

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345335	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/08/2025
NAME OF PROVIDER OR SUPPLIER  Franklin Oaks Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1704 NC Highway 39 N Louisburg, NC 27549	

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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review and interviews with residents and staff, the facility failed to notify residents and resident representatives of the results of the investigation and any corrective measures taken or to be taken by the facility as a result of the grievance. The facility also failed to ensure the residents' right to receive written notification of the decision regarding the grievance investigation and the date the decision was issued for 3 of 3 residents reviewed for the grievance process (Resident #42, Resident #52, Resident #95).</p> <p>The findings included:</p> <p>Review of the facility policy last revised 7/1/2018 titled Resident Grievance Policy read in part: The Administrator is responsible for overseeing, directing, and investigating grievances in a prompt manner. The Administrator will review the results of grievance investigations for conclusion, ensure confidentiality of grievance information and initiate corrective measures or actions in accordance with state law, state survey agency, quality improvement organization, or local law enforcement agency as indicated. The Administrator will assure the residents, or resident representatives, are notified timely of the results of the investigation, of any corrective measures taken, and notification will be documented.</p> <p>a. Resident #42 was admitted to the facility on [DATE].</p> <p>Review of the significant change Minimum Data Set assessment dated [DATE] revealed the resident was cognitively intact.</p> <p>Review of the grievances filed since the last standard survey on 4/18/24 revealed Resident #42 had filed a grievance with the facility on 2/14/25. The 2/14/25 grievance revealed Resident #42 complained of staff answering the call bell but did not assist her to the bathroom. The form had the Unit Manager #1 as the person receiving the grievance and the person responsible for completing the investigation. The area of outcome expectation of person voicing concern was not filled out. The grievance form investigation revealed staff went in to check on Resident #42 and told her she would be back because she was in the middle of providing care. Staff retraining was conducted was the action taken. The resolution section was checked no for investigation findings were reported to the person voicing concern and no written response was requested. There was no documentation for notification issuance of the decision regarding the grievance investigation. The Administrator signed off the grievance on 8/10/25.</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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview was conducted with Resident #42 on 5/5/25 at 12:50 PM and she reported she had not received a written resolution regarding the outcome of the grievance she had reported and had not been informed verbally how the issue with staff answering the call bell and not assisting her was corrected.</p> <p>b. Resident #95 was admitted to the facility on [DATE].</p> <p>Review of the most recent quarterly Minimum Data Set assessment dated [DATE] revealed the resident was cognitively intact.</p> <p>Review of the grievances filed since the last standard survey on 4/18/24 revealed Resident #95 had filed 3 grievances with the facility on 3/6/25, and 4/23/25.</p> <p>The 3/6/25 grievance filed by Resident #95 was related to staff not waiting 3 to 5 minutes between eye drops during administration. The document showed the grievance was received by the nurse. The area of outcome expectation of person voicing concern was not filled out. The grievance form was assigned to the Director of Nursing. The grievance form investigation revealed Resident #95 had three different eye drops due at the same time for his left eye. Staff training on the administration of eye drops was conducted. The grievance resolution section was blank. The Administrator signed off the grievance on 3/7/25.</p> <p>The grievance filed on 4/23/25 was regarding ants on Resident #95's room windowsill. The document showed the grievance was received by the nurse. The grievance form investigation revealed 6 to 7 ants were observed on the windowsill. The area of outcome expectation of person voicing concern was not filled out. The grievance for was assigned to Maintenance. Resident's skin was assessed by the nurse, and room checked for open food. Maintenance sprayed windowsill inside resident's room and outside of room. Other rooms were checked, and the resident's room was deep cleaned. The grievance resolution section was blank except for the Administrator's signature on 4/24/25.</p> <p>An interview was conducted with Resident #95 on 5/8/25 at 2:40 PM and he reported he had not received a written resolution regarding the outcome of the grievances he had reported and had not been informed verbally.</p> <p>c. Resident #52 was admitted to the facility on [DATE].</p> <p>Review of the quarterly Minimum Data Set assessment dated [DATE] revealed the resident was cognitively intact.</p> <p>Review of the grievances filed since the last standard survey on 4/18/24 revealed Resident #52 had filed 4 grievances with the facility on 2/7/25, 3/31/25, 4/4/25, 4/10/25.</p> <p>Review of the 2/7/25 grievance revealed Resident #52 complained she did not receive her nighttime insulin dose. The document showed the grievance was received by the nurse. The area of outcome expectation of person voicing concern was not filled out. The grievance was assigned to the Director of Nursing. The grievance form investigation indicated staff were interviewed and had administered Resident #95's nighttime insulin. There was no documentation in the action taken/action to be taken section. The resolution section was blank except for the Administrator's signature on 2/8/25.</p> <p>(continued on next page)</p>		

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The 3/31/25 grievance revealed Resident #52 complained her room was too hot. The section for employee receiving the grievance was not filled out. The area of outcome expectation of person voicing concern was not filled out. The grievance was assigned to the Director of Nursing. The grievance investigation revealed the room temperature was at 71 degrees Fahrenheit and within normal range. The vent was closed by maintenance. The resolution section was checked no for investigation findings were reported to the person voicing concern and no written response was requested. There was no documentation for notification issuance of the decision regarding the grievance investigation. The Administrator signed off the grievance on 4/1/25.</p> <p>The grievance filed by Resident #52 on 4/4/25 was related to a staff member not changing gloves between providing care of another resident and Resident #52. The nurse was the person who received the grievance. The area of outcome expectation of person voicing concern was not filled out. The grievance was assigned to the Director of Nursing. The investigation revealed the staff member completed a return demonstration of hand hygiene and glove donning and doffing. The resolution section was blank except for the Administrator's signature on 4/5/25.</p> <p>Review of the grievance initiated by Resident #52 on 4/10/25 revealed staff did not get resident up the previous day as requested and Resident #52 did not receive her nighttime insulin. The Director of Nursing received the grievance. The area of outcome expectation of person voicing concern was not filled out. The grievance was assigned to the Director of Nursing. The grievance investigation revealed Resident #52 refused to allow staff to use the lift pad because she stated it was not in good repair. The investigation further revealed Resident #52 received her nighttime insulin. The resolution section was blank except for the Administrator's signature on 4/11/25.</p> <p>An interview was conducted with Resident #52 on 5/8/25 at 2:50 PM and she reported she had not received a written resolution regarding the outcome of the grievances she had reported and had not been informed verbally of the grievance outcomes.</p> <p>An interview was conducted with the Social Worker on 5/8/25 at 8:55 AM. The Social Worker stated concerns voiced by residents were written up on the Facility Concern/Grievance Form. The Social Worker revealed grievances were reviewed daily in the morning interdisciplinary team (IDT) explain meeting. The Social Worker stated the grievance was entered into the grievance log and sent to the responsible department for follow up. The Social Worker reported grievance follow-ups were communicated verbally. She indicated that the person filing a grievance could receive a written copy of the grievance resolution upon request.</p> <p>An interview was conducted with the Director of Nursing (DON) on 5/8/25 at 9:05 AM revealed the grievances were reviewed daily in the morning interdisciplinary meeting and each evening in the evening interdisciplinary meeting. The DON stated once she received the concern, she or one nursing staff would conduct an investigation. The DON stated she sometimes discussed the outcome of the grievances verbally with the complainants. The DON stated once the investigation was completed and the grievance form filled out, the grievance forms were returned to the Administrator for review.</p> <p>(continued on next page)</p>		

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview with the Administrator on 5/8/25 at 9:15 AM she stated she was responsible for coordinating the grievance process. She stated once she received the concern from the Social Worker, the concern was distributed to the department responsible for addressing the issue. The Administrator stated the grievances were returned to her to be reviewed as the grievance officer. The Administrator stated grievance resolutions were communicated verbally or in writing if requested. The Administrator stated she was not aware that there had to be written documentation of the grievance outcomes.</p>		

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<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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on staff interview and record review, the facility failed to refer a resident with a newly identified serious mental illness for a Level II Preadmission Screening and Resident Review (PASRR) for 1 of 2 residents reviewed for PASSR (Resident #9).</p> <p>The findings included:</p> <p>Resident #9 was admitted to the facility on [DATE] with diagnoses that included major depressive disorder and recurrent anxiety disorder.</p> <p>A Level I PASRR determination notification letter dated 2/19/2016 indicated No further PASRR screening is required unless a significant change occurs with the individual's status which suggests a diagnosis of mental illness or mental retardation or, if present, suggests a change in treatment needs for those conditions.</p> <p>Resident #9's medical record revealed on 8/18/2023 she had a new diagnosis of bipolar disorder with depression.</p> <p>Review of Resident #9's medical record revealed no documentation indicating a Level II PASRR referral had been completed after the diagnosis of a serious mental illness had been made.</p> <p>Resident #9's annual Minimum Data Set (MDS) assessment dated [DATE] revealed she had moderate cognitive impairment and did not have a PASRR level II.</p> <p>During an interview with the Social Worker on 5/7/2025 at 2:17 PM she revealed she was only able to locate the PASRR level I that was conducted on 2/19/2016. The Social Worker stated she was unaware that a PASRR level II referral had not been completed for Resident #9 after she was newly identified with the diagnosis of bipolar disorder with depression. The Social Worker stated she was responsible for submitting the PASRR level II referral. The Social Worker stated new mental health diagnoses were reviewed daily in the morning interdisciplinary team meetings and Resident #9 had been overlooked.</p> <p>An interview was conducted with the Administrator on 5/8/2025 at 3:55 PM who revealed the Social Worker was responsible for Resident #9's PASRR review.</p>		

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Dispose of garbage and refuse properly.</p> <p>Based on observations and staff interviews the facility failed to ensure the dumpster was maintained free of leakage and pooled spillage for 1 of 1 dumpster. This practice had the potential to attract pests and rodents.</p> <p>The findings included:</p> <p>On 5/07/25 at 1:58 PM the dumpster area was observed. The middle bottom rim of the 22-foot-long compact dumpster was observed with a 6 inch by 4-inch buildup of gray sludge on the exterior side. From the sludge a large pool of milky grey liquid puddled, 6 feet long beside and underneath the dumpster.</p> <p>A second observation of the dumpster on 5/08/25 at 9:25 AM revealed the middle bottom rim of the 22-foot-long compact dumpster was observed with a 6 inch by 4-inch buildup of gray sludge on the exterior side. From the sludge a large pool of milky grey liquid puddled, 6 feet long beside and underneath the dumpster and continued to spread 18 feet away from the dumpster.</p> <p>In an interview on 5/08/25 at 9:30 AM the Dietary Manager stated the dumpster had been emptied that week and trash company replaced that dumpster with the leaking dumpster. He indicated he would call the dumpster company and have the dumpster replaced.</p> <p>In an interview on 5/08/25 at 10:57 AM the Administrator stated all staff use the dumpster and should report on any concerns with the area to management.</p>