

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

## CENTERS FOR MEDICARE &amp; MEDICAID SERVICES

## MEDICARE/MEDICAID CERTIFICATION AND TRANSMITTAL

ID: G9VI

## PART I - TO BE COMPLETED BY THE STATE SURVEY AGENCY

Facility ID: 00934

1. MEDICARE/MEDICAID PROVIDER NO. (L1) <b>245273</b>		3. NAME AND ADDRESS OF FACILITY (L3) <b>FRANKLIN REHABILITATION &amp; HEALTHCARE CENTER</b> (L4) <b>900 3RD STREET SOUTH</b> (L5) <b>FRANKLIN, MN</b> (L6) <b>55333</b>		4. TYPE OF ACTION: 2 (L8)  1. Initial 2. Recertification 3. Termination 4. CHOW 5. Validation 6. Complaint 7. On-Site Visit 9. Other 8. Full Survey After Complaint	
2.STATE VENDOR OR MEDICAID NO. (L2) <b>857948200</b>		5. EFFECTIVE DATE CHANGE OF OWNERSHIP (L9) <b>02/01/2017</b>		7. PROVIDER/SUPPLIER CATEGORY <u>02</u> (L7) <b>01 Hospital 05 HHA 09 ESRD 13 PTIP 22 CLIA</b> <b>02 SNF/NF/Dual 06 PRTF 10 NF 14 CORF</b> <b>03 SNF/NF/Distinct 07 X-Ray 11 ICF/IID 15 ASC</b> <b>04 SNF 08 OPT/SP 12 RHC 16 HOSPICE</b>	
6. DATE OF SURVEY <b>12/19/2018</b> (L34)		8. ACCREDITATION STATUS: (L10) 0 Unaccredited 1 TJC 2 AOA 3 Other		FISCAL YEAR ENDING DATE: (L35) <b>12/31</b>	
11. LTC PERIOD OF CERTIFICATION From (a) : To (b) :		10.THE FACILITY IS CERTIFIED AS: <b>X</b> A. In Compliance With <u>And/Or Approved Waivers Of The Following Requirements:</u> Program Requirements Compliance Based On: ____ 1. Acceptable POC ____ 2. Technical Personnel ____ 6. Scope of Services Limit ____ 3. 24 Hour RN ____ 7. Medical Director ____ 4. 7-Day RN (Rural SNF) ____ 8. Patient Room Size ____ 5. Life Safety Code ____ 9. Beds/Room B. Not in Compliance with Program Requirements and/or Applied Waivers: * Code: <b>A</b> (L12)			
12.Total Facility Beds <b>46</b> (L18)		13.Total Certified Beds <b>46</b> (L17)		14. LTC CERTIFIED BED BREAKDOWN  18 SNF 18/19 SNF 19 SNF ICF IID <b>46</b> (L37) (L38) (L39) (L42) (L43)	
		15. FACILITY MEETS 1861 (e) (1) or 1861 (j) (1): (L15)			

16. STATE SURVEY AGENCY REMARKS (IF APPLICABLE SHOW LTC CANCELLATION DATE):

17. SURVEYOR SIGNATURE  <b>Nicole Osterloh, Supervisor</b> (L19)	Date : <b>12/27/2018</b>	18. STATE SURVEY AGENCY APPROVAL  <b>Kamala Fiske-Downing, Enforcement Specialist</b> (L20)	Date: <b>12/27/2018</b>
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## PART II - TO BE COMPLETED BY HCFA REGIONAL OFFICE OR SINGLE STATE AGENCY

19. DETERMINATION OF ELIGIBILITY  <u>X</u> 1. Facility is Eligible to Participate ____ 2. Facility is not Eligible (L21)		20. COMPLIANCE WITH CIVIL RIGHTS ACT:		21. 1. Statement of Financial Solvency (HCFA-2572) 2. Ownership/Control Interest Disclosure Stmt (HCFA-1513) 3. Both of the Above : _____	
22. ORIGINAL DATE OF PARTICIPATION <b>03/01/1985</b> (L24)	23. LTC AGREEMENT BEGINNING DATE (L41)	24. LTC AGREEMENT ENDING DATE (L25)	26. TERMINATION ACTION: (L30) <b>VOLUNTARY</b> <u>00</u> <b>INVOLUNTARY</b> 01-Merger, Closure 05-Fail to Meet Health/Safety 02-Dissatisfaction W/ Reimbursement 06-Fail to Meet Agreement 03-Risk of Involuntary Termination <u>OTHER</u> 04-Other Reason for Withdrawal 07-Provider Status Change 00-Active		
25. LTC EXTENSION DATE: (L27)	27. ALTERNATIVE SANCTIONS A. Suspension of Admissions: (L44) B. Rescind Suspension Date: (L45)				
28. TERMINATION DATE: (L28)		29. INTERMEDIARY/CARRIER NO. <b>01111</b> (L31)		30. REMARKS	
31. RO RECEIPT OF CMS-1539 (L32)		32. DETERMINATION OF APPROVAL DATE (L33)		DETERMINATION APPROVAL	



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Electronically delivered

CMS Certification Number (CCN): 245273

December 27, 2018

Administrator  
Franklin Rehabilitation & Healthcare Center  
900 3rd Street South  
Franklin, MN 55333

Dear Administrator:

The Minnesota Department of Health assists the Centers for Medicare and Medicaid Services (CMS) by surveying skilled nursing facilities and nursing facilities to determine whether they meet the requirements for participation. To participate as a skilled nursing facility in the Medicare program or as a nursing facility in the Medicaid program, a provider must be in substantial compliance with each of the requirements established by the Secretary of Health and Human Services found in 42 CFR part 483, Subpart B.

Based upon your facility being in substantial compliance, we are recommending to CMS that your facility be recertified for participation in the Medicare and Medicaid program.

Effective November 30, 2018 the above facility is certified for:

46 Skilled Nursing Facility/Nursing Facility Beds

Your facility's Medicare approved area consists of all 46 skilled nursing facility beds.

You should advise our office of any changes in staffing, services, or organization, which might affect your certification status.

If, at the time of your next survey, we find your facility to not be in substantial compliance your Medicare and/or Medicaid provider agreement may be subject to non-renewal or termination.

Please contact me if you have any questions.

Sincerely,

A handwritten signature in black ink that reads 'Kamala Fiske-Downing'.

Kamala Fiske-Downing  
Licensing and Certification Program  
Minnesota Department of Health  
Telephone: (651) 201-4112 Fax: (651) 215-9697  
Email: [Kamala.Fiske-Downing@state.mn.us](mailto:Kamala.Fiske-Downing@state.mn.us)



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically delivered

December 27, 2018

Administrator

Franklin Rehabilitation & Healthcare Center

900 3rd Street South

Franklin, MN 55333

RE: Project Numbers S5273030, H5273031, H5273032

Dear Administrator:

On September 27, 2018, we informed you that the following enforcement remedies were being imposed:

- State Monitoring effective October 2, 2018. (42 CFR 488.422)
- Discretionary Denial of Payment for new Medicare and Medicaid admissions effective November 26, 2018. (42 CFR 488.417 (b))

This was based on the deficiencies cited by this Department for an abbreviated standard survey completed on September 7, 2018. The most serious deficiencies at the time of the revisit were found to be isolated deficiencies that constituted actual harm that was not immediate jeopardy (Level G) whereby corrections were required.

On November 2, 2018, the Minnesota Department of Health completed a standard survey to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities participating in the Medicare and/or Medicaid programs. The November 2, 2018 standard survey found that the facility was not in substantial compliance with Federal Certification Regulations. This survey found the most serious deficiencies in the facility to be widespread deficiencies that constitute no actual harm with potential for more than minimal harm that is not immediate jeopardy (Level F) whereby corrections were required.

As a result of the revisit findings, the Category 1 remedy of state monitoring will remain in effect.

In addition, this Department recommended to the CMS Region V Office the following actions:

- Civil money. (42 CFR 488.430 through 488.444)
- Discretionary Denial of Payment for new Medicare and Medicaid admissions effective November 26, 2018 will stay in effect. (42 CFR 488.417 (b))

On December 13, 2018 the Minnesota Department of Health and on December 19, 2018 the Department of Health, Office of Health Facility Complaints completed PCRs to verify that your facility had achieved and maintained compliance with federal certification deficiencies issued pursuant to PCRs, completed on December 13, 2018 and December 19, 2018. We presumed, based on your plan of correction, that your facility had corrected these deficiencies as of November 30, 2018. Based on our visit, we have determined that your facility has corrected the deficiencies issued pursuant to our PCR's, completed on December 13, 2018 and December

19, 2018, as of November 30, 2018. As a result of the revisit findings, the Department is discontinuing the Category 1 remedy of state monitoring effective November 30, 2018.

- Discretionary Denial of Payment for new Medicare and Medicaid admissions effective November 26, 2018 will be rescinded. (42 CFR 488.417 (b))
- Civil money penalty. (42 CFR 488.430 through 488.444)

The CMS Region V Office will notify your fiscal intermediary that the denial of payment for new Medicare admissions, effective November 26, 2018, is to be rescinded. They will also notify the State Medicaid Agency that the denial of payment for all Medicaid admissions, effective November 26, 2018 is to be rescinded.

In our letter we advised you that, in accordance with Federal law, as specified in the Act at Section 1819(f)(2)(B)(iii)(I)(b) and 1919(f)(2)(B)(iii)(I)(b), your facility was prohibited from conducting a Nursing Aide Training and/or Competency Evaluation Program (NATCEP) for two years from November 26, 2018, due to denial of payment for new admissions. Since your facility attained substantial compliance on November 30, 2018, the original triggering remedy, denial of payment for new admissions, did not go into effect. Therefore, the NATCEP prohibition is rescinded.

The CMS Region V Office will notify you of their determination regarding the imposed remedies, Nursing Aide Training and/or Competency Evaluation Programs (NATCEP) prohibition.

Please note, it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

Feel free to contact me if you have questions.

Sincerely,



Kamala Fiske-Downing  
Licensing and Certification Program  
Minnesota Department of Health  
P.O. Box 64900  
St. Paul, MN 55164-0900  
Telephone: (651) 201-4112 Fax: (651) 215-9697  
Email: [Kamala.Fiske-Downing@state.mn.us](mailto:Kamala.Fiske-Downing@state.mn.us)

cc: Licensing and Certification File



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically delivered

December 26, 2018

Administrator  
Franklin Rehabilitation & Healthcare Center  
900 3rd Street South  
Franklin, MN 55333

Re: Reinspection Results - Complaint Number H5273031 and H5273032

Dear Administrator:

On December 19, 2018 an investigator from the Minnesota Department of Health, Office of Health Facility Complaints, completed a reinspection of your facility, to determine correction of licensing orders found during the investigation completed on September 7, 2018. At this time these correction orders were found corrected.

You may request a hearing on any assessments that result from non-compliance with these licensing orders by providing a written request to the Department within 15 days of receipt of a notice of assessment for non-compliance.

Please note, it is your responsibility to share the information contained in this letter and the results of this visit with the president of your facility's governing body.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink that reads 'Kamala Fiske-Downing'.

Kamala Fiske-Downing  
Licensing and Certification Program  
Minnesota Department of Health  
P.O. Box 64900  
St. Paul, MN 55164-0900  
Telephone: (651) 201-4112 Fax: (651) 215-9697  
Email: [Kamala.Fiske-Downing@state.mn.us](mailto:Kamala.Fiske-Downing@state.mn.us)

cc: Licensing and Certification File

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

## CENTERS FOR MEDICARE &amp; MEDICAID SERVICES

## MEDICARE/MEDICAID CERTIFICATION AND TRANSMITTAL

ID: G9VI

## PART I - TO BE COMPLETED BY THE STATE SURVEY AGENCY

Facility ID: 00934

1. MEDICARE/MEDICAID PROVIDER NO. (L1) <b>245273</b>  2.STATE VENDOR OR MEDICAID NO. (L2) <b>857948200</b>	3. NAME AND ADDRESS OF FACILITY (L3) <b>FRANKLIN REHABILITATION &amp; HEALTHCARE CENTER</b> (L4) <b>900 3RD STREET SOUTH</b> (L5) <b>FRANKLIN, MN</b> (L6) <b>55333</b>	4. TYPE OF ACTION: <u>2</u> (L8)  <div style="display: flex; justify-content: space-between;"> <div>           1. Initial 3. Termination 5. Validation 7. On-Site Visit         </div> <div>           2. Recertification 4. CHOW 6. Complaint 9. Other  8. Full Survey After Complaint         </div> </div>
5. EFFECTIVE DATE CHANGE OF OWNERSHIP (L9) <b>02/01/2017</b>  6. DATE OF SURVEY <b>11/02/2018</b> (L34)  8. ACCREDITATION STATUS: ____ (L10) 0 Unaccredited      1 TJC 2 AOA                3 Other	7. PROVIDER/SUPPLIER CATEGORY <u>02</u> (L7) <div style="display: flex; justify-content: space-between;"> <div>01 Hospital</div> <div>05 HHA</div> <div>09 ESRD</div> <div>13 PTIP</div> <div>22 CLIA</div> </div> <div style="display: flex; justify-content: space-between;"> <div>02 SNF/NF/Dual</div> <div>06 PRTF</div> <div>10 NF</div> <div>14 CORF</div> </div> <div style="display: flex; justify-content: space-between;"> <div>03 SNF/NF/Distinct</div> <div>07 X-Ray</div> <div>11 ICF/IID</div> <div>15 ASC</div> </div> <div style="display: flex; justify-content: space-between;"> <div>04 SNF</div> <div>08 OPT/SP</div> <div>12 RHC</div> <div>16 HOSPICE</div> </div>	FISCAL YEAR ENDING DATE: (L35)  <div style="text-align: center;"><b>12/31</b></div>
11. LTC PERIOD OF CERTIFICATION From (a) : To (b) :  12.Total Facility Beds <b>46</b> (L18) 13.Total Certified Beds <b>46</b> (L17)	10.THE FACILITY IS CERTIFIED AS:  A. In Compliance With <u>And/Or Approved Waivers Of The Following Requirements:</u> Program Requirements      ____ 2. Technical Personnel      ____ 6. Scope of Services Limit Compliance Based On:      ____ 3. 24 Hour RN                      ____ 7. Medical Director ____ 1. Acceptable POC      ____ 4. 7-Day RN (Rural SNF)      ____ 8. Patient Room Size ____ 5. Life Safety Code      ____ 9. Beds/Room  X B. Not in Compliance with Program Requirements and/or Applied Waivers: * Code: <b>B*</b> (L12)	
14. LTC CERTIFIED BED BREAKDOWN  <div style="display: flex; justify-content: space-around;"> <div>18 SNF (L37)</div> <div>18/19 SNF <b>46</b> (L38)</div> <div>19 SNF (L39)</div> <div>ICF (L42)</div> <div>IID (L43)</div> </div>	15. FACILITY MEETS 1861 (e) (1) or 1861 (j) (1): (L15)	

16. STATE SURVEY AGENCY REMARKS (IF APPLICABLE SHOW LTC CANCELLATION DATE):

17. SURVEYOR SIGNATURE  <div style="border-bottom: 1px solid black; display: inline-block; width: 80%;">Lois Boerboom, HFE NE II</div>	Date : 12/06/2018 (L19)
18. STATE SURVEY AGENCY APPROVAL  <div style="border-bottom: 1px solid black; display: inline-block; width: 80%;">Kamala Fiske-Downing, Enforcement Specialist</div>	Date: 12/26/2018 (L20)

## PART II - TO BE COMPLETED BY HCFA REGIONAL OFFICE OR SINGLE STATE AGENCY

19. DETERMINATION OF ELIGIBILITY  <input checked="" type="checkbox"/> 1. Facility is Eligible to Participate <input type="checkbox"/> 2. Facility is not Eligible (L21)	20. COMPLIANCE WITH CIVIL RIGHTS ACT:  ____	21. 1. Statement of Financial Solvency (HCFA-2572) 2. Ownership/Control Interest Disclosure Stmt (HCFA-1513) 3. Both of the Above : ____
22. ORIGINAL DATE OF PARTICIPATION <b>03/01/1985</b> (L24)	23. LTC AGREEMENT BEGINNING DATE (L41)	24. LTC AGREEMENT ENDING DATE (L25)
25. LTC EXTENSION DATE: (L27)	26. TERMINATION ACTION: (L30) <div style="display: flex; justify-content: space-between;"> <div> <u>VOLUNTARY</u> <b>00</b>            01-Merger, Closure            02-Dissatisfaction W/ Reimbursement            03-Risk of Involuntary Termination            04-Other Reason for Withdrawal         </div> <div> <u>INVOLUNTARY</u>            05-Fail to Meet Health/Safety            06-Fail to Meet Agreement   <u>OTHER</u>            07-Provider Status Change            00-Active         </div> </div>	
27. ALTERNATIVE SANCTIONS A. Suspension of Admissions: (L44)  B. Rescind Suspension Date: (L45)		28. TERMINATION DATE:  <div style="text-align: center;"><b>01111</b></div>
29. INTERMEDIARY/CARRIER NO.  <div style="text-align: center;"><b>01111</b></div>	30. REMARKS          DETERMINATION APPROVAL	
31. RO RECEIPT OF CMS-1539 (L32)	32. DETERMINATION OF APPROVAL DATE (L33)	



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Electronically delivered

November 20, 2018

Administrator  
Franklin Rehabilitation & Healthcare Center  
900 3rd Street South  
Franklin, MN 55333

RE: Project Numbers H5273031, H5273032, S5273030, H5273034

Dear Administrator:

On September 27, 2018, we informed you that the following enforcement remedies were being imposed:

- State Monitoring effective September 12, 2018. (42 CFR 488.422)
- Discretionary Denial of Payment for new Medicare and Medicaid admissions effective November 26, 2018. (42 CFR 488.417 (b))

This was based on the deficiencies cited by this Department for an abbreviated standard survey completed on September 7, 2018. The most serious deficiencies were found to be isolated deficiencies that constituted actual harm that was not immediate jeopardy (Level G) whereby corrections were required.

On November 2, 2018, a standard survey was completed at your facility by the Minnesota Departments of Health and Public Safety 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 widespread deficiencies that constitute no actual harm with potential for more than minimal harm that is not immediate jeopardy (Level F) as evidenced by the electronically delivered CMS-2567, whereby corrections are required.

As a result of the revisit findings, the Category 1 remedy of state monitoring will remain in effect.

In addition, this Department recommended to the CMS Region V Office the following actions related to the imposed remedies in our letter of September 27, 2018:

- Discretionary Denial of Payment for new Medicare and Medicaid admissions effective November 26, 2018, will remain in effect. (42 CFR 488.417 (b))

Based on the findings of this visit, we recommended to the CMS Region V Office the following additional remedy:

- Civil money. (42 CFR 488.430 through 488.444)

The CMS Region V Office will notify you of their determination regarding the imposed remedies, Nursing Aide Training and/or Competency Evaluation Programs (NATCEP) prohibition, and appeal rights.

As we notified you in our letter of September 27, 2018, in accordance with Federal law, as specified in the Act at Section 1819(f)(2)(B)(iii)(I)(b) and 1919(f)(2)(B)(iii)(I)(b), your facility is prohibited from conducting Nursing Aide Training and/or Competency Evaluation Programs (NATCEP) for two years from November 26, 2018.

Please note, it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

#### DEPARTMENT CONTACT

Questions regarding this letter and all documents submitted as a response to the resident care deficiencies (those preceded by a "F" tag), i.e., the plan of correction from the abbreviated standard survey completed on September 9, 2018 should be directed to:

**Daphne Ponds, Supervisor**  
**Office of Health Facility Complaints**  
**Health Regulation Division**  
**Minnesota Department of Health**  
**P.O. Box 64970**  
**Saint Paul, Minnesota 55164-0970**  
**Email: daphne.ponds@state.mn.us**  
**Phone: (651) 201-5185**  
**Fax: (651) 281-9796**

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

**Nicole Osterloh, Unit Supervisor**  
**Marshall District Office**  
**Health Regulation Division**  
**Licensing and Certification**  
**1400 East Lyon Street, Suite 102**  
**Marshall, MN 56258-2504**  
**Email: nicole.osterloh@state.mn.us**



**Office: 507-476-4230 Cell: 218-340-3083**

**Fax: 507-537-7194**

### **ELECTRONIC PLAN OF CORRECTION (ePoC)**

An ePoC for the deficiencies must be submitted within **ten calendar days** of your receipt of this letter. Your ePoC must:

- Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice;
- Address how the facility will identify other residents having the potential to be affected by the same deficient practice;
- Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur;
- Indicate how the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness. The plan of correction is integrated into the quality assurance system;
- Include dates when corrective action will be completed. The corrective action completion dates must be acceptable to the State. If the plan of correction is unacceptable for any reason, the State will notify the facility. If the plan of correction is acceptable, the State will notify the facility. Facilities should be cautioned that they are ultimately accountable for their own compliance, and that responsibility is not alleviated in cases where notification about the acceptability of their plan of correction is not made timely. The plan of correction will serve as the facility's allegation of compliance; and,
- Submit electronically to acknowledge your receipt of the electronic 2567, your review and your ePoC submission.

The state agency may, in lieu of a revisit, determine correction and compliance by accepting the facility's ePoC if the ePoC is reasonable, addresses the problem and provides evidence that the corrective action has occurred.

If an acceptable ePoC is not received within 10 calendar days from the receipt of this letter, we will recommend to the CMS Region V Office that one or more of the following remedies be imposed:

- Optional denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417 (a));

- Per day civil money penalty (42 CFR 488.430 through 488.444).

Failure to submit an acceptable ePoC could also result in the termination of your facility's Medicare and/or Medicaid agreement.

## **PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE**

The facility's ePoC will serve as your allegation of compliance upon the Department's acceptance. In order for your allegation of compliance to be acceptable to the Department, the PoC must meet the criteria listed in the plan of correction section above. You will be notified by the Minnesota Department of Health, Licensing and Certification Program staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for their respective deficiencies (if any) is acceptable.

## **VERIFICATION OF SUBSTANTIAL COMPLIANCE**

Upon receipt of an acceptable ePoC and CMS Region V Office approval, a revisit of your facility may be conducted to verify that substantial compliance with the regulations has been attained. The revisit would occur after the date you identified that compliance was achieved in your plan of correction.

If substantial compliance has been achieved, certification of your facility in the Medicare and/or Medicaid program(s) will be continued and we will recommend that the remedies imposed be discontinued effective the date of the on-site verification. Compliance is certified as of the date of the third revisit.

## **FAILURE TO ACHIEVE SUBSTANTIAL COMPLIANCE BY THE SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY**

We will also recommend to the CMS Region V Office and/or the Minnesota Department of Human Services that your provider agreement be terminated by March 7, 2019 (six months after the identification of noncompliance) if your facility does not achieve substantial compliance. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

## **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](mailto: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](mailto:Tamika.Brown@cms.hhs.gov).

## INFORMAL DISPUTE RESOLUTION

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: [http://www.health.state.mn.us/divs/fpc/profinfo/ltr/ltr\\_idr.cfm](http://www.health.state.mn.us/divs/fpc/profinfo/ltr/ltr_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 plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at: <http://www.health.state.mn.us/divs/fpc/profinfo/infobul.htm>

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.

Questions regarding all documents submitted electronically as a response to the Life Safety Code deficiencies (those preceded by a "K" tag), i.e., the plan of correction, request for waivers, should be directed to:

Mr. Tom Linhoff, Fire Safety Supervisor  
Health Care Fire Inspections  
Minnesota Department of Public Safety  
State Fire Marshal Division  
445 Minnesota Street, Suite 145  
St. Paul, Minnesota 55101-5145

Email: [tom.linhoff@state.mn.us](mailto:tom.linhoff@state.mn.us)

Telephone: (651) 430-3012

Fax: (651) 215-0525

Feel free to contact me if you have questions.

Sincerely,



Kamala Fiske-Downing  
Licensing and Certification Program  
Minnesota Department of Health  
P.O. Box 64900  
St. Paul, MN 55164-0900  
Telephone: (651) 201-4112 Fax: (651) 215-9697  
Email: [Kamala.Fiske-Downing@state.mn.us](mailto:Kamala.Fiske-Downing@state.mn.us)

cc: Licensing and Certification File



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically delivered  
November 20, 2018

Administrator  
Franklin Rehabilitation & Healthcare Center  
900 3rd Street South  
Franklin, MN 55333

Re: State Nursing Home Licensing Orders - Project Number S5273030, H5273034

Dear Administrator:

The above facility was surveyed on October 29, 2018 through November 2, 2018 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes and to investigate complaint number H5273034. At the time of the survey, the survey team from the Minnesota Department of Health, Health Regulation Division, noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

To assist in complying with the correction order(s), a "suggested method of correction" has been added. This provision is being suggested as one method that you can follow to correct the cited deficiency. Please remember that this provision is only a suggestion and you are not required to follow it. Failure to follow the suggested method will not result in the issuance of a penalty assessment. You are reminded, however, that regardless of the method used, correction of the order within the established time frame is required. The "suggested method of correction" is for your information and assistance only.

You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at <http://www.health.state.mn.us/divs/fpc/profinfo/infobul.htm>. The State licensing orders are delineated on the Minnesota Department of Health State Form and are being delivered to you electronically. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes.

The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings that are in violation of the state statute or rule after the statement, "This MN Requirement is not met as evidenced by." Following the surveyors findings are

Franklin Rehabilitation & Healthcare Center

November 20, 2018

Page 2

the Suggested Method of Correction and the Time Period For Correction.

PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.

THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.

Although no plan of correction is necessary for State Statutes/Rules, please enter the word "corrected" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact:

**Nicole Osterloh, Unit Supervisor**  
**Marshall District Office**  
**Health Regulation Division**  
**Licensing and Certification**  
**1400 East Lyon Street, Suite 102**  
**Marshall, MN 56258-2504**  
**Email: [nicole.osterloh@state.mn.us](mailto:nicole.osterloh@state.mn.us)**  
**Office: 507-476-4230 Cell: 218-340-3083**  
**Fax: 507-537-7194**

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.

Please note it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

Please feel free to call me with any questions.

Sincerely,




Kamala Fiske-Downing  
Licensing and Certification Program  
Minnesota Department of Health  
P.O. Box 64900  
St. Paul, MN 55164-0900  
Telephone: (651) 201-4112 Fax: (651) 215-9697  
Email: [Kamala.Fiske-Downing@state.mn.us](mailto:Kamala.Fiske-Downing@state.mn.us)

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

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FORM APPROVED  
OMB NO. 0938-0391

75273028

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245273</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/30/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>FRANKLIN REHABILITATION &amp; HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>900 3RD STREET SOUTH FRANKLIN, MN 55333</b>		
(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
K 000	<p><b>INITIAL COMMENTS</b></p> <p>THE FACILITY'S POC WILL SERVE AS YOUR ALLEGATION OF COMPLIANCE UPON THE DEPARTMENT'S ACCEPTANCE. YOUR SIGNATURE AT THE BOTTOM OF THE FIRST PAGE OF THE CMS-2567 FORM WILL BE USED AS VERIFICATION OF COMPLIANCE.</p> <p>UPON RECEIPT OF AN ACCEPTABLE POC, AN ONSITE REVISIT OF YOUR FACILITY MAY BE CONDUCTED TO VALIDATE THAT SUBSTANTIAL COMPLIANCE WITH THE REGULATIONS HAS BEEN ATTAINED IN ACCORDANCE WITH YOUR VERIFICATION.</p> <p>A Life Safety Code Survey was conducted by the Minnesota Department of Public Safety, State Fire Marshal Division, on October 30, 2018. At the time of this survey, Franklin Rehabilitation &amp; Healthcare Center was found to be not in compliance with the requirements for participation in Medicare/Medicaid at 42 CFR, Subpart 483.70(a), Life Safety from Fire, and the 2012 edition of National Fire Protection Association (NFPA) 101 Life Safety Code (LSC), Chapter 19 Existing Health Care Occupancies.</p> <p>IF OPTING TO USE AN EPOC, A PAPER COPY OF THE PLAN OF CORRECTION IS NOT REQUIRED.</p> <p>PLEASE RETURN THE PLAN OF CORRECTION FOR THE FIRE SAFETY DEFICIENCIES ( K-TAGS) TO:</p> <p>Health Care Fire Inspections State Fire Marshal Division</p>	K 000			

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

TITLE

(X6) DATE

Electronically Signed

11/30/2018

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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K 000	<p>Continued From page 1 445 Minnesota St., Suite 145 St Paul, MN 55101-5145, or</p> <p>By email to: FM.HC.Inspections@state.mn.us</p> <p>THE PLAN OF CORRECTION FOR EACH DEFICIENCY MUST INCLUDE ALL OF THE FOLLOWING INFORMATION:</p> <ol style="list-style-type: none"> <li>1. A description of what has been, or will be, done to correct the deficiency.</li> <li>2. The actual, or proposed, completion date.</li> <li>3. The name and/or title of the person responsible for correction and monitoring to prevent a reoccurrence of the deficiency.</li> </ol> <p>Franklin Rehabilitation &amp; Healthcare Center was constructed as follows: The original building was constructed 1962, is one-story, has a partial basement, is fully fire sprinkler protected and was determined to be of Type II(111) construction; The 1st Addition was constructed in 1972, is one-story, has a partial basement, is fully fire sprinkler protected and was determined to be of Type II(111) construction; The 2nd Addition was constructed in 1994, is one-story, has no basement, is fully fire sprinkler protected and was determined to be of Type II(111) construction.</p> <p>The building has a complete fire alarm system with smoke detection in the corridors and spaces open to the corridors which is monitored for automatic fire department notification. The facility has a capacity of 40 beds and had a census of 37</p>	K 000			



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K 000	Continued From page 2 at time of the survey.	K 000			
K 281 SS=F	<p>The requirement at 42 CFR, Subpart 483.70(a) is <b>NOT MET</b>.</p> <p><b>Illumination of Means of Egress</b> CFR(s): NFPA 101</p> <p><b>Illumination of Means of Egress</b> Illumination of means of egress, including exit discharge, is arranged in accordance with 7.8 and shall be either continuously in operation or capable of automatic operation without manual intervention. 18.2.8, 19.2.8 This <b>REQUIREMENT</b> is not met as evidenced by: Based on observation and staff interview the facility failed to provide the level of lighting as required by the Life Safety Code, (NFPA 101) 2012 edition section 7.8.1.4. This deficient practice could reduce the illumination of the exits and affect an undetermined amount of staff and visitors.</p> <p>Findings include:</p> <p>On the facility tour between 11:30 a.m. to 3:30 p.m. on 10/30/2018, observations revealed the exterior lights on the exit discharge in all locations.</p> <p>This deficient condition was verified by a Maintenance Engineer and Facility Administrator.</p>	K 281	<p><b>K281 Illumination and Means of Egress</b></p> <p>On 10/30/2018 surveyors' observations determined that the egress lighting was out of specification for the standards of NFPA 101 2012 edition section 7.8.1.4 wherein it states: 7.8.1.4 Required illumination shall be arranged so that the failure of any single lighting unit does not result in an illumination level of less than 0.2 ft-candle (2.2 lux) in any designated area.</p> <p>To ensure that the lighting remains within compliance during all circumstances, maintenance personnel performed a simulation of light failure around the perimeter of the building the findings were as such: The lighting level upon simulated outage on individual fixtures settles at a range of 0.1 to 0.3 ft-candles.</p>	11/30/18	

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K 281	Continued From page 3	K 281	This is not in compliance with the NFPA 101 guidelines as laid out above. To correct this issue the facility will be installing fixtures at each deficient location along all paths of egress from the facility to remain above the required standard of 0.2 ft-candle should any single light fixture fail to operate. The lighting will be checked for proper operation of all bulbs and fixtures daily with exterior rounds. An audit will be performed monthly to ensure that the proper lighting level at each path of egress remains within the NFPA 101 7.8.1.4 requirements.		
K 345 SS=F	<p>Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101</p> <p>Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Based on staff interview and a review of the available documentation, the facility has not conducted that required sensitivity testing of the smoke detectors on the fire alarm system in accordance with NFPA 72 National Fire Alarm Code 2010 edition, section 7-3.2.1. This deficient practice could affect 40 of 40 residents, as well as an undetermined number of staff, and visitors to the facility.</p>	K 345	<p>K345 Fire Alarm System- Testing and Maintenance</p> <p>On 10/30/2018 surveyors determined that the facility was in violation of the NFPA 72 2010 edition section 7-3.2.1, which details required testing and documentation. At the time no record of a recent enough sensitivity testing for the smoke alarm system could be located. Maintenance</p>		11/30/18

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K 345	Continued From page 4  Findings include:  On facility tour between 11:30 a.m. to 3:30 p.m. on 10/30/2018, during a review of all available fire alarm maintenance and testing documentation for the last 12 months, and an interview with the Maintenance Engineer and Facility Administrator revealed that at the time of the inspection the facility could not provide any current documentation verifying the completion of the required sensitivity testing of each smoke detector located throughout the facility.  This deficient condition was verified by a Maintenance Engineer and Facility Administrator.	K 345	personnel has since located the 2014 completed sensitivity testing as well as several other previous sensitivity testing records. As stated in NFPA 72 14.4.5.3.3:  14.4.5.3.3 After the second required calibration test, if sensitivity tests indicate that the device has remained within its listed sensitivity range (or 4 percent obscuration light gray smoke, if not marked), the length of time between tests shall be permitted to be extended to a maximum of 5 years.  The previous sensitivity test was performed on 3/19/2014, as per the listed 5-year maximum time a sensitivity test will be scheduled and performed on or before 3/19/2019 in order to remain in compliance. The Life Safety Manual for the facility will be audited at the beginning of each year by maintenance personnel to determine if a sensitivity test is required per NFPA 72 14.4.5.3.3		
K 901 SS=F	Fundamentals - Building System Categories CFR(s): NFPA 101  Fundamentals - Building System Categories Building systems are designed to meet Category 1 through 4 requirements as detailed in NFPA 99. Categories are determined by a formal and documented risk assessment procedure performed by qualified personnel. Chapter 4 (NFPA 99)	K 901			11/30/18

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K 901	<p>Continued From page 5</p> <p>This <b>REQUIREMENT</b> is not met as evidenced by:</p> <p>Based on documentation review and staff interview, the facility failed to inspect the building systems are designed to meet Category 1 through 4 requirements as detailed in NFPA 99. Categories are determined by a formal and documented risk assessment procedure performed by qualified personnel. The deficient practice could affect all residents.</p> <p>Findings include:</p> <p>During documentation review between 11:30 a.m. to 3:30 p.m. on 10/30/2018, documentation review and staff interview revealed the required risk assessment NFPA 99 had not been started at the time of the survey.</p> <p>This deficient condition was verified by a Maintenance Engineer and Facility Administrator.</p>	K 901	<p><b>K901 Fundamentals- Building Systems Categories</b></p> <p>On 10/30/2018 surveyors noted that a systems risk assessment per NFPA 99 Chapter 4 had not been performed. No record of the previous systems risk assessment could be located at the time of the survey.</p> <p>To remain within compliance, on 11/28/2018 a Facility risk assessment was performed, completed, and recorded according to Chapter 4 of NFPA 99. The assessment has since been stored in both a physical format within the Life Safety Manual and a digital format within the facility's computer network.</p> <p>An annual audit will be performed at the beginning of each year to update the risk assessment as necessary.</p>		