

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

PRINTED: 11/21/2023

FORM APPROVED

OMB NO. 0938-039

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 10/30/2023	
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 a Recertification and State Licensure Survey. This visit was in conjunction with the Investigation of Complaints of IN00418828, IN00418091, and IN00418402.</p> <p>Complaint IN00418828 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00418091 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00418402 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: October 24, 25, 26, 27, and 30, 2023</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: 6 Medicaid: 57 Other: 17 Total: 80</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed November 3, 2023.</p>			F 0000	<p>Please find enclosed the Plan of Correction to the annual survey, Survey Event ID J71R11 , that was conducted on October 30th, 2023, resulting in an F-812 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 11/24/2023.</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>		

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

TITLE

(X6) DATE

Jason Kennedy

Executive Director

11/19/2023

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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F 0812 SS=E Bldg. 00	<p>483.60(i)(1)(2) Food Procurement, Store/Prepare/Serve-Sanitary §483.60(i) Food safety requirements. The facility must -</p> <p>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.</p> <p>Based on observation, interview, and record review, the facility failed to ensure food was served in a sanitary manner for 2 of 3 kitchen observations. Staff hair was not covered while in the kitchen. (Dietary Cook, Dietary Staff 2, and Dietary Staff 3)</p> <p>Findings include:</p> <p>1. During a kitchen observation, on 10/24/23 from 11:37 a.m. to 12:20 p.m., the following was observed:</p> <p>- Dietary Cook was observed walking throughout</p>			F 0812	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>Staff dietary cook, dietary staff 2 and dietary staff 3 not wearing hair covering- immediately corrected by CDM</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>		11/24/2023

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	<p>the kitchen food preparation area and was observed preparing ham salad for the noon meal. Dietary Cook was observed to have hair in front of both ears and upper cheek area, outside of the beard guard, that was approximately 1/2 inch in length. The facial hair was observed to not be covered.</p> <p>- Dietary Staff 2 was observed walking throughout the kitchen area where the noon meal was being prepared and was washing dishes at the 3-compartment sink area. Dietary Staff 2 was observed to have hair in front of both ears and upper cheek area, outside of the beard guard, that was approximately 1/2 inch in length. The facial hair was observed to not be covered.</p> <p>- Dietary Staff 3 was observed walking throughout the kitchen area where the noon meal was being prepared and was washing dishes at the 3-compartment sink area. Dietary Staff 3 was observed to have hair in front of both ears and upper cheek area, outside of the beard guard, that was approximately 1/2 inch in length. The facial hair was observed to not be covered.</p> <p>2. During a follow-up kitchen observation, on 10/24/23 from 1:40 p.m. to 1:45 p.m., the following was observed:</p> <p>- Dietary Cook was observed walking throughout the kitchen food preparation area. Dietary Cook was observed carrying a beard guard. Dietary Cook was observed to have hair in front of both ears and facial hair that was approximately 1/2 inch in length. The facial hair was observed to not be covered.</p> <p>- Dietary Staff 3 was observed walking throughout the kitchen area and washing dishes at the</p>				<p>All residents have the potential to be affected by the alleged deficiencies</p> <p>In-service all culinary team members on sanitation expectations for kitchen operation regarding Hair Nets/Beard Guards being worn the entire time while in the kitchen to be completed by 11/13/23</p> <p>All Staff Inservice on 11/16/23 that Hair Nets/Beard Guards are to be on at all times when entering the kitchen and remain on the entire time while in there.</p> <p>ED, and/or designee, to ensure all staff hair was appropriately covered.</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>POC Rounding Tool, see attachment F, to be completed by Dietary Manager, and/or designee, to be utilized daily and will include auditing hair covering in the kitchen</p> <p>Any deficiencies identified during audit will be addressed immediately by ED/designee</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>POC QAPI Tool, see attachment F, completed by</p>		

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	<p>3-compartment sink area. Dietary Staff 3 was observed wearing a beard guard below the chin area. Dietary Staff 3 was observed to have hair in front of both ears and facial hair that was approximately 1/2 inch in length. The facial hair was observed to not be covered.</p> <p>During an interview on 10/25/23 at 10:30 a.m., the Dietary Manager indicated staff hair, including facial hair, was to be kept covered while in the kitchen.</p> <p>On 10/25/23 at 12:39 p.m. the Administrator provided a copy of the American Senior Communities Culinary Personal Hygiene policy, dated June 2021, and indicated it was the current policy in use by the facility. A review of the policy indicated, "...Personal Cleanliness...wear a clean hat and/or other hair restraint. Culinary employees with facial hair should also wear a beard restraint..."</p> <p>3.1-21(i)(2) 3.1-21(i)(3)</p>				<p>Dietary Manager, or designee, will be utilized weekly 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</p> <p>If a threshold of 95% is not achieved, an action plan will be developed to ensure compliance</p> <p>Total compliance date: 11/24/2023</p>		