Electronically delivered
June 15, 2022

Administrator
Franklin Restorative Care Center
900 3rd Street South
Franklin, MN 55333

RE: CCN: 245273
Cycle Start Date: June 2, 2022

Dear Administrator:

On June 2, 2022, a survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

This survey found the most serious deficiencies in your facility to be isolated deficiencies that constituted immediate jeopardy (Level J), as evidenced by the electronically delivered CMS-2567, whereby corrections are not required.

The Statement of Deficiencies (CMS-2567) is being electronically delivered. Because corrective action was taken prior to the survey, past non-compliance does not require a plan of correction (POC).

REMOVAL OF IMMEDIATE JEOPARDY

On May 28, 2022, the situation of immediate jeopardy to potential health and safety cited at F808 was removed.

REMEDIES

As a result of the survey findings and in accordance with survey and certification memo 16-31-NH, this Department recommended the enforcement remedy listed below to the CMS Region V Office forimposition: You will receive a formal notice from the CMS RO only if CMS agrees with our recommendation.

- Civil money penalty, (42 CFR 488.430 through 488.444).

NURSE AIDE TRAINING PROHIBITION

Please note that Federal law, as specified in the Act at §§ 1819(f)(2)(B) and 1919(f)(2)(B), prohibits approval of nurse aide training and competency evaluation programs and nurse aide competency evaluation programs offered by, or in, a facility which, within the previous two years, has operated under a § 1819(b)(4)(C)(ii)(II) or § 1919(b)(4)(C)(ii) waiver (i.e., waiver of full-time registered

professional nurse); has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care; has been assessed a total civil money penalty of not less than $11,292; has been subject to a denial of payment, the appointment of a temporary manager or termination; or, in the case of an emergency, has been closed and/or had its residents transferred to other facilities.

Therefore, your agency is prohibited from offering or conducting a Nurse Assistant Training/Competency Evaluation Programs or Competency Evaluation Programs for two years effective June 2, 2022. This prohibition is not subject to appeal. Under Public Law 105-15 (H.R. 968), you may request a waiver of this prohibition if certain criteria are met. Please contact the Nursing Assistant Registry at (800) 397-6124 for specific information regarding a waiver for these programs from this Department.

The CMS Region V Office may notify you of their determination regarding any imposed remedies.

DEPARTMENT CONTACT

Questions regarding this letter and all documents submitted as a response to the resident care deficiencies (those preceded by a "F"and/or an "E" tag), i.e., the plan of correction should be directed to:

Nicole Osterloh, RN, Unit Supervisor
Marshall District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
1400 East Lyon Street, Suite 102
Marshall, Minnesota 56258-2504
Email: nicole.osterloh@state.mn.us
Office: 507-476-4230
Mobile: (507) 251-6264 Mobile: (605) 881-6192

Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, it will provide you with a separate formal notification of that determination.

APPEAL RIGHTS

If you disagree with this action imposed on your facility, you or your legal representative may request a hearing before an administrative law judge of the Department of Health and Human Services, Departmental Appeals Board (DAB). Procedures governing this process are set out in 42 C.F.R. 498.40, et seq. You must file your hearing request electronically by using the Departmental Appeals Board's Electronic Filing System (DAB E-File) at https://dab.efile.hhs.gov no later than sixty (60) days after receiving this letter. Specific instructions on how to file electronically are attached to this notice. A copy of the hearing request shall be submitted electronically to:

Tamika.Brown@cms.hhs.gov

Requests for a hearing submitted by U.S. mail or commercial carrier are no longer accepted as of October 1, 2014, unless you do not have access to a computer or internet service. In those circumstances you may call the Civil Remedies Division to request a waiver from e-filing and provide an explanation as to why you cannot file electronically or you may mail a written request for a waiver along with your written request for a hearing. A written request for a hearing must be filed no later than sixty (60) days after receiving this letter, by mailing to the following address:

Department of Health & Human Services
Departmental Appeals Board, MS 6132
Director, Civil Remedies Division
330 Independence Avenue, S.W.
Cohen Building – Room G-644
Washington, D.C. 20201
(202) 565-9462

A request for a hearing should identify the specific issues, findings of fact and conclusions of law with which you disagree. It should also specify the basis for contending that the findings and conclusions are incorrect. At an appeal hearing, you may be represented by counsel at your own expense. If you have any questions regarding this matter, please contact Tamika Brown, Principal Program Representative by phone at (312) 353-1502 or by e-mail at Tamika.Brown@cms.hhs.gov.

INFORMAL DISPUTE RESOLUTION (IDR) / INDEPENDENT INFORMAL DISPUTE RESOLUTION (IIDR)

In accordance with 42 CFR 488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to:

Nursing Home Informal Dispute Process
Minnesota Department of Health
Health Regulation Division
P.O. Box 64900
St. Paul, Minnesota 55164-0900

This request must be sent within the same ten days you have for submitting an ePoC for the cited deficiencies. All requests for an IDR or IIDR of federal deficiencies must be submitted via the web at: https://mdhprovidercontent.web.health.state.mn.us/ltc_idr.cfm

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable electronic plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at: https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

Please note that the failure to complete the informal dispute resolution process will not delay the dates specified for compliance or the imposition of remedies.

Feel free to contact me if you have questions.

Sincerely,

Melissa Poepping, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: melissa.poepping@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245273	A. BUILDING _____ B. WING _____	C 06/02/2022

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F 000	INITIAL COMMENTS On 6/1/22 through 6/2/22, a standard abbreviated survey was completed at your facility by the Minnesota Department of Health to determine compliance with requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities. Your facility was NOT in compliance. The following complaint was SUBSTANTIATED: H52731812C (MN83732) at F808 for PAST NON-COMPLIANCE. The following complaint was UNSUBSTANTIATED: H52731904C (MN83765). The survey resulted in an Immediate Jeopardy (IJ) that began on 5/22/22 at 8:30 p.m., when the facility failed to provide an appropriate physician ordered altered texture diet (pureed) to R3. R3 was served a whole Uncrustable brand peanut butter and grape jelly sandwich on wheat bread. R3 began choking and became unresponsive. The licensed nurse performed the Heimlich maneuver until EMS arrived. EMS also attempted to revive R3, but were unsuccessful. R3 died as a result of choking. The interim director of nursing (IDON) was notified of the IJ on 6/2/22 at 4:08 p.m., which was identified at a scope and severity of J-ISOLATED. The facility had implemented immediate corrective action by 5/28/22 to prevent recurrence, so the IJ was issued at PAST NON-COMPLIANCE. The above findings did not constitute Substandard Quality of Care; therefore NO extended survey was conducted.	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed

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 000	Continued From page 1 Although the provider had implemented corrective action prior to survey, immediate jeopardy was sustained prior to the correction. NO plan of correction is required for a finding of past non-compliance. The facility is still required to acknowledge receipt of the electronic documents.	F 000		
F 808 SS=J	Therapeutic Diet Prescribed by Physician CFR(s): 483.60(e)(1)(2) §483.60(e) Therapeutic Diets §483.60(e)(1) Therapeutic diets must be prescribed by the attending physician. §483.60(e)(2) The attending physician may delegate to a registered or licensed dietitian the task of prescribing a resident's diet, including a therapeutic diet, to the extent allowed by State law. This REQUIREMENT is not met as evidenced by: Based on interview and document review the facility failed to provide a physician ordered pureed diet for 1 of 1 resident (R3) with a history of dysphasia. This resulted in actual harm for R3 as he R3 choked, was unable to be revived and died as a result. The survey resulted in an immediate jeopardy (IJ) that began on 5/22/22 at 8:30 p.m., when the facility failed to provide the appropriate physician ordered altered texture diet (pureed). R3 was served a whole Uncrustable brand peanut butter and grape jelly sandwich on wheat bread. R3 began choking and became unresponsive. The licensed nurse performed the Heimlich maneuver until EMS arrived. EMS also attempted to revive R3, but were unsuccessful, R3 died. The director of nursing (DON) was notified of the IJ on 6/2/22	F 808	Past noncompliance: no plan of correction required.	

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F 808	Continued From page 2 at 4:08 p.m., which was identified at a scope and severity of J-ISOLATED. The facility had implemented immediate corrective action by 5/28/22 to prevent recurrence, therefore the IJ was issued at PAST NON-COMPLIANCE. Findings include: Review of the 5/22/22, report to the State Agency (SA) identified R3 was given an Uncrustable brand sandwich. Staff had reported they sat next to R3 and watched R3 eat the sandwich without problems. Staff assisted R3 back to his room and at that time, R3 "collapsed". The charge nurse was immediately contacted and started the Heimlich maneuver on R3. Staff reported some food was removed from R3's mouth, however R3 was unable to be revived. EMS was called and identified R3 as unable to be resuscitated. R3 was pronounced dead. R3's 5/17/22, physician hospital discharge orders identified R3 was to resume prior dietary restrictions and swallowing protocols. R3 required dentures and 1 staff limited assistance for eating. R3's discharge ordered diet was International Dysphagia Standardization Initiative (IDDSI) 4 carbohydrate consistent, pureed texture, moderately thick liquids. R3's Order Summary Report reviewed identified R3's diet order had been entered into point click care (PCC) (electronic medical record) on 5/17/22, which identified R3's diet as Co Cho NAS (consistent carbohydrate or controlled carbohydrate, no added sodium) diet, of pureed texture and thickened liquid of honey consistency. R3's 5/22/22, admission Minimum Data Set	F 808		

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F 808	Continued From page 3 (MDS) assessment identified R3 was admitted on 5/17/22 from the hospital. R3 had severe cognitive impairment, required 2 staff assistance for cares, was able to eat with staff supervision. R3 had diagnoses of Type 2 diabetes mellitus, and a history of pneumonitis due to inhalation of food and vomit, dysphasia and malignant neoplasm of unspecified part of bronchus or lung. Review of the 5/26/22, facility investigation summary identified R3 had been given the wrong physician diet by nursing assistant (NA)-A causing R3 to choke. The correct diet for R3 was found to be properly communicated to the staff as well as NA-A. Although attempts to perform the Heimlich maneuver and EMS notified, R3 ultimately passed away. Retraining on safe eating and the importance of providing accurate diets was completed with all staff. All residents diets were reviewed for accuracy along with a review of the communication system was performed. Facility interview with NA-A who responded "I thought he would be ok, I didn't think it would be a problem." NA-A reported he had obtained the sandwich from the kitchen and was unsure of what R3's diet was. The investigation also identified other staff on duty at time were able to state what R3's diet texture was and where to find the diet R3 was to receive. Review of 5/16/22, email from social service designee (SSD) to facility leadership identified a subject was "Welcome New Admit". The information provided in the email included R3's name, date of birth, admission date and time, room, physician, original hospital admission date, hospital, diagnosis, COVID-19 vaccination status, orientation, transfer, service, PASRR , discharge goal, and diet which was identified as an IDDSI 3,	F 808		

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F 808	Continued From page 4 using moderately thick liquids needs. R3 was noted to require "some personal help with feeding, someone to ensure he does not choke... has no teeth". Review of current, undated, International Dysphagia Standardization Initiative (IDDSI) chart, used by the facility for people who have feeding, chewing or swallowing problems identified the levels as: Food level 3=Liquidized as food that can be eaten with a spoon or drunk from a cup it cannot be eaten with a fork because it drips through the fork prongs, has a smooth texture and no lumps, fibers, husk, bits of shell or skin particles of gristle or bone. Level 4=Pureed. Drink level 3= moderately thick (Honey-Thick Liquids). R3's 5/9/22, Hospital History report identified R3 had history of aspiration pneumonia. R3 had worked with speech therapy who recommended an IDDSI 3- liquidized food, no bread, no straws, and medications were to be given in pureed form. R3's 5/18/22, Nutritional Assessment identified R3's diet as a carbohydrate consistent, with pureed consistency, and it noted staff were to sit with R3 to assure he did not choke. Observation and interview on 6/1/22 at 2:29 p.m., with NA-B while NA-B was passing the afternoon snack cart identified on the snack cart was a blue book of diets. NA-B identified the book had a list of all the residents diets and information sheets about textures of each diet listed. She further confirmed the book had been on the snack cart prior to the incident with R3 for a reference. NA-B also stated there was now a list of each resident diets located on each wing in the staff charting	F 808		

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F 808	Continued From page 5 station. She stated that there was always a snack cart located in the therapy room for after hours so if a resident was hungry, there were snacks to provide to them. Interview on 6/1/22 at 2:30 p.m., with trained medication aide (TMA)-A confirmed after R3 had the choking incident all staff had to take the computerized safe eating training. Management reviewed all the resident diets with staff and went over the chart that described the different types of diets. The dietary manager (DM) placed extra copies of the list of each resident's diet in a book on each wing. TMA-A revealed during meal times the dietary staff were responsible for dishing up the correct diet. Nursing was to double check the diet prior to being served. "If something did not look right, staff were to stop and question the cook". Interview on 6/1/22 at 2:44 p.m. with TMA-B identified there was a list of residents and their diets also located in the dining room and on the snack cart. She revealed those diets were now also posted in the staff charting stations on each wing. She confirmed staff had completed training about resident diets, types of diets, and where to find diets on PCC beginning immediately after the incident. Interview on 6/2/22 at 9:01 a.m., with dietary manager (DM) identified prior to a new admission arriving, social services would send out a welcome email that identified information staff would need to know, including the resident's diet. After the resident arrived, that information was reviewed to make sure no changes were identified. If so, it was immediately updated. The DM reported she double checked the diet orders	F 808		

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F 808	Continued From page 6 upon admission, as well as the nurse. The nurse provided the kitchen with a resident's diet slip which she posted in the kitchen. It was also found in the kitchen communication book. She revealed that there was a blue communication book on the snack cart that identified each residents diet at the time of the incident which was correct for R3. Kitchen staff would set up the snack carts and make sure there were items on it for each kind of diet required. Snacks were delivered to the residents around 2:30 p.m. and 7:00 p.m. each day. She revealed R3's correct diet was on the welcome email, in the blue book on the snack cart, on a dietary card, and on PCC prior to R3's choking incident. She confirmed she went around to each staff after the incident and made sure they knew how to find each resident's diet on PCC. Interview on 6/2/22 at 9:31 a.m., with registered nurse (RN)-A identified he was the nurse on duty that evening. Staff called him "over the radio" and he immediately went to R3's room to find R3 unconscious and slumped over. NA-A reported to RN-A that he had feed R3 in the dining room area and then assisted R3 back to his room. Once in his room, he slumped over. RN-A stated he initiated the Heimlich maneuver while another staff called 911. He continued providing the Heimlich until emergency services (EMS) arrived. He stated he was able to get some food out of R3's mouth however, by the time EMS arrived R3 had no pulse. He identified NA-A had given R3 the wrong diet. Following the incident, all staff had to complete training on diets including himself as contracted staff working in the facility. Interview on 6/2/22 at 11:08 a.m., with SSD identified she had been notified the evening of the	F 808		

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F 808	Continued From page 7 incident and came into the facility. She along with the IDON interviewed NA-A, RN-A, and NA-C. Interview with NA-A confirmed he had provided R3 with the Uncrustable whole peanut butter and jelly sandwich and sat with R3 the entire time he was eating. After R3 was done NA-A assisted him back to his room and it was then when R3 slumped over. NA-A reported he called the charge nurse who did the Heimlich maneuver and a "chunk of food came out". The SSD revealed it was her understanding through interviews with staff, R3 had been hungry prior to the incident, so NA-A went to the kitchen to get him a sandwich. NA-A reported denying knowing R3's ordered diet and fed him the whole sandwich. Resident's diets are identified prior to admission, are placed on diet cards, and noted in PCC. The facility normally received information prior to admission that identified the ordered diet, but staff always confirmed diets when the resident was admitted as sometimes orders were known to have been recently changed. The IDON notified the SSD NA-A was suspended during the investigation. Interview on 6/2/22 at 11:24 a.m., with nurse practitioner (NP)-A identified she had met R3 the Thursday prior to the incident. NP-A revealed she had been notified of the incident and had been told that R3 had been given a whole peanut butter and jelly sandwich. The NP noted that was the wrong diet. R3 started to choke after he was brought back to his room. The licensed nurse was summoned to the room and started the Heimlich maneuver and continued until the EMS arrived. The Heimlich maneuver was unsuccessful and R3 was unable to be resuscitated. NP-A revealed in her professional opinion, if R3 had been given the correct diet consistency of pureed texture he would not have	F 808		

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F 808	Continued From page 8 choked. She confirmed that R3's diet at the time of admission was a pureed diet. She revealed she was advised by the facility, NA-A "never really answered why he gave [R3] the sandwich, other than he thought it would be okay" from her understanding. R3's diet information was available. NA-A should have confirmed R3's ordered diet before giving R3 a snack item. Staff had been retrained, including herself, on all the resident diets, where to find the diet information for residents, and different types of diets. She confirmed the facility had tools in place already and the staff had just not followed the process. Interview on 6/2/22 at 11:54 with the interim director of nursing (IDON) identified she had been called by the registered nurse (RN)-A that there had been an incident and 911 had been called following R3 choking. RN-A had reported to her that he had done the Heimlich maneuver after R3 had been given an Uncrustable sandwich by NA-A and subsequently choked. She had instructed RN-A to keep NA-A away from all residents until she arrived to interview him. Upon interview, NA-A revealed e had gone directly into the kitchen to obtain the sandwich that was provided to R3 which was not standard protocol. Staff were to obtain dietary items from the snack carts provided. NA-A should have known R3's diet as the diet was clearly communicated to all staff in the Welcome letter, on the diet slip, on the tray cards, and by a book located at each nurse aide kiosk. There was also a resident diet book on the snack cart. NA-A was suspended and told he would be contacted for additional information at a later time. All staff were retrained on diets. The dietary manager also went to all staff to ensure they knew how to access resident's diet on PCC. All staff also competed the online	F 808		

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F 808	Continued From page 9	F 808		

training for safe eating. The IDON revealed NA-A had recently taken the nurse aide course and would have received education on special diets during that CNA course. She noted, had R3 received the correct diet, he most likely would not have choked. She stated this was a "terrible accident" and she did not know why NA-A thought it would be okay to give him a whole sandwich.

Interview on 6/2/22 at 1:00 p.m., medical director (MD) identified he was notified staff had given the wrong diet to R3. The expectation would be that if staff were unsure of a residents diet, they were to verify the diet before providing food for consumption. The MD revealed R3 cause of death likely resulted from choking. He confirmed R3's diet was to be pureed texture and receiving a diet that was not prescribed to him would have increased his risk for choking.

Interview on 6/3/22 at 11:43 with NA-A confirmed R3 had been given the whole peanut butter and jelly sandwich during evening snack time. NA-A revealed he knew R3's diet was an IDDSI 3 as it was listed on the Welcome letter that came out when R3 was admitted. He denied knowing where to find a residents diet other than on the sheet that came out when they came. NA-A reported he knew a IDDSI 3 diet was for "soft food" as there was a sheet that showed normally he worked nights and "did not do much" with diets. He reported he sat with R3 while he ate, then took him back to his room and that was when he slumped over. RN-A was summoned immediately and started the Heimlich maneuver. He confirmed RN-A did the Heimlich maneuver until the EMS arrived. NA-A denied ever seeing a book with resident diets on the snack cart. NA-A did report normally residents have pictures next

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245273	A. BUILDING _____ B. WING _____	C 06/02/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANKLIN RESTORATIVE CARE CENTER	900 3RD STREET SOUTH FRANKLIN, MN 55333

(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 808	Continued From page 10 to their name on their door if they have "thickened liquids or something.... but [R3] did not have any sign on his door". Review of March 2019, Admission Criteria policy identified prior to admission the facility was to provide a physician ordered diet for immediate resident care. Review of October 2017, Therapeutic Diets policy identified resident diets would be prescribed by the residents provider. If a mechanically altered diet was ordered it would include the type of texture modification. Compatible snacks for therapeutic diets will be provided. The immediate jeopardy (IJ) that began on 5/22/22 at 8:30 p.m., was removed by 5/28/22, prior to survey when it was verified by observation, interview, and document review, the facility took steps to remove the immediacy by ensuring education had been provided to all staff related to providing the correct diet to all residents. All staff were retrained to find each resident's diet order on point click care (PCC), how to read the meal ticket, and snack cart hard copy of the residents dining orders which included diet, texture, consistency of liquids, adaptive devices, allergies and preferences. Staff were also retrained on different types of diets, and reviewed existing policies. All staff took the online training for safe eating. The kitchen was now locked beginning after the incident during non-service times when no dietary staff were present to prevent unauthorized access. The dietary manager (DM) created an audit that was completed during meal service to ensure the potential for harm or IJ was not repeated due to lack of a check and balance system during the	F 808		

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F 808	Continued From page 11 meal service prior to resident meal consumption.	F 808		

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
June 15, 2022

Administrator
Franklin Restorative Care Center
900 3rd Street South
Franklin, MN 55333

Re: Event ID: Q7X911

Dear Administrator:

The above facility survey was completed on June 2, 2022 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted no violations of these rules promulgated under Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10.

Electronically posted is the Minnesota Department of Health order form stating that no violations were noted at the time of this survey. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Please disregard the heading of the fourth column which states, "Provider's Plan of Correction." This applies to Federal deficiencies only. There is no requirement to submit a Plan of Correction.

Please feel free to call me with any questions.

Sincerely,

Melissa Poepping, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: melissa.poepping@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00934	A. BUILDING: _____ B. WING _____	C 06/02/2022

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FRANKLIN RESTORATIVE CARE CENTER	900 3RD STREET SOUTH FRANKLIN, MN 55333

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2 000	Initial Comments *****ATTENTION****** NH LICENSING CORRECTION ORDER In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health. Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected. You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance. INITIAL COMMENTS: On 6/1/22 through 6/2/22, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found to be IN compliance with the MN State Licensure. The following complaint was found to be	2 000		

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	00934	A. BUILDING: _____ B. WING _____	C 06/02/2022

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FRANKLIN RESTORATIVE CARE CENTER	900 3RD STREET SOUTH FRANKLIN, MN 55333

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2 000	Continued From page 1 SUBSTANTIATED: H52731812C (MN83732), however NO licensing orders were issued. The following complaint was found to be UNSUBSTANTIATED: H52731904C (MN83765). The Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents.	2 000		