

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

PRINTED: 10/24/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 16E170	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/14/2021
NAME OF PROVIDER OR SUPPLIER FRANKLIN GENERAL HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1720 CENTRAL AVENUE EAST HAMPTON, IA 50441		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 000	INITIAL COMMENTS Correction Date: 11.14.21 The annual recertification survey and investigation of incidents #97071-I and #100268-I was completed 10/11/21-10/14/21. Incident #97071 was not substantiated. Incident #100268 was not substantiated. (See Code of Federal Regulations (42CFR) Part 483, Subpart B -C). Total Residents: 34	F 000			
F 761 SS=E	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to	F 761			

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

TITLE

(X6) DATE



CEO

11/5/2021

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.

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F 761	<p>Continued From page 1</p> <p>abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, record review and staff interviews, the facility failed to keep medication refrigeration temperatures within the manufacturers recommendations for 2 out of 2 medication refrigerators reviewed. The facility reported a census of 34 residents.</p> <p>Findings include:</p> <p>1. During a review of the medication storage refrigerator in the North nurses station on 10/12/2021 at 8:15 AM, the displayed temperature registered 37 degrees F (Fahrenheit). A review of the temperature log revealed documented temperatures that fell below 36 degrees F, twenty times in a look back to 7/1/21. There was one shift missing a temperature record for the North refrigerator.</p> <p>A review of the medication inventory of the North refrigerator included the following:</p> <ul style="list-style-type: none"> a. Liquid Lorazepam (a schedule IV narcotic/sedative) with a manufacturer's box labeling instructing to store between 36 F and 46 F. b. Tuberculin (used in the diagnosis of tuberculosis) with a manufacturer's boxed labeling instructing to not freeze the solution. c. Novolog insulin flexpen (prefilled insulin delivery system) with manufacturer ' s insert instructions to store the unused flexpen between 36 F and 46 F. d. Levimer insulin flexpen with a manufacturer's 	F 761		

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F 761	<p>Continued From page 2</p> <p>insert instructions to store the unused flexpen between 36 F and 46 F.</p> <p>e.Lantus insulin flexpen with a manufacturer's insert instructions to store the unused flexpen between 36 F and 46 F.</p> <p>f.Basaglar insulin flexpen with manufacturer's insert instructions to store an unused flexpen between 36 F and 46 F.</p> <p>All inserts include the instructions to not freeze the insulin and do not use the insulin if it has been frozen. The inventoried medications were labeled for four separate residents.</p> <p>2. During a review of the medication storage refrigerator in the South nurses station on 10/12/21 at 8:40 AM, the displayed temperature reading was 40 degrees F. A review of the temperature log revealed documented temperatures that fell below 36 degrees F one time in a look back to 7/1/21, with one shift missing a temperature record for the South refrigerator.</p> <p>A review of the medication inventory of the South refrigerator included;</p> <p>a. Two Novolog insulin flexpens with a manufacturer's insert instructions to store the unused flexpen between 36 F and 46 F.</p> <p>b. Trulicity (Duglaglutide) insulin flexpen with a manufacturer's insert instructions to store the unused flexpen between 36F and 46 F.</p> <p>c.Lantus Insulin flexpen with a manufacturer's insert instructions to store an unused flexpen between 36 F and 46 F.</p> <p>Review of all inserts include the instructions to not freeze the insulin and do not use the insulin if it has been frozen. The inventoried medications</p>	F 761			

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F 761	<p>Continued From page 3</p> <p>were labeled for two seperate residents.</p> <p>In an interview on 10/12/21 at 8:45 AM Staff D revealed the staff lacked knowledge of what temperature parameters she was expected to maintain the refrigerators at and what interventions she should implement if temperatures were out of parameters. Staff D stated the recording document in use lacked guidance and instructions for nurses to follow or implement.</p> <p>In an interview and joint inspection of both North and South medication refrigerators with the MDS Coordinator on 10/12/21 at 12:15 PM, revealed the temperature alarm had been turned off on the North refrigerator and was stored inside the refrigerator, impairing an alarm from being heard. The MDS Coordinator stated the log lacked acceptable storage temperature parameters and instructions for staff to implement should a temperature deviation occur. Stated she expected staff would notify administration and maintenance of temperature concerns and move medications to alternative refrigerated storage.</p> <p>A review of the facility policy titled Refrigerator and Freezer Temperatures, with a last revised date of 04/2021, under section A, instructs all refrigerator temperatures will be kept between 35 - 46 degrees F and low alarms be set. Under section A the policy instructs Quality Assurance will be conducted by the pharmacist and the pharmacy technician to assure temperatures are maintained in the correct range.</p> <p>On 10/14/21 at 7:55 AM in an interview with the DON (Director of Nursing), she stated she was aware of the facility policy discrepancy from the</p>	F 761		

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F 761	Continued From page 4 manufacturer's instructions for the low range on the medication refrigerators. Stated she will be in contact with the pharmacist and anticipates the policy will be aligned to match the manufacturer's directions of 36 F to 46 F. The DON stated she has had the thermometers replaced on both medication refrigerators, with the parameters set at 36F to 46 F, the alarms are activated and the units are stored outside the refrigerators for an audible alarm.	F 761			
F 800 SS=D	Provided Diet Meets Needs of Each Resident CFR(s): 483.60 §483.60 Food and nutrition services. The facility must provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs, taking into consideration the preferences of each resident. This REQUIREMENT is not met as evidenced by: Based on observation, record review, staff interview, and facility policy review the facility failed to serve the correct portions of green beans and cheesy tortillas for 2 of 2 residents who received a pureed diet (Resident #22 and #33). The facility reported a census of 34 residents. Findings include: Record review of Resident #22's Order Summary Report dated 10/13/2021, documented the following diet order: General Diet diet, Pureed texture, Regular consistency, related to unspecified dementia. Record review of Resident #33's Order Summary Report dated 10/13/2021, documented the	F 800			

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F 800	<p>Continued From page 5</p> <p>following diet order: General Diet diet, Pureed texture, Regular consistency, having trouble chewing since decline doesn't wear teeth any more.</p> <p>Observation on 10/13/21 at 10:10 AM of Staff A, Lead Cook, pureed two servings of cheesy tortillas. After Staff A completed the task Staff A did not measure the total volume remaining after it was condensed down from pureeing it.</p> <p>Observation on 10/13/21 at 10:13 AM of Staff A pureed two servings of green beans. Staff A again did not measure the total volume after pureeing green beans.</p> <p>Observation on 10/13/21 at 11:24 AM the pureed cheesy tortillas and green beans had blue handled scoops that hold 3 oz. in their containers for serving.</p> <p>Observation on 10/13/21 at 11:58 AM for noon meal Resident #22 received his pureed meal. Staff B, Server, used a full blue scoop (3 oz.) for the cheesy tortillas and a full blue scoop (3 oz.) for the green beans.</p> <p>Observation on 10/13/21 at 12:04 PM Resident #33 received her pureed meal. Staff B used a full blue scoop (3 oz.) for the cheesy tortilla and the rest of the green beans in the container roughly 1/3 of the blue scoop (approximately 1 oz.).</p> <p>Interview on 10/13/21 at 12:08 PM with Staff B revealed she thinks the cook picks the scoop size before he purees and she did not pick the scoop size.</p> <p>Interview on 10/13/21 at 12:15 PM with Staff B</p>	F 800		

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F 800	Continued From page 6 revealed about a half of scoop is left of the pureed cheese tortilla and no green beans. Observation on 10/13/21 at 12:20 PM of Resident #22's plate revealed his plate was empty. Observation on 10/13/21 at 12:34 PM of Resident #33's plate revealed his plate was empty. During interview on 10/13/21 at 12:43 PM the Dietary Manager stated since only two residents received a pureed diet Staff B should of given each resident half of each dish to each resident. He revealed the facility does not measure when only two residents receive puree or assign a scoop since each resident would just get half. He then stated there should be no food left. Review of the facilites policies provided titled: Diets - Therapeutic and another policy titled Use of Diet Manul both last revised on 08/2021 provided by the facility when asked for the facilites puree policy lacked instructions for staff puree process.	F 800		
F 880 SS=F	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention	F 880		

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F 880	<p>Continued From page 7</p> <p>and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed</p>	F 880			

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F 880	<p>Continued From page 8 by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, staff interviews and policy review the facility failed to cover residents personal laundry when transported from the hospital to the nursing facility to return residents personal laundry affecting 34 of 34 residents. The facility reported a census of 34 residents.</p> <p>Observation on 10/11/21 at 2:41 PM Staff C, observed housekeeping operating motorized cart with residents personal laundry on it with no cover.</p> <p>Observation on 10/11/21 at 2:43 PM a facility staff member walked by the uncovered linen cart.</p> <p>Interveiw on 10/11/21 at 2:46 PM with Staff C revealed as long as she has worked at the facility the clothes have never been covered. Staff C revealed the laundry room is approximatly 1000 feet from here and the clothes were not covered throughout the transport. Staff C then revealed she has worked at the facility on and off most of her life and has never covered the residents</p>	F 880			

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F 880	Continued From page 9 personal items motorized cart. Review of the facilities policy titled Linen Transportation last approved on 08/2021 documented the following: When transporting linen (with intention of delivery or pickup) on wire carts or blue tripper carts, the facility requires staff to utilize the battery operated "lugger" bu Ergo-Tug (or similar type machine). The tugger will be used while transporting either soiled or clean linen.	F 880			

Recertification Survey Provider #16E170

Plan of Correction Submission Date: November 5, 2021

F761 – Label/Storage Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2)

Who corrected the deficiency? Pharmacist, Director of Nursing

Elements detailing how you will correct the deficiency as it relates to the individual:

Director of Nursing replaced thermometer for both the North and South nurses station refrigerators to ensure accuracy of temperature monitoring on 10/14/2021. The thermometers were programmed with parameters set to a range of 36 degrees to 46 degrees, alarms were activated on both the North and South refrigerator units. The thermometers are located outside of both refrigerators and provide an audible alarm notification. On 11/1/2021 a label was adhered to both thermometers as a visual queue of the acceptable temperature range 36 degrees to 46 degrees.

Pharmacist updated Policy Refrigerator and Freezer Temperatures #9598384 to reflect appropriate temperature range change to between 36 degrees and 46 degrees.

How you will act to protect residents in similar situations:

Weekly QA audit to ensure compliance with process. This will be monitored weekly for 6 months through weekly QA meeting.

Include measures you will take or systems you will alter to ensure that the problem does not recur:

Quality assurance responsibility changed to occur monthly by a nursing facility designee. Education provided to Nursing Facility staff on Policy for Refrigerator and Freezer Temperatures. Process Change Alert written for these changes and circulated to staff. Copy of the updated policy placed in the Temperature Log Book for reference.

How you plan to monitor performance to make sure that the solutions are permanent:

Following 6-month weekly monitor will move to ongoing monthly audit process to ensure permanent solution and safety of resident.

Recertification Survey Provider #16E170

Plan of Correction Submission Date: November 5, 2021

F800 – Provided Diet Needs of each Resident – CFR(s) 483.60

Who corrected the deficiency? Dietary Manager

Elements detailing how you will correct the deficiency as it relates to the individual:

The dietary department has changed the process for preparation of pureed meals for residents at FGH Nursing Facility.

How you will act to protect residents in similar situations: Meal prep steps to be taken include:

- 1.) Portion the original serving size into a device to puree the food. We will portion the same number of servings as pureed diets call for.
- 2.) Pureed the total servings.
- 3.) Split the pureed servings into equal portions, for example, if we have 3 original servings, we will portion 1/3 of the product after being pureed, into insulated blue bowls and send those from the kitchen to the Nursing Facility kitchenette. If there is only one resident with a pureed diet order, that resident will receive the entire serving.
- 4.) Dietary staff will serve one each of the pre-portioned items to the residents as needed per their diet orders.

Include measures you will take or systems you will alter to ensure that the problem does not recur:

Follow up for this process change will be completed via a work request submission for a weekly follow up for the next 6 months. The work request system will generate an email to the dietary manager for completion of the work request. After auditing the process, the dietary manager will sign off on the work request and add any notes as needed.

How you plan to monitor performance to make sure that the solutions are permanent:

This will be monitored weekly for 6 months through weekly QA meeting.

Recertification Survey Provider #16E170

Plan of Correction Submission Date: November 5, 2021

F880 – Infection Prevention and Control CFR(s)483.80(a)(1)(2)(4)(e)(f)

Who corrected the deficiency: Facility Director / Director of Nursing-Infection Preventionist

Elements detailing how you will correct the deficiency as it relates to the individual:

A Root Cause Analysis (use of 5-why immediate problem-solving tool attached to action plan) was completed on November 3, 2021 to assist in determining why the linen delivery cart was not covered.

How you will act to protect residents in similar situations:

Temporary linen cart covers were placed on the Linen Carts during the week of the survey. Custom cart covers ordered October 29, 2021. Linen cart covers will be in use during transport. This process aligns with the infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.

Include measures you will take or systems you will alter to ensure that the problem does not recur:

A root cause analysis was completed November 3, 2021 using the immediate problem-solving tool to assist the team in determining why the linen delivery cart was not covered. Counter measures/action items were identified from the analysis of contributing factors/whys. See the Immediate Problem-Solving Tool.

Training on infection control by the Director of Nursing/Infection Preventionist was provided to nursing facility colleagues using the HealthStream on line system on 11/4/2021 with completion date 11/14/2021 will include attestation of completion.

Policy regarding linen transportation was revised November 2, 2021 to include language stating linens will be covered while being transported. This practice is already underway. Policy change was shared via a Process Change Alert on November 3, 2021.

Recertification Survey Provider #16E170

Plan of Correction Submission Date: November 5, 2021

F880 – Infection Prevention and Control CFR(s)483.80(a)(1)(2)(4)(e)(f)

How you plan to monitor performance to make sure that the solutions are permanent:

Follow-up checks/QA will be completed monthly for a period of 6 months to assure laundry delivery cart cover is in place and being utilized during transportation. Training on infection control prevention process regarding Linen Cart Cover during transportation will be incorporated into annual education program.