STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	08/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANKLIN SENIOR LIVING LLC	1375 NICOLE DRIVE, FRANKLIN, , 46131

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...	(X5) COMPLETION DATE
R 0000	INITIAL COMMENTS This visit was for the Investigation of Intakes IN00463611, IN00464236, and IN00464315. Intake IN00463611 - No deficiencies related to the allegations are cited. Intake IN00464236 - State deficiencies related to allegation cited at R0064. Intake IN00464315 - No deficiencies related to the allegations are cited. Survey date: August 26, 2025 Facility number: 015132 Residential Census: 67 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review completed August 27, 2025.	R 0000		

R 0064	Residents' Rights- Noncompliance 410 IAC 16.2-5-1.2(hh) (hh) The facility shall exercise reasonable care for the protection of residents ' property from loss and theft. The administrator or his or her designee is responsible for investigating reports of lost or stolen resident property and that the results of the investigation are reported to the resident. Based on interview and record review, the facility failed to protect the residents property from theft when a Qualified Medication Aide (QMA) used the resident's medicated patch on herself for 1 of 3 residents reviewed. (Resident B) Findings include: During an interview on 8/26/25 at 10:09 a.m., the Administrator indicated a staff member witnessed QMA 1 use a lidocaine patch (medicated patch, applied to the skin, used to treat pain) that belonged to a Resident B. QMA 1 prepared the medication, but Resident B did not want the patch applied. QMA 1 went to the medication room and applied the patch on her back. QMA 1 should have destroyed the patch. The clinical record for Resident B was reviewed on 8/26/25 at 10:41 a.m. The diagnoses included, but were not limited to,	R 0064	**Community: Astral at Franklin d/b/a Franklin Senior Living, LLC**Community Address: 1375 Nicole Drive, Franklin, IN 46131Date of Survey: 8/26/25Summary of Deficiency: -Resident Rights, misappropriation of property.Section**How corrective action will be accomplished for those residents found to have been affected by the deficient practice?**2.How the community will identify other residents having the potential to be affected by the same deficient practice?3.What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur?4.How the community will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur? Administrator and/or DON will conduct random audits of five residents with OTC medications/patches weekly for 8 weeks, then monthly for 3 months. Results will be reviewed in QA meetings. Any allegation of misappropriation will be investigated within 24 hours and reported per policy.5.Completion Date:8/26/25	08/26/2025

fibromyalgia and heart failure.

A current physician's order started on 8/12/25, indicated lidocaine external patch 4%, apply to lower back two times daily for pain.

On 8/26/25 at 10:10 a.m., the Administrator provided a copy of QMA 1's undated written statement regarding Resident B's lidocaine patch. A review of the statement indicated QMA 1 went to Resident B's room and offered to apply a lidocaine patch but Resident B refused to have the patch applied. QMA 1 used the patch on herself.

On 8/26/25 at 8:57 a.m., the Administrator provided a copy of a facility policy, titled Abuse, Neglect and Exploitation, dated 11/21/24, and indicated this was the current policy used by the facility. A review of the policy indicated the community affirms that each resident has the right to be free from misappropriation of property.

This citation relates to Intake IN00464236.

Based on interview and record review, the facility failed to protect the residents property from theft when a Qualified Medication Aide (QMA) used the resident's medicated patch on herself for 1 of 3 residents reviewed. (Resident B)

Findings include:

During an interview on 8/26/25 at 10:09 a.m., the Administrator indicated a staff member witnessed QMA 1 use a lidocaine patch (medicated patch, applied to the skin, used to treat pain) that belonged to a Resident B. QMA 1 prepared the medication, but Resident B did not want the patch applied. QMA 1 went to the medication room and applied the patch on her back. QMA 1 should have destroyed the patch.

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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATUREJennifer Poole Delp	TITLEAdministrator	(X6) DATE10/03/2025