

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 12/04/2025
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on interview and record review, the facility failed to ensure an allegation of abuse was immediately reported to the Administrator and reported to the state survey agency for 1 of 3 residents reviewed for abuse. (Resident B, Activity Assistant 1) Finding includes: During an interview on 12/3/25 at 8:40 a.m., CNA 1 indicated an activity assistant made an allegation of abuse by leaving a note under a manager's door, but the DON and the Administrator were not in the facility. The abuse allegation should have been reported to the Administrator immediately. During an interview on 12/4/25 at 9:02 a.m., the Administrator indicated Activity Assistant 1 made an allegation of abuse by leaving a note under the Director of Nursing's (DON) door. The allegation of abuse should have been reported immediately. On 12/4/25 at 10:00 a.m., the Administrator provided a copy of a hand-written note, dated 11/18/25, and indicated this was the note that was left under the DON's door that described the abuse allegation. A review of the note indicated while on the special care unit, at approximately 2:45 p.m., there was a birthday gathering. Activity Assistant 1 had been handing out treats to the residents when she noticed Resident B walking out of her room. The CNA's attempted to redirect Resident B back to her room twice. When Resident B's back was turned away from the CNA, the CNA made a kicking motion. Resident B came back out of her room and rejoined the activity. On 12/3/25 at 9:42 a.m., the Administrator provided a copy of a facility policy, titled Abuse, Mistreatment, Neglect, Exploitation and Misappropriation of Resident Property, dated 10/26/22, and indicated this was the current policy used by the facility. A review of the policy indicated allegations of abuse should be reported to the Administrator and the state department of health. This citation relates to Intake 2674657.3.1-28(c)</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
---	-------	-----------