

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/26/2024

FORM APPROVED

OMB NO. 0938-039

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|--|--|---|--|---|--|--|----------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155171 | | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING | | X3) DATE SURVEY COMPLETED 12/05/2024 | |
| NAME OF PROVIDER OR SUPPLIER FRANKLIN MEADOWS | | | | STREET ADDRESS, CITY, STATE, ZIP COD 1285 W JEFFERSON ST FRANKLIN, IN 46131 | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETION DATE |
| F 0000 Bldg. 00 | <p>This visit was for the Investigation of Complaint IN00446679.</p> <p>Complaint IN00446679 - Federal/State deficiencies related to the allegations are cited at F609.</p> <p>Survey dates: December 4 and 5, 2024</p> <p>Facility number: 000087 Provider number: 155171 AIM number: 100289890</p> <p>Census Bed Type: SNF/NF: 80 Total: 80</p> <p>Census Payor Type: Medicare: 3 Medicaid: 65 Other: 12 Total: 80</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed December 9, 2024.</p> | | | F 0000 | <p>Please find enclosed the Plan of Correction for the complaint survey (IN00446679), that was conducted on December 5th, 2024, resulting in an F-609 Citation. This letter is to inform you that the plan of correction attached is to serve as Franklin Meadow's credible allegation of compliance. We allege compliance on 12/24/2024.</p> <p>Submission of this plan of correction does not constitute an admission by Franklin Meadows or its management company that the allegations contained in the survey report are a true and accurate portrayal of nursing care and other services in this facility. Nor does this provision constitute an agreement or admission of the survey allegations.</p> <p>We cordially ask for a desk review of these alleged deficient practices.</p> | | |
| F 0609 SS=D Bldg. 00 | <p>483.12(b)(5)(i)(A)(B)(c)(1)(4) Reporting of Alleged Violations</p> <p>Based on interview and record review, the facility failed to ensure an allegation of sexual abuse was reported to the state health department with sufficient information to determine the severity of the allegation. (Resident B, Resident C)</p> <p>Findings include:</p> | | | F 0609 | <p>F-609 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Executive Director and</p> | | 12/24/2024 |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Jason Kennedy

Executive Director

12/23/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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.

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| | <p>On 12/4/24 at 8:57 a.m., the Director of Nursing (DON) provided a copy of a facility reportable incident, dated 11/4/24 at 3:36 p.m., from the State department of health survey reporting system. A review of the incident report indicated Resident C (female resident) communicated that she was inappropriately touched. The residents were separated. The immediate action taken indicated Resident B (male resident) and Resident C were immediately separated. The physician, Director of Nursing (DON), Administrator, and family were notified. Resident B and Resident C were interviewed. Resident B placed was placed on one on one supervision. The police were notified. The follow-up, dated 11/8/24, indicated the facility investigation with the residents and staff interviews concluded with no additional concerns arising. Psychosocial follow-up was completed by the Social Service Director (SSD). Resident B and Resident C remained free from psychosocial distress. Resident B remained on one on one supervision. Resident C was moved to a new room on a different unit. The physician assessed Resident C with no concerns. The family satisfied with current status of investigation.</p> <p>During an interview on 12/4/24 at 9:08 a.m., the Social Service Director (SSD) indicated she was made aware of an alleged sexual encounter between Resident B and Resident C minutes after CNA 1 walked into Resident C's room and thought sexual activity had occurred. The SSD immediately went to Resident C's room to check on her, and when the SSD walked in, Resident C was smiling, laughing, and took a hit from a vape. Resident C did not seem like she was in any distress. When the SSD asked Resident C what happened, Resident C told the SSD that Resident B entered her room, pulled down her pants, and performed</p> | | | | <p>Director of Nursing will undergo a mandatory training session on the following topics:</p> <p>Regulatory requirements for F609</p> <p>Specificity and thoroughness in incident documentation</p> <p>Timelines for reporting and updating information</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>All residents have the potential to be affected by the alleged deficient practice.</p> <p>·Training Program Completion Date: 12/20/2024 Executive Director and Director of Nursing will undergo a mandatory training session on the following topics:</p> <p>·Regulatory requirements for F609</p> <p>·Specificity and thoroughness in incident documentation</p> <p>·Timelines for reporting and updating information</p> <p>All reportables submitted within the last 30 days were reviewed by</p> | | |

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| | <p>oral sex. This was not discussed nor planned, and Resident C did not want Resident B to perform oral sex on her. Resident C's parent was her guardian due to an anoxic brain injury due to an apparent drug overdose.</p> <p>During an interview on 12/4/24 at 9:48 a.m., the Administrator indicated he received a phone call from the SSD, on 11/4/24 at approximately 2:00 p.m. The SSD indicated CNA 1 brought Resident B to the SSD office and told the SSD that she entered Resident C's room and found Resident B with his head toward Resident C's groin. The Administrator and the SSD took Resident B to the Administrator's office to interview him, and Resident B indicated that he performed oral sex on Resident C. The Administrator was made aware that law enforcement handed over the information to the county prosecutor.</p> <p>The following information was not included in the initial incident report:</p> <ul style="list-style-type: none"> - Resident B indicated during the interview prior to the incident report being filed that Resident B was cognitively intact and admitted to performed oral sex on Resident C. - Resident C was moderately cognitively impaired and had a guardian. <p>The following information was not included in the incident report follow up:</p> <ul style="list-style-type: none"> - Resident C indicated she did not consent to Resident B performing oral sex on her. - The police investigation was handed over to the county prosecutor's office and there had not been a response from the prosecutor's office. <p>On 12/5/24 at 11:00 a.m., the facility was unable to provide a policy regarding reporting to the state</p> | | | | <p>ED/designee to ensure sufficient information was provided. If more information was needed, a follow up report was submitted.</p> <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</p> <p>Regional Vice President of Operations will provide education (A) to the Executive Director and the Director of Nursing covering the reporting guidelines of the facility policy and the ISDH reporting guidelines to ensure correct documentation of future reporting.</p> <p>The facility's incident reporting policy (B) will be reviewed/distributed and the ISDH reporting guidelines (C) will be reviewed/distributed to the Executive Director and the Director of Nursing.</p> <p>5 day follow up for reportables will be reviewed by RVPO/RDCS to ensure sufficient information is provided.</p> <p>How the corrective action (s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>The POC QAPI Tool (D) will be utilized by ED/designee weekly</p> | | |

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| | agency prior to exit. This citation relates to Complaint IN00446679. 3.1-28(c) | | | | x 4 weeks, monthly x 6 months, and quarterly thereafter for one year with results reported to the Quality Assurance and Performance Improvement Committee overseen by the Executive Director; If a threshold of 95% is not achieved, an action plan will be developed to ensure compliance; Plan of Correction Date: | | |