STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155171	A. Building B. Wing	12/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Franklin Meadows	1285 W Jefferson St Franklin, IN 46131

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. 44849 Based on interview and record review, the facility failed to ensure an allegation of sexual abuse was reported to the state health department with sufficient information to determine the severity of the allegation. (Resident B, Resident C) Findings include: On 12/4/24 at 8:57 a.m., the Director of Nursing (DON) provided a copy of a facility reportable incident, dated 11/4/24 at 3:36 p.m., from the State department of health survey reporting system. A review of the incident report indicated Resident C (female resident) communicated that she was inappropriately touched. The residents were separated. The immediate action taken indicated Resident B (male resident) and Resident C were immediately separated. The physician, Director of Nursing (DON), Administrator, and family were notified. Resident B and Resident C were interviewed. Resident B placed was placed on one on one supervision. The police were notified. The follow-up, dated 11/8/24, indicated the facility investigation with the residents and staff interviews concluded with no additional concerns arising. Psychosocial follow-up was completed by the Social Service Director (SSD). Resident B and Resident C remained free from psychosocial distress. Resident B remained on one on one supervision. Resident C was moved to a new room on a different unit. The physician assessed Resident C with no concerns. The family satisfied with current status of investigation. During an interview on 12/4/24 at 9:08 a.m., the Social Service Director (SSD) indicated she was made aware of an alleged sexual encounter between Resident B and Resident C minutes after CNA 1 walked into Resident C's room and thought sexual activity had occurred. The SSD immediately went to Resident C's room to check on her, and when the SSD walked in, Resident C was smiling, laughing, and took a hit from a vape. Resident C did not seem like she was in any distress. When the SSD asked Resident C what happened, Resident C told the SSD that Resident B entered her room, pulled down her pants, and performed oral sex. This was not discussed nor planned, and Resident C did not want Resident B to perform oral sex on her. Resident C's parent was her guardian due to an anoxic brain injury due to an apparent drug overdose. (continued on next page)

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.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 12/4/24 at 9:48 a.m., the Administrator indicated he received a phone call from the SSD, on 11/4/24 at approximately 2:00 p.m. The SSD indicated CNA 1 brought Resident B to the SSD office and told the SSD that she entered Resident C's room and found Resident B with his head toward Resident C's groin. The Administrator and the SSD took Resident B to the Administrator's office to interview him, and Resident B indicated that he performed oral sex on Resident C. The Administrator was made aware that law enforcement handed over the information to the county prosecutor. The following information was not included in the initial incident report: - Resident B indicated during the interview prior to the incident report being filed that Resident B was cognitively intact and admitted to performed oral sex on Resident C. - Resident C was moderately cognitively impaired and had a guardian. The following information was not included in the incident report follow up: - Resident C indicated she did not consent to Resident B performing oral sex on her. - The police investigation was handed over to the county prosecutor's office and there had not been a response from the prosecutor's office. On 12/5/24 at 11:00 a.m., the facility was unable to provide a policy regarding reporting to the state agency prior to exit. This citation relates to Complaint IN00446679. 3.1-28(c)