

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245273	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/28/2024
NAME OF PROVIDER OR SUPPLIER  Franklin Restorative Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  900 3rd Street South Franklin, MN 55333	

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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>47497</p> <p>Based on interview and document review, the facility failed to notify the county (designated State Mental Health Authority (SMHA)) when 1 of 1 resident (R15) with new on-set of mental illness.</p> <p>Findings include:</p> <p>R15's 6/6/23, nursing progress note identified R15 required law enforcement along with emergency medical services (EMS) to transport him to the local hospital emergency department for behavioral issues. He was later transported from the hospital to a mental health inpatient facility.</p> <p>R15's current physician's orders identified a diagnosis of Post Traumatic Stress Disorder (PTSD) and Paranoid Personality Disorder.</p> <p>R15's 8/20/23 quarterly MDS identified R15 re-entered the facility on 6/28/23, and had a new diagnoses of PTSD and Paranoid Personality Disorder.</p> <p>R15's 6/21/23 Pre-Admission Screening (PAS) (following his behavioral health inpatient stay), indicated R15 had no diagnosis of mental illness, had no symptoms of mental illness that significantly interfered with functioning in life activities, or caused the person significant distress within the past 6 months, and had not needed supportive services or interventions due to mental illness to maintain functioning within the past 2 years.</p> <p>Interview on 3/27/24 at 2:00 p.m., with social service designee (SSD) identified R15 returned to the facility 6/28/23 with new diagnoses of PTSD and Paranoid Personality Disorder. These diagnoses should have been identified on the 6/21/23 PAS. The SSD reports she did not review R15's PAS for accuracy, nor had she referred it to the SMHA for review.</p> <p>A policy was requested but none was provided by end of survey.</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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>47497</p> <p>The facility's request for a waiver was accepted and approved by the State Agency following the survey dated 12/22/22. The tag was re-issued at PAST NON-COMPLIANCE; therefore NO plan of correction is required. This will remain in effect until such time as the registered nurse (RN) coverage can be filled and the facility achieves compliance.</p> <p>F727: CFR 483.35 (b)(1), RN coverage 8 consecutive hours a day, 7 days a week.</p> <p>Findings include:</p> <p>Review of 10/1/2023 through 3/15/24 nursing schedule identified 8 days of no registered nurse (RN) had been scheduled on Saturdays or Sundays.</p> <p>Interview on 3/28/24 at 5:00 p.m., with the administrator identified they were aware of the lack of coverage, they are working to stagger hours and have utilized an RN from a sister facility (in-network facility) in an attempt to meet the requirement.</p> <p>Review of the current advertisements in various sources per their waiver plan for available positions identified the facility was actively attempting to hire full time RN for coverage to meet the requirement.</p>

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<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>47497</p> <p>Based on document review and interview, the facility failed to submit complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data, during 1 of 1 quarter reviewed (Quarter 1) 2024 (October 1 - December 31) to the Centers for Medicare and Medicaid Services (CMS) according to specifications established by CMS.</p> <p>Findings include:</p> <p>Review of the Payroll Based Journal Report (PBJ) [NAME] Report 1705 D identified the following dates triggered for review 10/07/23, 10/8/23, 11/18/23, 12/16/23, 12/17/23 for failure to have licensed nurse coverage 24 hours per day.</p> <p>Review of staffing schedules and staff timecards identified the facility had 1 or more licensed nursing staff present on the above identified dates and therefore data submitted through PBJ to CMS was inaccurate.</p> <p>Interview on 3/28/24, at 5:00 p.m., with administrator identified they have a person offsite that enters the PBJ data, and she would have to reach out to him for more information. No other information was provided by the end of the survey.</p> <p>A policy was requested and was not provided by the end of the survey.</p>		

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<p>F 0865</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a plan that describes the process for conducting QAPI and QAA activities.</p> <p>39988</p> <p>Based on interview and document review, the facility failed to ensure data submitted to the Quality Assurance and Performance Improvement (QAPI) committee was analyzed and documented to ensure areas identified had oversight for their perspective outcomes brought forth. This had the potential to affect all 34 residents.</p> <p>Findings include:</p> <p>Review of the monthly QAPI meeting minutes from June 2023 through March 2024 identified department heads were bringing data forth to QAPI on various topics such as infection control, falls, grievance reports, other committee meeting minutes, and incident reports etc., however, there was no documented benchmarks for goals the facility was trying to achieve, nor analysis of data brought forth, identified actions the facility was going to take to achieve their goals, and monitoring to determine if goals were met or QAPI needed to continue monitoring to ensure compliance.</p> <p>Interview on 3/28/24 at 3:10 p.m., with the administrator identified the facility had changed their format for QAPI meetings about a year ago. She revealed that the committee did discuss concerns however they had not been documenting the information. She agreed the QAPI documentation lacked identification of a goal for areas of concern that were brought forward to the meeting, an action plan, and analysis of any data collected. She reported the prior format was much better as there was a table to fill out that included what the goal was, what the action plan was, and results of the analysis. She was unsure why the facility had changed the format.</p> <p>Review of the March 2020, Quality Assurance and Performance Improvement (QAPI) Program identified the QAPI committee would oversee area's for improvement, develop a action plan, and analyze the results of the plan.</p>

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<p>F 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action.</p> <p>39988</p> <p>Based on interview and document review, the facility failed to have evidence of 1 of 1 Performance Improvement Project (PIP) which focused on high risk or problem-prone areas identified thorough and appropriate data collection and analysis and evaluation of the identified concern(s) during QAPI. This had the potential to affect all 34 residents.</p> <p>Findings include:</p> <p>Interview on 3/28/24 at 2:57 p.m., with director of nursing identified the facility did not have a formal PIP however, each department would do their own thing.</p> <p>Interview on 3/28/24 at 4:10 p.m., with trained medication aide (TMA)-A identified she had training on the computer of what QAPI was but other than that she knew nothing about QAPI. She revealed that the facility did not tell the staff what the committee was working on.</p> <p>Interview on 3/28/24 at 4:15 p.m., with the administrator who confirmed the facility did not have a formal PIP they were working on.</p> <p>There was no policy related to QAPI or a PIP provided by the end of the survey.</p>

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39988</p> <p>Based on interview and document review, the facility failed to offer and/or administer the most recent Centers for Disease Control (CDC) pneumococcal vaccine for 2 of 5 residents (R22 and R32) reviewed for immunizations. Furthermore, the facility failed to have a method or system to ensure the facility offer or provided any initial or updated vaccine to residents per Centers for Disease Control (CDC) vaccination recommendations.</p> <p>Findings include:</p> <p>Review of the current CDC pneumococcal vaccine guidelines located at <a href="https://www.cdc.gov/vaccines/vpd/pneumo/hcp/pneumo-vaccine-timing.html">https://www.cdc.gov/vaccines/vpd/pneumo/hcp/pneumo-vaccine-timing.html</a>, identified for:</p> <p>1) Adults 19-[AGE] years old with specified immunocompromising conditions,</p> <p>a) the PCV-20 at least 1 year after prior PCV-13,</p> <p>b) the PPSV-23 (dose 1) at least 8 weeks after prior PCV-13 and PPSV-23 (dose 2) at least 5 years after first dose of PPSV-23.</p> <p>Staff were to review the pneumococcal vaccine recommendations again when the resident turns [AGE] years old.</p> <p>2) Adults [AGE] years of age or older,</p> <p>a) If NO history of vaccination, offer and/or provide:</p> <p>aa) the PCV-20 OR</p> <p>bb) PCV-15 followed by PPSV-23 at least 1 year later.</p> <p>b) For PPSV-23 vaccine ONLY (at any age):</p> <p>aa) PCV-20 at least 1 year after prior PPSV-23 OR</p> <p>bb) PCV-15 at least 1 year after prior PPSV-23</p> <p>c) For PCV-13 vaccine ONLY (at any age):</p> <p>aa) PCV-20 at least 1 year after prior PCV13 OR</p> <p>bb) PPSV-23 at least 1 year after prior PCV13</p> <p>d) For PCV-13 vaccine (at any age) AND PPSV-23 BEFORE [AGE] years:</p> <p>aa) PCV-20 at least 5 years after last pneumococcal vaccine dose OR</p> <p>(continued on next page)</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>bb) PPSV-23 at least 5 years after last pneumococcal vaccine dose</p> <p>e) Received PCV-13 at Any Age AND PPSV-23 AFTER Age [AGE] years</p> <p>aa) Use shared clinical decision-making to decide whether to administer PCV20. If so, the dose of PCV-20 should be administered at least 5 years after the last pneumococcal vaccine.</p> <p>R22's diagnosis list printed 3/28/24, identified R22 was [AGE] years old and had the diagnoses of stroke affecting the left side, hyperlipidemia, spinal stenosis, iron deficiency anemia, hypotension, bipolar disorder, and major depressive disorder.</p> <p>R22's Immunization record printed 3/28/24, identified R22 had received the pneumococcal polysaccharide vaccine (PPSV-23) on 10/12/17. R22's medical record did not include evidence R22 or R22's representative received education regarding the pneumococcal conjugated vaccine (PCV-13) or the pneumococcal vaccine booster. Furthermore, R22's medical record had no mention that the physician had been consulted, or indication that R22 was offered the PCV-20 at least 5 years after the PPSV-23 per CDC guidance.</p> <p>R32's diagnosis list printed 3/28/24, identified R32 was [AGE] years old and had the diagnoses of type 2 diabetes mellitus, cirrhosis of liver, chronic viral hepatitis C, traumatic brain injury, muscle weakness, peripheral vascular disease, and major depressive disorder.</p> <p>R32's 2/21/24, Immunization Consent form identified R32 had accepted vaccinations of pneumococcal conjugate 13, 15, 20, or 23. R32 and R32's representative had received education of risk/benefits.</p> <p>R32's Immunization record printed 3/28/24, identified R32 had received the pneumococcal conjugated vaccine (PCV-13) on 9/25/19 and the pneumococcal polysaccharide vaccine (PPSV-23) on 1/7/2000. R32's medical record did not include evidence the physician had been consulted, or indication R32 was offered the PCV-20 at least 5 years after prior pneumococcal vaccine per CDC guidance.</p> <p>Interview on 3/27/24 at 8:28 a.m., with director of nursing (DON) identified the facility had not been offering the PCV-15 or the PCV-20 but they had been talking about it and will be offering the vaccination to residents going forward.</p> <p>Review of the October 2019, Pneumococcal Vaccine policy identified all residents would be offered pneumococcal vaccines in accordance with current CDC recommendations. Residents would be assessed for eligibility and when indicated would be offered vaccinations they were eligible to receive unless contraindicated.</p>		

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<p>F 0944</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Conduct mandatory training, for all staff, on the facility's Quality Assurance and Performance Improvement Program.</p> <p>39988</p> <p>Based on interview and document review, the facility failed to provide mandatory training on 1 of 1 facility specific Quality Assurance Performance Improvement (QAPI) Program to include goals and various elements of the program, how the facility intends to implement the program, staff's role in the facility's QAPI program, or how to communicate concerns, problems, or opportunities for improvement to the facility's QAPI program.</p> <p>Findings include:</p> <p>Interview on 3/28/24 at 4:00 p.m., with dietary aide identified she had never had any type of training on QAPI however, maybe other staff did she was unsure. She was not sure how to bring a concern to the QAPI committee and she was unaware if the facility was working on any problems.</p> <p>Interview on 3/28/24 at 4:10 p.m., with trained medication aide (TMA)-A identified she had training on the computer of what QAPI was but other than that she knew nothing about QAPI. She revealed that the facility did not tell the staff what the committee was working on.</p> <p>Interview on 3/28/24 at 4:15 p.m., with the administrator identified the facility staff completed Relias training (online general training) on QAPI programs in nursing facilities as a whole. She reported staff were trained on what QAPI was for through the facilities stand up meeting as there was always a nursing assistant in attendance of that stand-up meeting, but not the facility's specific plan from their program or their part in the QAPI program</p> <p>There was no policy related to QAPI training provided by the end of the survey.</p>