STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675897	A. Building B. Wing	12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Franklin Nursing Home	700 Hearne St Franklin, TX 77856

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 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that a working call system is available in each resident's bathroom and bathing area. (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

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F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to be adequately equipped to allow residents to call for staff assistance through a communication system which relays the call directly to a staff member or a centralized staff work area from each resident's bedside for 4 of 12 residents (Residents # 1, # 2, #3 and # 4) reviewed for call lights.The facility failed to ensure Resident # 1 had an operating call light system. The facility failed to ensure the call light system was accessible to Residents # 2, # 3 and # 4. These failures could place residents at risk of not being able to call for staff assistance to meet care needs or at risk of injury, pain, hospitalization, and a diminished quality of life.Findings include:Record review of a face sheet dated 12/3/2025 indicated that Resident #1 was a [AGE] year-old female admitted to the facility on [DATE] with diagnoses including: dementia (confusion due to aging with inability to remember), muscle weakness, difficulty ambulating, and muscle wasting and chronic kidney disease stage 3 (the kidney's function has been cut by half). Record review of a Quarterly MDS assessment dated [DATE] for Resident #1 indicated that she had a BIMS score of 10, indicating that she had a moderate cognitive impairment. Resident # 1 needed supervision when transfers from bed to chair.Record review of Resident # 1's comprehensive care plan with a revision date 11/10/2025, revealed the resident needed a safe environment with adequate, glare-free light, a working and reachable call light, and the bed in low position at night. Resident # 1 was a risk for falls. During an observation/ interview on 12/03/2025 at 9:34 a.m., Resident #1's call light did not turn on when the button was pressed by Resident # 1. Resident stated that she did not know that the call light was not working, and she would like to be sure that staff will respond to her calls for assistance. Record review of a face sheet dated 12/3/2025 indicated that Resident #2 was a [AGE] year-old female admitted to the facility on [DATE] with diagnoses including: Down Syndrome (a genetic disorder), dementia (confusion due to aging with inability to remember), muscle weakness, and Dysphagia (difficulty swallowing). Record review of a Quarterly MDS assessment dated [DATE] for Resident #2 indicated that her BIMS score could not be determined. The MDS assessment of Resident # 2's mobility indicated she required extensive assistance. Record review of the Care Plan dated 09/04/2025, for Resident #2 indicated the resident's call light was to be within reach and staff were to encourage the residents to use it for assistance as needed.During an observation and attempted interview of Resident # 2 on 12/03/2025 at 1:14 PM the resident was lying in her bed, and a flat call button was out of the resident's reach. It was located under Resident #2's pillow. DON entered Resident # 2's room and resituated Resident # 2's call light button from under the pillow to above the resident's blanket next to Resident # 2's left hand. Record review of Resident # 3's face sheet dated 12/03/2025 indicated that Resident #3 was a [AGE] year-old female admitted to the facility on [DATE] with diagnoses including: Alzheimer's disease (form of dementia that affects memory), congestive heart failure (heart unable to pump blood effectively) and Atherosclerotic Heart Disease (hardening of the arteries). Record review of a Quarterly MDS assessment dated [DATE] for Resident #3 indicated a BIMS score of 8 indicating she had moderate cognitive impairment. The assessment of Resident #3's mobility indicated she was independent, and she needed no assistance from a helper. Record review of the Care Plan dated 09/03/2024, for Resident # 3 indicated the resident's call light was to be within reach and encourage the residents to use it for assistance as needed.In an observation and attempted interview of Resident # 3 on 12/03/2025 at 9:34 am Resident # 3's call light button was resting on the arm of the easy chair which was located over 3 feet way from the resident. Resident was sleeping and was not able to be interviewed.Record review of Resident # 4 's Face sheet dated 12/03/2025 indicated that Resident #4 was a [AGE] year-old male admitted to the facility on [DATE] with diagnoses including: Dementia (confusion due to aging with inability to remember), Diabetes (high levels of glucose in the blood), and Dysphagia (difficulty swallowing).Record review of a Quarterly MDS assessment dated [DATE] for Resident #4 indicated a BIMS score of 8 indicating he had moderate cognitive impairment. The assessment of Resident #4's mobility indicated he needed partial/moderate assistance and the helper did less than half the effort.Record review of the Care Plan dated 05/05/2025, for Resident # 4 indicated the staff was to be sure the resident's call light was within reach and encourage the resident to use it.During an observation and interview of Resident #4 on 12/03/2025 at 9:43 AM, the resident could not reach the call button due to the button hanging off the right side of the bed. Resident said he was not sure how often the staff came into his room and checked on him.During an interview on 12/03/2025 at 9:39 AM, CNA A said she did not know the last time she saw a call light on for