) team. The facility would determine the PIP Team based on opportunity. Individuals directly involved with initial root cause analysis will be encouraged to participate. PIP teams will average 2 5 people.</p> <p>A PIP team will utilize QAPI tools to further investigate opportunity and plan course of action. Managers and Supervisors will provide time for PIP team to meet on a weekly or as needed basis.</p>