

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 05/19/2020
NAME OF PROVIDER OF SUPPLIER FRANKLIN HEALTHCARE OF PEABODY LLC		STREET ADDRESS, CITY, STATE, ZIP 500 PEABODY PEABODY, KS 66866	
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 0689 Level of harm - Immediate jeopardy Residents Affected - Few	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>The facility reported a census of 32 residents, with 3 reviewed for elopement. Based on observation, interview, and record review, the facility failed to provide adequate supervision to prevent one Resident (R1) from leaving the facility without staff knowledge. The resident exited through a locked door, walked north crossing a busy highway (speed limit of 55 miles per hour), and walked approximately 3 and 1/2 miles from the facility. A community member noted R1 lying face down in a ditch and called local law enforcement and EMS (emergency medical service) for assistance. This placed R1 in immediate jeopardy. Findings included: - The facility Face Sheet evidenced the facility readmitted R1 on 09/10/19 following a psychiatric hospital discharge, with [DIAGNOSES REDACTED]. Review of the resident's quarterly Minimum Data Set (MDS), dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score 10/15 which indicated moderately impaired cognition and was independent with ambulation. The Care Plan, dated 12/17/2019, documented the resident as independent with walking and all activities of daily living. The 03/19/2020, Elopement Risk Screening identified the resident at low risk for elopement due to [DIAGNOSES REDACTED]. Then at 08:30 AM, she noted he did not eat his breakfast, served in his room due to Covid -19 social distancing. She reported she did not find him in his room or bathroom. She then checked the TV area and the men's hall bathroom and could not locate him. Then she notified Licensed Nurse (LN) B and they began a facility search. At 08:40 AM, EMS (emergency medical service) staff called and notified the facility staff a community member found the resident. They returned the resident to the facility, at 08:57AM. Per the Facility Investigation, dated 05/17/2020, the facility immediately implemented a one on one supervised intervention upon his return. Staff evaluated all door alarms and found them to be in working order. The resident told Administrative Staff A he pushed on the front door until it opened and he walked out. All staff on duty were questioned and no one admitted they heard or shut off the door alarm. The resident wore a jacket, jeans, and hiking boots. The Facility Investigation, dated 05/17/2020, documented the resident finally allowed LN B to assess his vitals at 11:40 AM, on 05/17/2020. At 01:15 PM he allowed LN B to assess his skin. She documented a light scraped area to the right side of his face as 4.0 cm (centimeters) x 0.25 cm., with a 3.0 cm discolored area above the right eye. The left forehead displayed a 2.0 cm x 0.25 cm. scrape. The back of the right hand displayed an 0.25 cm round puncture area. The facility notified the primary care physician and received an order to send the resident to a psychiatric hospital. The resident left the facility at approximately 05:15 PM, taken to the hospital emergency room for evaluation and then on to the psychiatric hospital. According to www.Wunderground.com, on 05/17/2020 at 8:00 AM, the outside temperature was 75 degrees Fahrenheit. Per Administrative Staff A interview, on 05/19/2020 at 10:15 A.M., the facility staff identified the need for immediate action to prevent the resident and other residents, at risk for elopement, from leaving the facility without staff knowledge. Observation, on 05/19/2020 at 10:00 AM, revealed the front door had an egress which allowed the door to open after 15 seconds when pressure was applied to the bar. An audible alarm beeped while the bar was being held down and when the door lock released, a loud buzzing sound continued until manually reset by staff. Observation, on 05/19/2020 at 5:00 PM, revealed the route the resident walked as a gravel road up to the paved highway and then after crossing the highway, the terrain turned into another gravel road with grass lined ditches on either side. The facility's policy for Elopement, F689, dated 11/2017, documented regarding door alarms, should door alarm sound staff should verify who left the building. If it is uncertain who caused the alarm an immediate resident count should be initiated. Unverified alarms will be recorded in the door alarm book located at the nurses station. The facility failed to adequately monitor this cognitively impaired independent resident, the resident left the facility without staff knowledge, walked 3 miles away from the facility, crossing a busy highway with a speed limit of 55 miles an hour, and was found face down in a ditch. This deficient practice placed the resident in immediate jeopardy. The deficient practice was cited as past non-compliance, as of 05/17/2020 as of 7:00 pm, when the facility completed the following: 1). The facility implemented one on one supervision for resident R1, until the resident transported to a psychiatric hospital. 2). All door alarms were checked and found to be in working order. Door alarms were changed to be checked daily. 3). All residents were re-assessed for elopement risk. Updated care plans appropriately. 4). Held a QAPI (Quality Assurance and Performance Improvement) meeting, on 05/17/2020 at 01:30 PM, which included the medical director, administrator, director of nursing, social service designee, and maintenance director. 5). Re-education of all staff regarding door alarms and re-setting of door alarms, unsafe resident wandering and what had the potential to make a resident unsafe, started on 05/17/2020 at 11:00 AM and completed at 07:00 PM on 05/17/2020. 6). Implemented elopement drills for each shift weekly and daily checking of door alarms.</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.