

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675479	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/31/2024
NAME OF PROVIDER OR SUPPLIER  Franklin Heights Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 223 S Resler El Paso, TX 79912	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20026</b></p> <p>Based on observation, interview, and record review the facility failed to provide pharmaceutical services that assured the accurate acquiring, receiving, dispensing, safe and secure storage of medications for 1 (Resident #10) of 6 residents reviewed for medication administration; and 1 of 3 medications carts (used in Zone 4 &amp; Zone 5) reviewed for medication storage.</p> <p>-The facility failed to administer medication to Resident #10, according to physician ' s order.</p> <p>-The facility failed to follow the facility ' s policy and procedure on drug destruction by not providing the administrator copies of Individual Control Drug Records for 21 of 31 controlled substances to reconcile with the pharmacist at time of drug destruction.</p> <p>-The facility failed to keep medication drawers free of dust and paper particles in medication.</p> <p>These failures could place residents at risk of inadequate therapeutic outcomes and worsened health conditions; could place residents at risk of drug diversion.</p> <p>The findings include:</p> <p>Resident #10</p> <p>Review of Resident #10 ' s Admission Record dated [DATE], revealed initially admitted on [DATE]; readmitted on [DATE].</p> <p>Review of Resident #10 ' s History &amp; Physical dated [DATE] revealed a [AGE] year-old female with a past medical history of diabetes mellitus type 2, end-stage renal disease stage III, and hypertension.</p> <p>Review of Resident #10 ' s Quarterly MDS dated [DATE], revealed hearing-adequate, clear speech, makes self-understood, understands others, vision-highly impaired, BIMS summary score 15-Cognitively intact; Active Diagnoses: Hypertension, End-Stage Renal Disease, Diabetes Mellitus. Hemodialysis.</p> <p>Review of Resident #10 ' s Care Plan dated [DATE] revealed, Risk for cardiac complications r/t hypertension. Approaches: Administer medications as ordered. Obtain B/P as ordered and PRN. The resident received dialysis three times a week.</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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #10 ' s Physician Order Summary Report dated [DATE], revealed, Losartan give 100 mg by mouth one time a day for hypertension.</p> <p>Review of Resident #10 ' s MAR dated [DATE], revealed Losartan give 100 mg by mouth one time a day for hypertension in AM.</p> <p>Review of Pharmacist Drug Regime Reviews for [DATE] and [DATE] for Resident #10 did not document any recommendations regarding Losartan.</p> <p>Observation on [DATE] at 9:24 AM, during the Medication Pass Observation revealed, Medication Aide M, held Losartan 100 mg one tablet that was scheduled to administered in AM, according to physician ' s orders.</p> <p>Interview on [DATE] at 11:25 AM, with Medication Aide (MA) M, stated, I did not ask LVN N on [DATE], if I needed to hold the Losartan if the order did not have parameter. I only asked the nurse to confirm if I needed to hold the Amlodipine and Hydralazine because the resident's blood pressure was ,d+[DATE] and the order documented to hold the medications if the DBP was &gt; (less than) 60.</p> <p>Interview on [DATE] at 11:28 AM, with LVN N revealed MA M should not have held the Losartan on [DATE] in the morning because the physician's order did not document parameters to hold the medication, like the orders for the Amlodipine and Hydralazine that documented to hold the medication if the resident's DBP was &gt;60.</p> <p>Observation on [DATE] at 11:35 AM, revealed physician was at the facility and LVN N asked the physician in the presence of the surveyor if Losartan needed to be held if the order did not have parameter, like the orders for the Amlodipine and Hydralazine to hold the medication for SBP &lt;110 or DBP &lt;60. MD stated Losartan needed to be administered as ordered since the order did not have parameters to hold the medication.</p> <p>Interview and record review on [DATE] at 9:05 AM, with the DON and RN Regional Compliance Nurse revealed Physician Order Summary Report dated [DATE] for Resident #10, revealed order date [DATE] Losartan give 100 mg by mouth one time a day for hypertension in AM. RN Regional Compliance Nurse confirmed Medication Aide M, should have administered Losartan 100 mg as ordered because the physician order did not have parameters to hold the medication.</p> <p>Drug Destruction</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation and interview on [DATE] at 9:17 AM, with DON and Corporate Nurse Consultant revealed controlled substances were kept in a locked cabinet in the DON's office. The DON said, The nurse will give a copy of the Individual Control Drug Record that has the count for each controlled substance stored in the locked cabinet in the DON ' s pending drug destruction. The Administrator keeps the Individual Control Drug Records in a binder in her office and is used to reconcile the controlled substances at time drug of destruction. I keep the original Individual Control Drug Record for each controlled substance stored in the locked medication cabinet under double lock cabinet in my office pending drug destruction. I keep the original Individual Control Drug Record for each controlled substance stored in the locked medication cabinet under double lock cabinet in my office pending drug destruction. I keep the original Individual Control Drug Record for each controlled substance stored in the locked medication cabinet under double lock cabinet in my office pending drug destruction. During drug destruction, the administrator will provide copies of the Individual Control Drug Records in her binder to the pharmacist to reconcile with the controlled medications stored in the locked medication cabinet at the time of drug destruction. This is done to ensure that all controlled substances that are pending drug destruction are accounted for at time of drug destruction with consulting pharmacist and two witnesses to prevent drug diversion.</p> <p>Surveyor requested the binder from Administrator's office to reconcile the controlled substances in the locked medication cabinet located in the DON's office with Corporate Nurse Consultant and the DON.</p> <p>Observation and record review on [DATE] at 9:17 AM, RN Corporate Nurse Consultant and the DON, revealed there were 31 controlled substances stored in a locked metal cabinet located in DON's office pending drug destruction. All the controlled substances had an Individual Control Drug Record with a count for each medication and signed by licensed nurse and DON. Review of Control Drug Record with DON revealed that all medications were accounted for, and actual counts were correct. Review of the Administrator's binder revealed that she did not have a copy of the Individual Control Drug Records for 21 of 31 controlled substances that were pending drug destruction. The Corporate Nurse Consultant placed a telephone call to the Administrator in the presence of the surveyor, to ask if she had any other Control Drug Records in her office for controlled substances that were pending drug destruction in the DON's office. Corporate Nurse Consultant stated, Administrator stated she did not have any other Control Drug Records in her office.</p> <p>In an interview on [DATE] at 3:38 PM, with the Administrator revealed that she did not know why she was missing 21 Individual Control Drug Records in her binder for the 31 controlled substances that were stored in the locked medication cabinet in the DON's office pending drug destruction. Administrator confirmed that this was a system that they had in the facility to ensure that all controlled substances were accounted for by the pharmacy consultant during drug destruction to prevent drug diversion of controlled substances.</p> <p>Medication Cart</p> <p>In an observation and interview on [DATE] 3:47 PM, LVN N revealed the medication cart used in Zone 4 and Zone 5 had dried stains and small particles in one of the drawers where medication blister packets are stored. LVN N stated medication carts should be cleaned by the nurses at least once a week.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of facility's policy and procedure revised [DATE], provided by RN Corporate Nurse Consultant on [DATE] revealed, Policy: It is the policy of this facility to destroy dangerous and controlled medications according to the State of Texas law. Drugs to be destroyed will be destroyed under the supervision of a consultant pharmacist and at least one of the following: Director of Nursing, Assistant Director of Nursing or Administrator. Nursing staff will submit to the Director of Nursing any controlled medication and any applicable log that has expired, been discontinued by physician or that had been prescribed to a resident who no longer resides at the facility. The nurse submitting the discontinued medication will verify along with the Director of Nursing that the amount of medication remaining matches the log. After verification, both the nurse and the Director of Nursing will sign the log. The nurse will make a copy of the signed log and provide it to the administrator. The Director of Nursing will maintain the original log and medication. The Director of Nursing will log medications submitted for destruction. All controlled medications submitted to the Director of Nursing will be kept under a double lock system. During drug destruction, the administrator will provide copies of the controlled medication logs to the pharmacist to reconcile with the controlled medications ready for destruction.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 20026</p> <p>Based on observation, interview, and record review, the facility failed to ensure all drugs and biologicals in accordance with manufacturer ' s specifications for of 3 medication carts (Zone 4 /Zone 5) reviewed for medication storage and handling of medications.</p> <p>-The facility failed to date Glucometer Normal/High Control Solutions when opened according to manufacturer specifications in Zone 4/Zone 5.</p> <p>These failures could affect diabetic residents that received medications from the facility.</p> <p>The findings include:</p> <p>Observation and interview on [DATE] 3:42 PM, LVN N revealed Glucose Control Solutions had not been dated when opened. LVN N confirmed that the manufacturer ' s specification on the Glucose Control Solution bottles documented to discard testing solutions 3 months after first opening. LVN N, stated licensed staff had been trained to write the date on the box and/or the control solution bottles when opened.</p> <p>Interview on [DATE] at 3:00 PM, the DON revealed licensed staff had been trained to date the bottles of the Glucose Control Testing Solution when opened and discarded according to manufacturer ' s specifications.</p> <p>Review of Glucometer policy revised February 13, 2007, provided by RN Corporate Nurse Consultant revealed, Quality of Control Solutions and Test Strips: Bottles must be dated when opened. Control solution is good for 3 months then discard.</p> <p>Review of the Blood Glucose Monitoring System User ' s Guide revealed record the date on the bottle when opening a new bottle of control Solution. Discard the unused control solution three months after the opening date. Always check the expiration date. DO NOT use control solutions if they are expired.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 20026</p> <p>Based on observation, interview, and record review, the facility failed to maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment to help prevent the development and transmission of communicable diseases and infections for 1 (Resident #58) of 12 residents reviewed for infection control; and 2 of 6 linen carts observed for infection control; 2 of 2 crash carts observed for infection control.</p> <p>The facility failed to ensure Resident #58's foley bag was not hanging from the trash can near the floor.</p> <p>The facility failed to keep linen cart covers in the laundry room free of tears.</p> <p>The facility failed to keep linen cart covers used to store clean linen free of stains.</p> <p>The facility failed to ensure staff were not storing clean eating utensils in linen cart.</p> <p>The facility failed to ensure linen carts were covered when left unattended in resident-use areas.</p> <p>The facility failed to keep 2 of 2 crash carts free of dust, paper particles, and dried stains</p> <p>This failure could place residents at risk for cross contamination and the spread of infection.</p> <p>Findings include:</p> <p>Laundry Room:</p> <p>Observation and interview on 05/31/24 at 10:09 AM, with laundry worker P and the Housekeeping/Laundry Supervisor revealed a linen container was covered with black plastic cover. It was observed that the black plastic linen cover had multiple linear tears directly above the elastic around the edges of the linen cover.</p> <p>Observation on 05/31/24 at 10:34 AM, with Housekeeping/Laundry supervisor in the East Side revealed, PVC Plastic Frame 4-Shelf linen cart stored in Zone 1, was covered with light blue cover that had multiple white stains on the cover. The Housekeeping/Laundry supervisor touched the stains with her ungloved hand and reported that it was lotion. She stated that the linen covers should be kept clean and free of stains. The second shelf was broken and held in place with a metal clothes hanger. The third shelf was broken and held in place with yellow duct tape. It was observed that multiple disposable briefs and four metal teaspoons were stored on the third shelf of the linen cart. Housekeeping/Laundry supervisor stated, staff should not be storing supplies in the clean linen carts, to prevent cross contamination.</p> <p>Zone 1 Linen Cart:</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 5/30/2024 at 2:23 PM, revealed a linen cart was uncovered and unattended in Zone 1 hall (Rooms 1 - 12). An unidentified resident was observed moving towels around in the uncovered linen cart. The cart contained gowns, blankets, towels gloves, briefs, sheets, and three open medication cups with white cream in them.</p> <p>In an interview on 05/30/24 at 2:27 PM, CNA Q revealed the linen cart should have the cover down when the cart was unattended. He said that residents should not have access to the clean linens because of possible contamination.</p> <p>In an interview on 05/31/2024 at 2:39 PM, the DON revealed that linen carts should be covered to reduce the risk of contamination of the clean linens.</p> <p>Crash Carts:</p> <p>Observation and interview on 05/28/24 at 10:06 AM, revealed with DON, the crash cart in the East Side had dust, small paper particles and dried stains on the first shelf where the suction machine was stored. DON stated licensed staff on the night shift were responsible for cleaning the cart when they checked the crash cart every night during their shift.</p> <p>Observation and interview on 05/28/24 at 10:08 AM, revealed with DON, the crash cart in the [NAME] Side had dust, small paper particles and dried stains on the first shelf where the suction machine was stored and the bottom shelf. DON stated licensed staff on the night shift were responsible for cleaning the cart when they checked the crash cart every night during their shift.</p> <p>Resident #58</p> <p>Record Review of Resident #58's Face Sheet dated 05/31/2024 revealed he was [AGE] years old, admitted to the facility on [DATE].</p> <p>Record review of Resident #58's history and physical dated 11/15/2023 he had a diagnoses of hypertension, type 2 diabetes mellitus, depression, and schizophrenia. Resident #58 had social issues being homeless and unable to take care of himself, also with psychiatric medical history and not being compliant with medications or plan of care. Resident #58 required nursing care around-the-clock.</p> <p>Record review of Resident #58's quarterly MDS assessment dated [DATE], revealed a BIMS score of 15 (cognitively intact). Resident #58 was diagnosed with hypertension (high blood pressure), type 2 diabetes mellitus, depression and schizophrenia (a disorder that affects a person's ability to think, feel and behave clearly).</p> <p>Record review of Resident #58's care plan dated 08/02/2023, revealed Resident #58 had Benign Prostatic Hypertrophy (enlarged prostate gland which can make or difficult or impossible for urine to flow) and is at risk of urinary retention. The care plan also revealed that Resident #58 had an indwelling catheter related to obstructive uropathy (blockage of urine flow). The care plan instructed to position the catheter bag and tubing below the level of the bladder and in a privacy bag.</p> <p>In observation on 05/29/24 at 01:24 p.m., Resident #58 was lying in bed and his catheter bag not covered by a privacy bag and it was hanging from the trash can near the floor.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 05/29/24 at 01:24 p.m., Resident #58 revealed he did not know why the bag was not covered and why it was hanging on the trash can. Resident #58 said he knew that his urine bag is supposed to be hanging on the side of the bed, but he did not know why it was on the trash can. Resident #58 said that when he sits on his wheelchair, the urine bag is covered with a blue bag but that he did not know why it was not covered when he was lying down on his bed.</p> <p>Observation on 05/31/24 at 8:59 a.m., revealed that Resident #58 was sleeping on his bed and the catheter bag was hanging from the resident's side bed rail and that it was not covered with a privacy bag.</p> <p>In an interview on 05/31/24 10:10 a.m., LVN E revealed that catheter bags must be covered for privacy, even if the resident is in his room alone. She said that if the bag is not covered, it could create embarrassment for the resident because it violates his privacy. Upon observation of the picture taken on 05/29/24 at 1:24 PM, LVN E stated that it was not acceptable for the bag to be uncovered and hanging from the trash can. She said that there was a risk of infection for the bag hanging from the trash can.</p> <p>In an interview on 05/31/24 10:23 a.m., LVN B revealed that the foley bags need to be always covered, no matter if the resident is by himself in his room or if he's out in the common areas. Upon observing the picture taken on 05/29/24 at 1:24 PM, LVN B stated that the bag was not covered and that it should not be hanging from a trash can due to the risk of infections or contamination.</p> <p>In an interview on 05/31/24 11:50 a.m., the DON revealed that the catheter bag should be always covered to respect the resident's privacy and that it needs to be hung by the side rail of the bed to allow gravity to make the urine flow into the Foley bag. The DON observed the picture taken on 05/29/24 at 1:24 pm and stated that the way the bag was hanging on the trash can and not being covered was unacceptable. The DON said staff members such as LVNs and CNAs were expected to make rounds throughout their shifts to check on the residents assigned to their halls for privacy issues. The DON said that by the bag not being covered, it could result in Resident #58 feeling embarrassed since he is very vocal, and his cognitive level was high. The DON stated that there was a risk of infection because the bag was hanging from the trash can.</p> <p>Record review of the facility Resident Rights policy dated 11/28/16, revealed, Respect &amp; Dignity - The resident has a right to be treated with respect and dignity.</p> <p>The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health and safety of other residents.</p> <p>Record review of the facility Catheter Care policy dated 2/13/07 revealed no specific information regarding infection prevention for catheters or foley bags placement. It stated:</p> <p>10. Be sure the catheter tubing and drainage bag are kept off the floor.</p>		

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Keep all essential equipment working safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 20026</p> <p>Based on observation, interview and record review the facility failed to maintain all mechanical, electrical, and patient care</p> <p>equipment in safe operating condition for 1 of 1 kitchen reviewed for safe operating equipment; failed to maintain 1 of 6 linen carts in safe operating condition.</p> <p>The facility failed to maintain the oven in operational condition.</p> <p>The facility failed to maintain a working trash can next to the hand washing sink in the kitchen.</p> <p>The facility failed to correctly wash cookware using the three-compartment sink.</p> <p>The facility failed to maintain 1 of 6 clean linen carts in safe operating conditions.</p> <p>This failure could place residents at risk of foodborne illnesses; and potential for injury to residents and staff by not maintaining essential equipment in safe operating condition.</p> <p>Findings include:</p> <p>Observation and interview on 05/28/24 at 8:31 AM, the Dietary Manager revealed 3 of 5 stove knobs were missing. The oven door was being held closed by a bungie cord. The Dietary Manager stated that the hinges to the oven door were not working, and the oven would not stay closed.</p> <p>Interview with the Dietary Manager on 5/28/24 at 4:05 p.m., revealed that the oven in the kitchen had not been working for over a month and that the knobs of the stove had been missing for about 3 months. The Dietary Manager said, We turn on the stove with our fingers or with a towel.</p> <p>Observation and interview on 05/30/24 8:48 a.m., revealed the foot pedal of the trash can next to the handwashing sink in the kitchen was not working. Dietary Staff #1 assigned to dish washing stated, The trash can broke this morning.</p> <p>Observation 05/30/24 8:49 AM, with Dietary Staff #1 revealed she was assigned to dish washing. Dietary Staff #1 stated In the first sink we scrape the food from the pans and cookie sheets, rinse them off with water, place them in the second sink to wash the pans, then we place the pans in the third sink that contains the chlorine. After that we place the pans/cookie sheets in dish rack and run them through the dish washing machine to sanitize them. She stated she was not aware and did not know why they needed to check the chemical levels in the Three-Compartment sink. She stated, We only check the chlorine in the dish washing machine and document the results in the log that is kept on the wall by the dishwashing machine. She stated, she was not aware of the Three-Compartment Sink Procedures posted directly above the 3-compartment written in English and Spanish. Dietary Staff #1 could not recall if she had been trained in how to wash the pots and pans in the Three-Compartment-Sink.</p> <p>(continued on next page)</p>		

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation and interview 05/30/24 8:54 AM, the Corporate Traveling Certified Dietary Manager and Dietary Staff #1, revealed that facility did not have logs to show that they were checking the chemical levels in the Three-Compartment Sink. The Consultant stated the facility only kept logs of the chemical checks done on the dish washing machine. Surveyor requested Policy &amp; Procedure on using the Three-Compartment.</p> <p>Observation and interview 05/30/24 8:55 AM, the Traveling Certified Dietary Manager and Dietary Staff #1 revealed that staff will check the chemical levels after the washing cycle is completed. The test strip level was dark orange color 150 ppm.</p> <p>Interview 05/30/24 at 9:00 AM, with the Dietary Manager in the presence of the Corporate Traveling Certified Dietary Manager revealed that he had started working at the facility 4 days ago. He reported that he was aware that the kitchen staff were following the correct procedure on using the 3-compartment sink and had not had the opportunity to provide in-service training. He stated, I need to try to fix all identified concerns in the kitchen little by little.</p> <p>Interview on 05/30/24 at 9:03 AM, with Dietary Staff #2 assigned to wash dishes, in the presence of the Corporate Traveling Certified Dietary Manager and the Dietary Manager, reported that she had been employed at the facility for [AGE] years. She reported that in the first sink staff scraped the food from the pans and cookie sheets and rinsed them off with water, then we put them in the second sink to wash the pans, then we put them in the third sink that contains the chlorine. After that we put them on plastic rack and run them through the dish washing machine to sanitize them. She reported that they only checked the chemical level for the dish washer and kept a log when chemical levels were checked when they started to wash dishes. She could not remember when she was trained in how to use the 3-compartment sink.</p> <p>Review of poster posted directly above the Three-Compartment Sink revealed, Three-Compartment Sink Procedures. Dispenser to wash and sanitizer. 1. Wash Hot 110 degrees Fahrenheit. Fill the wash compartment with detergent solution. Wash lightly soiled items first-heavily soiled items last. Refill wash sink when suds dissipate. 2. Rinse all items in clean, hot water until all soap is removed. Change water often to prevent soap residue. 3. Fill sanitizer compartment with proper sanitizer solution. Completely immerse cleaned items in the sanitizer solution for at least one minute. Remove and place on clean surface to air dry. Check sanitizer solution frequently. Sanitizer Test Procedure: 1. Tear about 2 of test paper Hydrion QT-10. 2. Dip test paper in sanitizing solution for 10 seconds. Do not shake. 3. Compare strip to color chart on test paper dispenser at once. Test paper must read 150-400 ppm.</p> <p>Interview on 05/30/24 at 9:45 AM, with Corporate Traveling Certified Dietary Manager revealed that 1 of 2 ovens in the kitchen was not working.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675479	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/31/2024
NAME OF PROVIDER OR SUPPLIER  Franklin Heights Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  223 S Resler El Paso, TX 79912	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 05/29/24 at 4:07 p.m., the Maintenance Supervisor revealed that the facility staff completed electronic work orders and send to him. He stated that one of the ovens in the kitchen had hinges that are not working properly, and the oven door does not close. The stove's temperature control valve was not working properly and does not regulate the temperature in the oven. He also reported the stove was missing the knobs to turn on the burners. He stated that the oven and stove issues have been going on for 2-3 months because the vendor had been having problems finding the parts. He stated that the parts for the oven and stove were ordered on Friday 05/24/24 and delivery were pending. I reported the issues with the oven and the stove to the administrator and she told me to fix them as soon as possible. Surveyor requested copy of Purchase Order and/or Invoice from Vendor.</p> <p>Interview on 05/30/24 at 9:32 AM, the Administrator revealed that she was aware that the hinges on the oven door had not been working for over a month. She stated that the oven door would not stay closed due to the hinges not working properly. She said she was not aware of any other issues with essential kitchen equipment. Administrator reported that the new Dietary Manager had started working May 23, 2024. She stated that the Dietary Supervisor had not reported any concerns to her. The administrator stated that she goes to the kitchen to check that Dietary staff are labeling foods and taking food temperatures. The administrator reported that they have an electronic system to submit work orders to the Maintenance Department. The staff will also verbally notify the Maintenance Director of any issues with equipment to ensure that work orders are promptly completed. The administrator reported that the area director had contacted a vendor to obtain the replacement parts for the oven door and that they are still pending delivery. The administrator stated that she was not aware that the oven hinges had not been working for several months. The Administrator was not aware that the stove knobs were missing from the stove.</p> <p>In a telephone interview on 05/30/24 at 9:52 a.m. the Dietitian revealed she started working at the facility on March 01, 2024. She said it was not part of her regular duties to conduct inspections of the kitchen during her monthly visits. She stated that she was not aware of any problems with equipment in the kitchen. She stated that if the dietary staff voiced any concerns during her visit, she would follow up on their concerns and conduct in-service training as needed.</p> <p>Record Review of Dietitian Consulting Contract dated March 01, 2024, revealed, Purpose: The purpose of this agreement is to arrange for dietetic consultation by the RD for the facility. Responsibilities of the Consultant: The RD's sole responsibility shall be to provide consultation to the facility. As such a consultant, the therapeutic dietitian shall give guidance and counsel the dietary department's food service program as follows: Oversees kitchen operation and provides consultation as necessary according to facility's policy. Participation of consultant on any survey for licensure or certification.</p>		

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NAME OF PROVIDER OR SUPPLIER  Franklin Heights Nursing & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 223 S Resler El Paso, TX 79912	
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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 34486</p> <p>Based on observation, interview and record review the facility failed to maintain an effective pest control program so that the facility is free of pests and rodents in one of six zones (Zone 1 Rooms 1 -12) reviewed for effective pest control.</p> <p>The facility failed to ensure that two live cockroaches were not found in Zone 1 (Rooms 1 -12) of the facility.</p> <p>This failure put residents at increased risk of transmission of vermin-borne illness.</p> <p>Findings include:</p> <p>Observation on 05/29/2024 at 11:09 AM, in room [ROOM NUMBER] revealed two large cockroaches (1.5 to 2 inches long) crawling on the floor. Surveyor R stepped on one of the roaches that was running quickly out of room [ROOM NUMBER] and into the hallway.</p> <p>In an interview and observation on 05/29/2024 at 11:12 AM, the Administrator came to room [ROOM NUMBER] and observed the live roach in room [ROOM NUMBER] and the dead roach in the hallway. She said that there should not be roaches in the facility because they were a contamination risk. She said the facility had a pest control program and would provide a copy of the contract and invoices showing when treatments were provided.</p> <p>In an interview on 5/29/24 at 11:19 AM, CNA S revealed that in a normal week she saw roaches every other day or two. She said she would go into the main shower and bathroom and sometimes would see them, dead or alive. She said if roaches were seen housekeeping would be called. She said she had seen people spraying for pests.</p> <p>Record review of the facility policy Insect and Rodent Control dated 2012 revealed that the facility would maintain an effective pest control program to provide an insect and vermin free food service department. Record review revealed the facility did have a contract with a local pest control provider and monthly invoices showed services were provided regularly.</p>		