STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155771	A. Building B. Wing	08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Otterbein Franklin Seniorlife Comm Res & Com Care	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)
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Reasonably accommodate the needs and preferences of each resident. Based on observation and interview, the facility failed to provide reasonable accommodation of needs for 4 of 4 random residents observed. Four resident's bathroom emergency call lights were not accessible for resident use. (Resident 116, Resident 99, Resident 108, Resident 52)Findings include: 1. During an observation on 8/13/25 at 9:47 a.m., Resident 116's emergency call light cord was observed to be wrapped around the bathroom support bars preventing activation when pulled. During an interview at that time, Resident 116 indicated that was the bathroom he used. During an observation on 8/14/25 at 9:20 a.m., Resident 116's bathroom emergency call light cord was observed to be wrapped around support bar, preventing activation when pulled. 2. During an observation on 8/13/25 at 10:24 a.m., Resident 99's emergency call light cord in bathroom was observed to be wrapped around the support bar preventing activation when the cord was pulled. During an observation on 8/14/25 at 8:28 a.m., Resident 99's emergency call light cord in the bathroom was observed to be wrapped around the support bar preventing activation when pulled. During an interview at that time, Resident 99 indicated that was the bathroom he used. 3. During an observation on 8/13/25 at 10:26 a.m., Resident 52's emergency call light cord in bathroom was observed to be wrapped around the support bar preventing activation when pulled. During an interview at that time, Resident 52 indicated that was the bathroom she used. During an observation on 8/14/25 at 8:53 a.m., Resident 52's emergency call light cord in bathroom was observed to be wrapped around the support bar preventing activation when pulled. 4. During an observation on 8/13/25 at 10:40 a.m., Resident 108's emergency call light cord in the bathroom was observed to be wrapped around the support bar preventing activation when pulled. During an interview at that time, Resident 108 indicated that was the bathroom he used.During an observation on 8/14/25 at 8:36 a.m., Resident 108's emergency call light cord in bathroom was observed to be wrapped around the support bar preventing activation when pulled. During an interview on 8/14/25 at 9:40 a.m., the Administrator indicated that the bathroom emergency call light cord should not be tied or wrapped around the support bar. The Administrator indicated that the facility lacked a policy resident's emergency call light system.3.1-3(v)(1)

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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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review the facility failed to ensure a kitchenette used to serve food on the Advanced Special Care Unit was clean and sanitary for 1 of 1 observations. Findings include: During an interview on 8/13/25 at 11:46 a.m., a family member of a resident who resided on the Advanced Special Care Unit indicated the kitchenette on the unit was dirty. During a dining observation on 8/13/25 from 12:15 p.m. until 12:45 p.m., observed the kitchenette located in the Advanced Special Care Unit. Food was observed being prepared to be served to the residents. The following was observed 1. The white countertop had multiple dried pink stains. 2. One drawer contained a soiled apron with an unidentifiable light green soft food substance and pot holders used to carry prepared hot trays of food.3. One drawer contained a reddish-orange flakey substance that covered the entire bottom of the inside of the drawer. The drawer also contained 10 individual packages of instant hot chocolate.4. One drawer contained a round half dollar-sized sticky brown substance at the bottom and also loose straws for resident use.5. One drawer contained a red stain on the bottom and multiple crumbs with three the drawer loaves of bread.6. The laminate in one drawer was observed to be pulling apart from the sides and bottom of the drawer. The laminate was warped and had old, dried stains. Also in the drawer was a half bottle of mustard, loose straws, and paper.During an interview on 8/13/25 at 12:45 p.m., CNA 5 indicated the kitchenette should be cleaned more often than it currently had been. CNA 5 she was not sure who was supposed to clean the area. During an interview on 8/14/25 at 9:25 a.m., the Administrator indicated the area should be kept clean. The Administrator indicated the supervisor for the culinary department was to ensure the task was completed. On 8/14/25 at 11:25 a.m., the Administrator provided a blank daily check off list. The daily check off list was current and included but was not limited to: Clean Kitchen area and pantry. On 8/14/25 at 11:23 a.m., the Administrator provided a Culinary Aide job description, dated August 2014, and indicated it was the current job description for the Culinary Aide staff. The job description indicated Job Summary: To assist in the preparation and serving of quality food to residents, guests, and partners under sanitary conditions .Essential Functions and Responsibilities: 11. Maintain the kitchen facilities in a sanitary manner including floors, walls, all equipment, and utensils .14. Ensures that a clean and safe environment is maintained. 3.1-21(i)(2)3.1-21(i)(3)

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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. Based on interview and record review, the facility failed to ensure that PRN (as needed) anti-anxiety medications were not prescribed for greater than 14 days without a rationale and a specified extended date from the physician for 1 of 5 residents reviewed for unnecessary medications. (Resident 4) Finding includes: On 8/15/25 at 10:03 a.m., Resident 4's clinical record was reviewed. The diagnosis included, but was not limited to, anxiety disorder. The admission Minimum Data Set (MDS) assessment, dated 6/22/25, indicated Resident 4 was diagnosed with anxiety disorder and was prescribed anti-anxiety medications. On 8/15/25 at 11:00 a.m., the Administrator provided a copy of Resident 4's current physician orders. A review of the orders included, but were not limited to the following:- hydroxyzine HCL (an antihistamine medication used to treat anxiety) 25 milligrams, one tablet by mouth every 8 hours PRN (as needed), ordered 6/16/25 with no end date noted.- lorazepam oral tablet (an anti-anxiety medication) 0.5 milligrams, one tablet by mouth every 24 hours PRN, ordered 7/2/25 with no end date noted.On 8/15/25 at 11:00 a.m., the Administrator provided a copy of the July 2025 Monthly Pharmacy Review document for Resident 4. A review of the document indicated Resident 4's medications were reviewed by the contracted pharmacy provider on 7/21/25. The pharmacy documentation indicated the following, .Note to Attending Physician/Prescriber .current orders: hydroxyzine and lorazepam PRN .requires that all PRN psychotropic medications are to be limited to 14 days. If PRN psychotropics are deemed necessary beyond this time, the prescriber must document clinical rationale and specify the duration of use . The physician's written response, dated 7/2/225, indicated Agree. The clinical record lacked a physician's rationale for the PRN anti-anxiety medications that were prescribed beyond the initial 14-day period.During an interview on 8/15/25 at 3:15 p.m., the Administrator indicated the facility should have followed up with the physician regarding the pharmacy recommendations for the PRN anti-anxiety psychotropic medications. During an interview on 8/15/25 at 3:23 p.m., the Director of Nursing indicated the clinical record lacked a physician's rationale regarding the continued use of the PRN anti-anxiety medications. The original physician orders were not updated to indicate a 14-day time limit for the PRN psychotropic medications.On 8/18/25 at 10:29 a.m., the Residential Director provided a copy of the Psychotropic Medication Management policy, dated 3/5/25, and indicated it was the current policy in use by the facility. A review of the document indicated, .if the medication is ordered [as needed] the necessary diagnosis specific condition will be documented in the medical record .[as needed] orders for psychotropic medications are limited based on .[as needed] orders for psychotropic .14 days .order may be extended beyond 14 days if the attending physician or prescribing practitioner believes it is appropriate to extend the order .attending physician or prescribing practitioner should document the rationale for the extended time period in the medical record and indicate a specific duration . 3.1-48(a)(6)