

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365388	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/04/2024
NAME OF PROVIDER OR SUPPLIER Franklin Plaza Extended Care		STREET ADDRESS, CITY, STATE, ZIP CODE 3600 Franklin Boulevard Cleveland, OH 44113	

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 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>38091</p> <p>Based on observation and staff interview, the facility failed to ensure facility garbage and refuse was maintained in a sanitary condition. This had the potential to affect all 157 residents residing in the facility. The facility census was 157.</p> <p>Findings include:</p> <p>Observation of the facility's outside dumpster area with Dietary Manager (DM) #529 on 06/03/24 at 3:30 P.M. revealed multiple plastic trash bags full of refuse were on the sides of the dumpster, multiple used Styrofoam food containers were on the ground outside the dumpster area, and various other pieces of miscellaneous debris were noted on the ground outside the dumpster area including, plastic gloves, straws, disposable masks, and various food particles.</p> <p>Interview with DM #529 at the time of the observation on 06/03/24 verified the above findings.</p> <p>This deficiency represents an incidental finding discovered during the course of the complaint investigation.</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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