

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155771	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/14/2025
NAME OF PROVIDER OR SUPPLIER Otterbein Franklin Seniorlife Comm Res & Com Care		STREET ADDRESS, CITY, STATE, ZIP CODE 1070 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)
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>44849</p> <p>Based on observation, interview, and record review, the facility failed to prevent a severely cognitively impaired resident from exiting the facility without staff knowledge for 1 of 3 residents reviewed for elopement. (Resident B)</p> <p>Findings include:</p> <p>During an interview on 5/13/25 at 11:26 a.m., Qualified Medication Aide (QMA) 1 indicated, on 4/27/25, Resident B got on the elevator after the dietary aide scanned their badge to open the elevator doors. Resident B wore a wanderguard so an alarm should have sounded when she approached the threshold of the elevator.</p> <p>On 5/13/25 at 11:29 a.m., observed Health Center (HC) 2's elevators from the HC2 common area. There were two elevators side by side marked 2 (elevator on the right side) and 2A (elevator on the left side). To the right of each elevator door, were the up and down buttons and a little black box marked elevator. To the right of elevator 2's door was another black box marked code alert and above the box marked code alert was a larger white box with a touch screen to enter a number code. Elevator 2 opened to a common area, on the first floor, that led to the front entrance. At that time, LPN 1 indicated the staff had to scan their badge on the black box marked elevator for the elevator door to open. The black box marked code alert, and the larger white box were for the wanderguard alarm, so if a resident who wore a wanderguard approached the threshold of the elevator an alarm sounded, and staff had to scan their badge or type a code into the larger white box to shut off the alarm. LPN 1 used another wanderguard to approach the elevator threshold and the alarm sounded. The alarm was shut off when LPN 1 scanned her badge on the black box marked code alert.</p> <p>The clinical record for Resident B was reviewed on 5/13/25 at 12:35 p.m. The diagnoses included, but were not limited to, Alzheimer's disease, anxiety disorder, and osteoporosis.</p> <p>A care plan, dated 8/4/23, indicated Resident B was at risk for an elopement related to impaired safety awareness. The interventions included, but were not limited to, distract Resident B from wandering by offering pleasant diversions, structured activities, food, conversation, or television (initiated on 8/4/23) and apply wanderguard to Resident B's left ankle (initiated on 8/4/23 and revised on 4/28/25).</p> <p>(continued on next page)</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155771	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/14/2025
NAME OF PROVIDER OR SUPPLIER Otterbein Franklin Seniorlife Comm Res & Com Care		STREET ADDRESS, CITY, STATE, ZIP CODE 1070 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)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A quarterly Minimum Data Set (MDS) assessment, dated 2/27/25, indicated Resident B was severely cognitively impaired.</p> <p>A Wander/Elopement Risk Assessment, dated 2/27/25, indicated Resident B was a low risk for elopement.</p> <p>A progress note, dated 4/27/25 at 6:17 p.m., indicated Resident B had just walked past the nurses station with her walker. Writer was charting on the computer and said hi to Resident B. At approximately 4:30 p.m., received phone call from residential unit stating that they found Resident B outside in the front of the building . Resident B was returned to the unit by the weekend supervisor.</p> <p>On 5/13/25 at 1:55 p.m., the Administrator in Training (AIT) provided a copy of a disciplinary action form, dated 4/28/25, and indicated this was the disciplinary action taken when the dietary aide allowed Resident B onto the HC2 elevator. A review of the document indicated, on 4/27/25, the dietary aide called for the elevator for Resident B who was later found in the parking lot. The elopement policy was reviewed with the dietary aide. The document was signed by the dietary aide.</p> <p>On 5/14/25 at 8:41 a.m., observed the path Resident B walked when she exited through the main front entrance doors. Resident B entered the HC2 elevator 2, and went to the first floor. The elevator opened to a common area hall, with carpeted floors, that led to the main front entrance approximately 100 yards from the elevators. Just before the main front entrance door was a receptionist desk. Immediately outside the main front entrance door was a covered area 30 feet by 30 feet, that covered the driveway and entrance. A well-kept sidewalk led from the front door down, approximately 100 feet, on each side of the building. On the west side of the main entrance the sidewalk led to a smaller entrance approximately 50 feet from the main front entrance, a gazebo approximately 60 feet from the main entrance, and a stop sign at the end of the sidewalk. At the stop sign there was a driveway that led to the parking lot.</p> <p>On 5/14/25 at 9:02 a.m., observed the security footage, dated 4/27/25, when Resident B exited through the main front entrance. At that time, the Maintenance supervisor indicated Resident B used elevator 2 to get to the first floor. A review of the security footage indicated:</p> <ul style="list-style-type: none"> - At 4:02 p.m., Resident B walked outside the main front entrance with her rollator. She stopped and turned to the right (west side of main entrance). - At 4:03 p.m., Resident B started to walk down the driveway. She did not use the sidewalk. - At 4:07 p.m., Resident B walked up onto the sidewalk near the stop sign. - At 4:08 p.m., Resident B stopped near the stop sign at the end of the sidewalk and turned around. Resident B started walking back toward the gazebo. - At 4:12 p.m., Resident B walked to the smaller front entrance and tried to open the door manually instead of using the handicap button. She was not able to open the door enough to get her rollator inside. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155771	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/14/2025
NAME OF PROVIDER OR SUPPLIER Otterbein Franklin Seniorlife Comm Res & Com Care		STREET ADDRESS, CITY, STATE, ZIP CODE 1070 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)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- At 4:13 p.m., another resident approached Resident B, in an electric wheelchair, and held the door for Resident B to walk back inside. The smaller front entrance entered into the residential area of the facility where she was met by staff.</p> <p>On 5/13/25 at 9:25 a.m., the AIT provided a copy of a facility policy, titled Elopement, dated 11/2019, and indicated this was the current policy used by the facility. A review of the policy indicated it was the policy of the facility that all necessary steps were taken to protect at risk resident from the risk of elopement. All partners will be trained on hire regarding elopement controls, elopement/wandering and missing persons policies and procedures.</p> <p>This citation relates to Complaint IN00458454.</p> <p>3.1-45(a)(2)</p>		