

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>155171</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>10/22/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>FRANKLIN MEADOWS</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1285 W JEFFERSON ST FRANKLIN, IN 46131</b>	
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 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to ensure isolation precaution signs were placed on residents' door for 13 of 29 rooms for residents with confirmed or suspected COVID-19 infections. Findings include: During a walk through of the facility on 10/22/20 beginning at 9:45 a.m., the following observations were made: 1. On the (NAME) Avenue unit an isolation cart was parked in the hall. There signs were not observed on any of the 8 rooms to indicate droplet isolation precautions were in place for the residents. In an interview, on 10/22/20 at 10:03 a.m., CNA 1 indicated the 8 residents' rooms were isolation rooms, but she did not know what type of isolation the residents were on and did not know what Personal Protective Equipment (PPE) to use. 2. On the Banta Boulevard unit there was an isolation cart parked in the hall. There signs were not observed on any of the 5 residents' rooms to indicate droplet isolation precautions were to be implemented. In an interview, on 10/22/20 at 10:09 a.m., LPN 2 indicated there were 5 residents in isolation for Droplet Precautions. In an interview, on 10/22/20 at 10:11 a.m., the Infection Preventionist indicated the facility had run out of signs on the day before and the color copy machine was not working. During the exit conference interview, on 10/22/20 at 1:16 p.m., the Director of Nursing indicated CNA 1 was new and confused about the levels of isolation and the type of PPE needed for the different types of isolation. A current facility policy, revised 03/19/20, provided by the Director of Nursing on 10/22/20 at 10:30 a.m., titled COVID-19 Resident Policy indicated, Residents Suspected or Confirmed with COVID-19 residents will be placed on Droplet Precautions and signs will be placed outside the patient's room [ROOM NUMBER]. 1-18(b)		

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

TITLE

(X6) DATE

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.