

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

Printed: 05/18/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 17E210	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/18/2016
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NAME OF PROVIDER OR SUPPLIER FRANKLIN HEALTHCARE OF PEABODY, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 500 PEABODY PEABODY, KS 66866
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(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
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F 000	INITIAL COMMENTS	F 000		
	The following citations represent the findings of a Health Resurvey and Complaint Investigations #88391 and #100428.			
F 441 SS=F	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS	F 441		
	<p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) 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. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of</p>			

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.

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F 441	<p>Continued From page 1 infection.</p> <p>This Requirement is not met as evidenced by: The facility had a census of 47 residents. Based on observation, record review and interview the facility failed to use an appropriate cleaner/disinfectant (chemical that will inhibit or prevent the growth of microbes on inanimate objects) to clean the sinks, counter tops/surfaces and floors in the rooms of the 47 residents, who reside in the facility.</p> <p>Findings Included:</p> <ul style="list-style-type: none"> - On 05/17/16 at 9:45 AM, observation revealed Housekeeping Staff A used a Pine-Sol and water solution (ratio was approximately 10 parts water and 1 part Pine-Sol) to clean the bathroom sink and hard surfaces in the resident's room. At 10:13 AM, observation revealed Housekeeping Staff A mopped the floor in the resident's room with a Pine-Sol and water solution (ratio was approximately 10 parts water and 1 part Pine-Sol). <p>On 05/17/16 at 9:45 AM, Housekeeping Staff A stated the facility used a Pine-Sol/water solution to clean the sinks, counters and floors in all the residents' rooms. Housekeeping Staff A also verified the Pine-Sol label contained no information concerning active ingredients or disinfectant effectiveness.</p> <p>In 05/17/16 at 1:12 PM, Administrative Nurse B stated he/she was not aware housekeeping staff used a Pine-Sol solution to clean the sink, counter and floors in the residents' rooms. Administrative Nurse B verified he/she was not</p>	F 441		

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F 441	<p>Continued From page 2</p> <p>aware if Pine-Sol cleaner was effective disinfectant for human pathogens.</p> <p>On 05/17/16 at 1:47 PM, Housekeeping Staff C stated staff use Pine-Sol routinely to clean the sinks, counters and floors in all the residents' rooms and he/she was not aware if Pine-Sol cleaner was effective disinfectant for human pathogens.</p> <p>Review of the website for Pine-Sol Brand Cleaner/Disinfectant indicated the product was a wood tar distillate (chemical by-product of the lumber industry) and a very safe disinfectant with a low level of effectiveness against human pathogens (infectious biological agent that cause disease or illness to the host). The website also provided the following directions to use Pine-Sol as a disinfectant: use at full strength, let stand 10 minutes and rinse with water.</p> <p>Upon request, the facility did not provide a policy for cleaning and sanitation of residents' rooms.</p> <p>The facility failed to use an appropriate cleaner/disinfectant to clean the sinks, counter tops/surfaces and floors in the rooms of the 47 residents, who reside in the facility.</p>	F 441			