STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING 00 B. WING	04/22/2025

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
R 0000 Bldg. 00	This was an offsite Licensure Investigation Survey Survey Date: April 22, 2025 Facility: #015132 This State Residential Finding is cited in accordance with 410 IAC 16.2-5. Quality review completed April 22, 2025	R 0000		
R 9999 Bldg. 00	16.2-5-1.1 Licenses (1) The facility shall submit a renewal application to the director at least forty-five (45) days prior to the expiration of the license. This state rule was not met as evidenced by: Based on document review, the facility failed to ensure it had timely renewed their license to operate as a residential care facility before their current license expired on March 31, 2025. The agency received the facility's renewal application and payment post marked April 4, 2025, which was not at least 45 days of the current license expiration date of March 31, 2025.	R 9999	All paperwork and fees have been sent to the ISDH for the facilities license renewal. The ED and RDO will set up a meeting each January to ensure the facility license renewal paperwork is completed and the fees have been submitted by January 31 of each year. ED will report to the RDO monthly on the monthly management report the progress/status of the facility license renewal and note the January 31 deadline to submit. May 2, 2025	05/02/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Jill Smith	Executive Director	05/05/2025

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclo 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.