STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365388	A. Building B. Wing	07/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Franklin Plaza Extended Care	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)
F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365388	A. Building B. Wing	07/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Franklin Plaza Extended Care	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)
F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Based on observation, interviews, review of diet spreadsheets, and review of facility policy, the facility failed to ensure residents on a controlled carbohydrate diet (CCD) diet with regular or mechanically altered consistency, liberalized renal diet with a regular or mechanically altered consistency, or a renal diet with a regular or mechanically altered consistency received the appropriate food items at meals. This affected 44 residents (#5, #7, #8, #16, #23, #24, #26, #30, #49, #51, #54, #56, #59, #61, #66, #70, #71, #72, #78, #80, #83, #85, #88, #91, #92, #93, #99, #101, #105, #108, #110, #112, #121, #125, #127, #130, #132, #139, #142, #143, #149, #151, #153, #156) the facility identified as being on a CCD with regular or mech soft consistency, two residents (#24, #109) the facility identified as being on a liberal renal diet with regular or mechanically altered consistency, and four residents (#65, #70, #84, and #87) the facility identified as being on a renal diet with regular or mechanically altered consistency out of 158 residents receiving meals from the kitchen. The facility identified four residents (#41, #116, #147 and #161) who did not eat by mouth. The facility census was 162.Findings include:Review of the facility's week three diet spread sheet for Monday day 16 of the four-week cycle menu (07/07/25) revealed for lunch the regular diets were to receive three ounces of herb roasted pork loin, one four-ounce spoodle (a type serving utensil) of candied sweet potatoes, and one four-ounce spoodle of buttered cabbage. Residents on a CCD diet were to receive one four-ounce spoodle of sweet potatoes instead of the candied sweet potatoes. Residents on a renal diet were to receive one four-ounce spoodle of unsalted buttered noodles instead of the candied sweet potatoes, and residents on a liberal renal diet were to receive one four-ounce spoodle of buttered noodles instead of the candied sweet potatoes. Observations on 07/10/25 of the kitchen tray line from 11:22 A.M. until 12:58 P.M. revealed on the steam table there was a large pan of sliced pork loin, a large pan of candied sweet potatoes, and a large pan of buttered cabbage. There were smaller pans of mechanical soft pork loin, pureed pork loin, pureed cabbage, and pureed sweet potatoes. There was no observation of any buttered noodles or plain sweet potatoes on the steam table. Interview with Dietary [NAME] #412 during the tray line process revealed when she had made the sweet potatoes and had added brown sugar. She stated all diets with regular or mechanically consistency were receiving the same food items for the meal except the mechanical soft diet would receive ground pork loin. Observation of the tray line from start to finish revealed everyone on a regular or mechanically altered diet had received the 3 ounces pork loin, one four-ounce spoodle of candied sweet potatoes, and one four ounce spoodle of buttered cabbage except the mechanical soft diets received one #8 (four ounce) scoop of ground pork loin. There were several residents who were served grilled cheese, hamburgers, chicken breast or mashed potatoes due to a dislike. There was no observation of any spreadsheets in sight of the tray line. Interview with Dietary Manager (DM) #487 on 07/07/25 at 12:56 P.M. revealed spread sheets were kept in the back of the Cook's Book. Observation at the time of interview of binder labeled Cook's Book, which was sitting on the windowsill to the left of the steam table, revealed there were no spread sheets in the book. DM #487 confirmed at the time of observation there were no spread sheets in the book and went on to state I print them out daily and they were on my desk.Review of the week three's facility diet spread sheet for Mondays lunch on 07/07/25 at 1:07 P.M. and interview with DM #487 revealed the dietary manager confirmed the residents on a CCD regular or mechanical soft diet should have received regular sweet potatoes instead of candied sweet potatoes and the residents on either a liberal renal or renal regular or mechanical soft diet should have received buttered noodles instead of the candied sweet potatoes. When asked why the spread sheet hadn't been followed for the CCD, Liberal Renal or Renal diets, DM #487 replied that the facility usually had pretty liberal diets, and she hadn't double checked to ensure everyone was receiving the appropriate items for the diet. Interview on 07/08/25 at 3:15 P.M. with Dietitian #457 confirmed the dietary spread sheets should have been followed for lunch on 07/07/25.Review of the facility's undated policy Menu and Guidelines revealed there was nothing in the policy regarding following spreadsheets. This deficiency represents non-compliance investigated under Complaint Number OH00164551.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365388	A. Building B. Wing	07/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Franklin Plaza Extended Care	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)
F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365388	A. Building B. Wing	07/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Franklin Plaza Extended Care	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)
F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Based on observation, interview, and record review, the facility failed to ensure palatable meals were served to the residents. This affected two residents (#112 and #129) out of three residents reviewed for food/nutrition. The facility census was 162.Findings include: 1.Review of the medical record for Resident #112 revealed an admission date of 03/04/25. Diagnoses included type two diabetes mellitus, injury of head, hypertension (high blood pressure), and adult failure to thrive. Review of physician orders revealed an order dated 03/10/25 for CCD (carbohydrate controlled diet), regular Texture, thin liquids. Review of quarterly Minimum Data Set (MDS) 3.0 assessment, dated 06/11/25, revealed Resident #112 was cognitively intact, had no significant weight changes, and was prescribed a therapeutic diet. Review of Resident #112's care plan, dated 03/10/25, revealed the resident had altered nutritional status related to diabetes mellitus and hypertension. Interventions included diet per physician order.Further review of Resident #112's medical record revealed a progress note dated 04/04/25 where it was noted Resident #112 was complaining about the amount of salt in the food coming from the kitchen. An interview on 06/30/25 at 10:08 A.M. with Resident #112 revealed she stated the food was so salty and it lacked appeal due to how much salt was in the food. 2. Review of the medical record for Resident #129 revealed an admission date of 02/21/25. Diagnoses included end stage renal disease (ESRD), hypertensive heart and chronic kidney disease with heart failure, congestive heart failure, dependence on renal disease, localized edema, and personal history of sudden cardiac arrest. Review of Resident #129's physician orders revealed an order dated 03/11/25 for a renal diet, regular texture, thin liquids. Review of the quarterly MDS 3.0 assessment, dated 06/06/25, revealed Resident #129 was moderately impaired cognitively, required setup or clean up assistance for eating, had no significant weight changes, and was on a therapeutic diet. Review of the care plan, dated 02/27/25, revealed Resident #129 had altered nutrition as evidenced by ESRD and needing hemodialysis, heart disease, and fluctuating weights. Interventions included diet per dietitian recommendation and physician order; encourage adequate meal intakes; monitor and record resident's intake of foods/fluids after each meal; monitor post-dialysis weights monthly or as needed; report weight loss/gain or more to the physician and dietitian; and visit at meal rounds. In an interview with Resident #129's spouse on 06/30/25 at 11:54 A.M. revealed Resident #129 had expressed to him that the food was too salty and she was concerned about it being too salty. 3. Review of week three day 16 (07/07/25) of the facility's menu revealed for lunch herb roasted pork, candied sweet potatoes, and buttered cabbage was to be served. Review of the recipe for buttered cabbage for 161 servings, revealed after the cabbage was cooked in water until fork tender, the cabbage was to be drained and one pound and ten ounces of margarine and one tablespoon and one fourth teaspoon salt if iodized was to be added to the cooked cabbage. There was no indication seasoned salt should have been added in addition to the iodized salt. Review of recipe for herb roasted pork loin for 161 servings revealed in a bowl three fourths of a cup of mince garlic, three fourths of a cup of basil leaves, six tablespoons and one teaspoon of dried thyme, three fourths of a cup of crushed rosemary, six tablespoons and one teaspoon of salt, and six tablespoons and one teaspoon of black pepper was to be mixed into one quart and one cup of vegetable oil. The marinade was to be rubbed over the entire surface of the pork loins and then roasted until the internal temperature reached 145 degrees F for four minutes and then sliced into serving portion. There was no indication brown gravy should have been added to the herb pork loin. Observation on 07/07/25 between 11:22 A.M. and 12:58 A.M. revealed on the steam table there was a large container of pork loin with gravy on it, candied sweet potatoes, and buttered cabbage, and there were smaller containers of ground pork with gravy, pureed pork, pureed candied sweet potatoes, and pureed cabbage. There was one five pound container of seasoned salt sitting on the stainless counter to the side of the steam table. Interview on 07/07/25 with Dietary [NAME] #412 during tray line observation between 11:22 A.M. to 12:58 A.M. revealed she had made the items for the lunch meal. She stated she had added seasoned salt and brown gravy to the pork loin, had added brown sugar, cinnamon, butter, garlic powder, onion powder, seasoned salt, and black pepper to the sweet potatoes, and had added seasoned salt, garlic powder, onion powder, iodized salt, and butter to the cabbage. She stated she usually added either seasoned salt or iodized salt or both to the food items so the items would have a taste. She stated she hadn't followed any recipes for items for lunch that day since she knew how to make those items. Dietary [NAME] #412 stated recipes for meals items were located in the Cook's book. Observation on 07/07/25 at 12:56 P.M. of the binder labeled Cook's Book located on the window sill to the left of the steam table revealed there were no recipes in the binder. Interview at the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365388	A. Building B. Wing	07/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Franklin Plaza Extended Care	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to ensure appropriate infection control techniques were used for residents on enhanced barrier precautions. This affected two residents (#14 and #147) of two observed for infection control precautions. The facility census was 162.Findings include:1. Review of Resident #14's medical records revealed an admission date of 06/09/22. Diagnoses included cerebral palsy, tracheostomy and gastrostomy.Review of the Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #14 had no cognition score due to being rarely understood. Resident #14 was dependent for eating, toileting and personal hygiene. Review of the care plan dated 05/20/25 revealed Resident #14 required Enhanced Barrier Precautions (EBP) related to feeding tube and tracheostomy. Interventions included utilize gown and gloves during high contact care that included care of feeding tube and/or trach. Review of current physician orders for July 2025 revealed Resident #14 was on EBP and the use of gown and gloves were required for high contact care.2. Review of Resident #147's medical records revealed an admission date of 10/16/24. Diagnoses included tracheostomy and gastrostomy.Review of the MDS 3.0 assessment dated [DATE] revealed Resident #147 had no cognition score due to being rarely understood. Resident #147 was dependent for eating, toileting and personal hygiene. Review of the care plan dated 04/26/25 revealed Resident #147 required Enhanced Barrier Precautions (EBP) related to feeding tube and tracheostomy. Interventions included utilize gown and gloves during high contact care that included care of feeding tube and/or trach.Review of current physician orders for July 2025 revealed Resident #147 was on EBP and the use of gown and gloves were required for high contact care.Observation on 07/07/25 at 5:30 A. M. revealed Licensed Practical Nurse (LPN) #343 had entered Resident #14's room and had not donned Personal Protective Equipment (PPE). LPN #343 had proceeded to administer Resident #14's tube feeding, checked tube feeding residual in Resident #14's feeding tube and had checked Resident #14's feeding tube site.Observation on 07/07/25 at 6:15 A.M. revealed LPN #343 had entered Resident #147's room and had not donned PPE. LPN #343 had proceeded to administer Resident #147's tube feeding and had checked Resident #147's tube feeding site. Interview with LPN #343 after completion of care for Resident #14 and #147 confirmed Resident #14 and #147 had signs posted outside of their room that had indicated Resident #14 and #147 were on EBP and the use of gowns and gloves were required prior to providing care. LPN #343 confirmed she had not donned PPE prior to providing care for Residents #14 and #147 and stated there was no PPE available in Resident #14 and #147's room. LPN #343 confirmed PPE was to be donned prior to providing care for residents on EBP.Review of facility policy titled Enhanced Barrier Precautions revised 01/06/25 revealed residents were to be placed on EBP for residents who had indwelling medical devices that included feeding tubes and PPE was to be donned during care that included gowns and gloves. This deficiency represents non-compliance investigated under Complaint OH00165512

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365388	A. Building B. Wing	07/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Franklin Plaza Extended Care	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)
F 0926 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Have policies on smoking. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365388	A. Building B. Wing	07/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Franklin Plaza Extended Care	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)
F 0926 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Based on observations, interviews, record reviews, and facility policy, the facility failed to ensure their smoking policy was followed for the independent smokers. This affected three independent smoking residents (#42, #98, and #104) reviewed for smoking but had the potential to affect an additional 12 residents (#12,#17, #32, #36, #65, #93, #97, #99, #128, #146, #151, #153) the facility identified as being independent smokers. The facility identified 30 residents (#5, #11, #12 ,#17, #19, #25, #32, #36, #42, #49, #51, #64, #65, #66, #71, #81, #82, #89, #93, #97, #98, #99, #100, #104, #107, #109, #128, #146, #151, #153) as being smokers. The facility census was 162. Findings include: Based on observations, interviews, record reviews, and review of facility policy, the facility failed to ensure the smoking policy was being implemented in the facility. This affected three residents (#42, #98, and #104) of three residents reviewed for smoking. The facility identified a total of 30 residents (#5, #11, #12 ,#17, #19, #25, #32, #36, #42, #49, #51, #64, #65, #66, #71, #81, #82, #89, #93, #97, #98, #99, #100, #104, #107, #109, #128, #146, #151, #153) as being smokers. The facility census was 162. Findings include:1.Reveiw of the medical for Resident #104 revealed an admission date of 06/05/25 and a discharge date of 07/03/25. Diagnoses included hypertensive and kidney disease and nicotine dependence.Review of Resident #104 06/12/25 Admission/Medicare Five Day Minimum Data Set (MDS 3.0 assessment revealed the resident cognitively intact and was identified as being a current tobacco user.Review of Resident #104's facility smoking evaluation , dated 06/25/25, revealed Resident #104 demonstrated compliance with smoking rules, knew where smoking materials were to be properly stored/kept, exhibited knowledge of facility smoking rules and policies, and was assessed to be an independent smoker. Further review of Resident #104's progress notes in the medical record revealed a progress note dated 06/25/25 and authored by Licensed Practical Nurse (LPN) Wound Nurse #413,which indicated the resident was observed with what appeared to be burn areas on face and nose. The resident refused to go to the emergency room for further evaluation but did agree to go to the burn clinic when an appointment could be made. On 06/30/25 the nurse practitioner made a late entry note progress note with an effective date of 06/25/25 which indicated nursing reported to her Resident #104's facial wounds were related to when a lighter blew up in his face. Review of Resident #104's care plan, dated 06/12/25, revealed Resident #104 had a potential problem related to tobacco use related injuries related to being a smoker. Interventions included: dispose smoking items in a sanitary and safe manner; if resident is non-compliant with smoking facility policy, review smoking facility policy and documents education; make sure that family is aware that they are not to give cigarettes and/or lighters directly to the resident but rather at the nurse's station; monitor for cognitive or physical functioning changes that may impede resident's ability to smoke; provide resident with education regarding where and how to dispose of tobacco; resident will observe facility smoking policy and smoke in designated areas; smoking evaluation upon admission and quarterly and updated prn. An interview on 06/30/25 at 11:54 A.M. with Certified Nursing Assistant (CNA) #309 revealed Resident #104 had been caught with smoking materials in his room numerous times. He had been educated by nurses and aides about not having smoking materials. His wife had also been educated since she would bring in cigarettes and lighters for the resident. Observation on 06/30/25 at 12:35 P.M. revealed Resident #104 had red scabbed area to the tip of his nose and a scabbed area under his nostrils. Clothes appeared free of any burn holes. Interview at the time of observation with Resident #104 revealed when asked what caused the scabbed areas to his nose and face, he stated he was checking his lighter in his room and the lighter got too close to his face, which caused reddened areas around his nose and for some of his facial hair around his nose to be singed off. An interview on 06/30/25 at 3:02 P.M. with the wife of Resident #104 revealed the resident had been keeping his cigarettes and lighter in his room until he had the incident with the lighter and his cigarettes and lighter were no longer being kept in the room. A interview on 07/07/25 at 2:18 P.M. with Director of Nursing confirmed Resident #104 kept a lighter in his room.Interviews on 07/07/25 between 3:36 P.M. and 3:43 P.M. with CNA #478 and #477 revealed during residents who smoke should not keep smoking materials in their room.2. Review of the medical record for Resident #98 revealed an admission date of 04/01/23. Diagnoses included polyneuropathy (a condition where the peripheral nerves are damaged which can cause weakness and numbness to hands and feet), peripheral vascular disease (diseases of the blood vessels located outside heart and brain),anxiety disorder, and chronic respiratory failure, and chronic obstructive pulmonary disease (COPD). Review of Resident #98's annual MDS 3.0 assessment, 04/08/25, revealed the resident could make self-understood and understood others, was