

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155651	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/30/2026
NAME OF PROVIDER OR SUPPLIER  Homeview Center of Franklin		STREET ADDRESS, CITY, STATE, ZIP CODE  651 South State Street 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)
<p>F 0659</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care by qualified persons according to each resident's written plan of care.</p> <p>Based on record review and interview, the facility failed to ensure services were provided by qualified persons in accordance with the plan of care for 1 of 23 residents reviewed. A medication was not held for a resident with vital sign parameters. (Resident 5) Findings include: On 3/26/26 at 1:00 p.m., Resident 5's clinical record was reviewed. The diagnoses included, but were not limited to, atrial fibrillation (an irregular and often very rapid heart rhythm), hypertension, and hypotension. The Physician Orders included, but were not limited to:- Metoprolol succinate (medication used to treat high blood pressure and high heart rate) ER (extended release) 25 mg (milligrams), give one tablet by mouth one time day, initiated 3/14/26. Hold for blood pressure less than 100/50 mm/Hg (millimeters of Mercury) and/or pulse less than 60 beats per minute. A Medication Administration Record dated March 2026 indicated the following: - On 3/17/26 Resident 5's recorded blood pressure was 96/48 mm/Hg and her pulse was documented as 54 beats per minute. The documentation indicated metoprolol succinate ER was given at that time. - On 3/19/26 Resident 5's recorded pulse was 56 beats per minute. The documentation indicated metoprolol succinate ER was given at that time. During an interview on 3/27/26 at 9:45 a.m., the Director of Nursing (DON) indicated the metoprolol succinate ER 25 mg should not have been administered on 3/17/26 and 3/19/26 as ordered by the physician due to low pulse rate and/or low blood pressure. On 3/27/26 at 1:22 p.m., the DON provided a policy titled Following Physician orders/Parameters, dated April 2024, and indicated it was the current policy being used by the facility. A review of the policy indicated Purpose: To administer resident care in a safe and effective manner and following physician orders and ordered parameters. 410 IAC (Indiana Administrative Code) 16.2-3.1-35(g)(2)</p>

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
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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to ensure 1 of 3 treatment carts that contained medicated treatments was locked and secured for 2 of 2 observations. This had the potential to affect 1 of 23 cognitively impaired self-mobile residents that resided on the 300 hall in the facility. Finding includes: 1. During a random observation on 3/30/26 from 9:44 a.m. to 9:47 a.m., an unlocked treatment cart, located on the 300 Hall, approximately 35 feet from the nurse's station, was observed to be unlocked and unsupervised. During that time, no staff were observed near the cart. Multiple residents were observed in the Activity Room that was located across the hall from the nurse's station and near where the unlocked treatment cart was located. 2. During a follow-up observation on 3/30/26 from 9:50 a.m. to 9:52 a.m., an unlocked treatment cart, located on the 300 Hall, approximately 35 feet from the nurse's station, was observed to be unlocked and unsupervised. During that time, no staff were observed near the cart. Multiple residents were observed in the Activity Room that was located across the hall from the nurse's station and near where the unlocked treatment cart was located. On 3/30/26 at 9:52 a.m., Qualified Medication Aide (QMA) 3 approached the unlocked treatment cart, located on the 300 Hall approximately 35 feet from the nurse's station. The prescribed medications contained within the cart were observed and included, but were not limited to, the following: - Bio-Freeze Cream 10% tube (temporarily relieves minor aches and pain of muscles and joints);- Hydrocortisone Cream 1% Aloe tube (used to temporarily relieve itching, redness, swelling, and irritation caused by various skin conditions);- Triamcinolon Cream 0.1% 80 grams tube (used for eczema);- Zinc oxide ointment 20% (used as a skin protection, shields skin from moisture);- Equos Wound Cleanser (spray designed for fast, gentle, and thorough cleaning of various wound stages, suitable for removing protein and wound debris);- Dakin's Solution half strength (used to clean infected skin and wounds);- Vashe Wound Solution (used to clean, irrigate and moisten acute and chronic wounds); - Hy[DATE]-0.25% (topical antimicrobial, antiseptic wound cleaner, designed to cleanse and treat infections);- Hy[DATE]-0.50% (topical antimicrobial, antiseptic wound cleaner, designed to cleanse and treat infections); and- Multiple bandages and treatment dressings. During an interview at that time, QMA 3 indicated the treatment cart was to be kept locked when unattended. On 3/30/26 at 10:10 a.m. the Director of Nursing (DON) provided a document that indicated the cognitive status of the residents who resided on the 300 Hall. A review of the document indicated 1 of 23 residents who resided on the 300 hall were cognitively impaired and self-mobile. On 3/30/26 at 10:00 a.m. the DON provided a copy of the Medication Storage policy, dated 4/16/24, and indicated it was the current policy in use by the facility. A review of the document indicated, .All drugs and biologicals will be stored in locked compartments . 410 IAC (Indiana Administrative Code) 16.2-3.1-25(m)</p>		