

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155505	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 04/07/2016
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NAME OF PROVIDER OR SUPPLIER ROBIN RUN HEALTH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 6370 ROBIN RUN W INDIANAPOLIS, IN 46268
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00193619.</p> <p>This visit was in conjunction with the Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed 2/15/16.</p> <p>Complaint IN00193619 Substantiated. Federal/State deficiency is cited at F313.</p> <p>Survey Dates: April 6, 7, 2016.</p> <p>Facility number: 001156 Provider number: 155505 AIM number: 100453350</p> <p>Census bed type: SNF: 16 SNF/NF: 48 Total: 64</p> <p>Census payor type: Medicare: 3 Medicaid: 37 Other: 24 Total: 64</p> <p>Sample: 3</p> <p>This deficiency reflects State findings</p>	F 0000	<p>The following is the Plan of Correction for Robin Run Health Center regarding the Statement of Deficiencies dated 4/7/16. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors. We remain committed to the delivery of quality health care services and will continue to make changes and improvement to satisfy that objective</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.

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F 0313 SS=D Bldg. 00	<p>cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality Review was completed by 21662 on April 11, 2016.</p> <p>483.25(b) TREATMENT/DEVICES TO MAINTAIN HEARING/VISION To ensure that residents receive proper treatment and assistive devices to maintain vision and hearing abilities, the facility must, if necessary, assist the resident in making appointments, and by arranging for transportation to and from the office of a practitioner specializing in the treatment of vision or hearing impairment or the office of a professional specializing in the provision of vision or hearing assistive devices.</p> <p>Based on record review and interview, the facility failed to ensure a resident received assistive devices to maintain vision for 1 of 3 residents reviewed for vision (Resident B).</p> <p>Finding includes:</p> <p>During an interview on 3/6/16 at 10:00 a.m., Resident B's daughter indicated she had informed Licensed Practical Nurse</p>	F 0313	<p>It is the practice of the provider to ensure that residents receive proper treatment and assistive devices to maintain vision and hearing abilities. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Resident B received new eyeglasses in February 2016. The eyeglasses remain in good working order, and have</p>	04/22/2016

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	<p>(LPN) #1 her mother's (Resident B) glasses were missing. She indicated after the facility was unsuccessful at locating the missing glasses they informed her they would have her seen by the optometrist. Resident B's daughter indicated after a month passed and her mother still had not received glasses she inquired of nursing as to why. She indicated she was informed her mother had not been seen by the optometrist. She further indicated she took Resident B to an eye doctor outside of the facility on 2/1/16. She indicated prior to leaving for the appointment she met with the Administrator and informed her of her concerns. She indicated the Administrator agreed to reimburse her for cost incurred for the new glasses.</p> <p>Resident B's record was reviewed on 3/6/16 at 9:53 a.m. Resident B had diagnoses which included, but were not limited to, dementia, decreased visual acuity, dermatochalasis (baggy eyes) of unspecified eye and prebyopia (condition associated with aging in which the eye exhibits a progressively diminished ability to focus on near objects). The record indicated Resident B's daughter was her healthcare representative and power of attorney.</p> <p>A Minimum Data Set (MDS) assessment</p>		<p>been labeled with her name. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken? There is one additional resident with misplaced eyeglasses, and a new pair, paid for by the facility, is on order. There are currently no outstanding reports of residents with misplaced hearing aids. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? The Director of Social Service/Designee will initiate a Complaint/Grievance Form at the time that she/he is informed of missing assistive devices. In the event that the device cannot be located, the plan for replacement will be developed in coordination with the resident/family within 3 business days of the loss. Each Complaint/Grievance form will be entered into the Grievance Log. The DSS will review all outstanding Complaint/Grievance forms with the Administrator/Designee routinely to ensure prompt follow-up, and continued routine communication with the resident/family regarding the status of the follow-up, until remedy is completed. How the corrective action(s) will be monitored to ensure that deficient practice will not recur,</p>	

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	<p>tool, dated 11/16/15, indicated Resident B had moderately impaired decision making skills and staff was unable to complete the Brief Interview for Mental Status (BIMS) assessment, was dependent on staff for personal hygiene, bed mobility, and transfers.</p> <p>A vision care plan, dated 11/16/15, indicated Resident B had impaired visual function related to/ glaucoma, and needed to wear eye glasses. A goal indicated her glasses would remain in good condition optimizing her vision and worn at all times. Interventions indicated staff would ensure optometry consults as needed and her glasses were clean, in good repair, and that she wore them.</p> <p>An optometry progress note, dated 1/6/16, indicated Resident B was examined by the facility's contracted optometrist. The note indicated a new prescription however, new glasses were not ordered because the patient "refused." The record lacked indication Resident B's daughter was informed she had been examined by the facility's optometrist and/or of his decision to not order new glasses due to Resident B's refusal.</p> <p>A document titled "Schedule Report Optometry Visit," dated 1/6/16, indicated Resident B was "seen." No further</p>		<p>i.e., what quality assurance program will be put into place? The Grievance Log will be reviewed at each Quality Assurance Performance Improvement meeting by the Committee. The focus of the review will be timely resolution. We respectfully request Paper Compliance based upon documentation submitted.</p>	

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	<p>information was indicated in regards to Resident B's exam.</p> <p>During an interview on 3/6/16 at 12:00 p.m., the Administrator indicated she was not aware of the concern regarding Resident B's missing glasses until her daughter stopped by her office inform her she was taking her to an optometrist for glasses. She indicated she was not aware of the specifics so she created a complaint/grievance report and assured her she would reimburse her for the purchase of new glasses. She indicated she was not aware Resident B had been seen by the facility's contracted optometrist and was unable to provide an explanation as to why Resident B's daughter had not been informed of the exam and the recommendations.</p> <p>During an interview on 4/7/16 at 11:50, with the Administrator, Social Service Director (SSD), and Licensed Practical Nurse (LPN) #1 present, the SSD indicated Resident B was added to the list to be seen by the optometrist on 1/6/16 because her daughter had voiced concerns regarding missing glasses. She indicated she met with the contracted optometry staff after they examined residents. She indicated if there were problems they would verbally inform her. She further indicated they provided a</p>			

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	summary which indicated what they did and what they planned to do. She indicated she was responsible for reviewing and acting on their recommendations. She indicated they had not informed her verbally nor had indicated in the summary of the decision not to order glasses. She indicated she had not read the progress note with the recommendation to not order glasses so "it was missed." LPN #1 indicated Resident B's daughter had informed her Resident B's glasses were missing "sometime in December 2015." LPN #1 indicated they searched for the glasses but were unable to locate them. She indicated she informed Resident B's daughter she would have her seen the next time the optometrist was scheduled at the facility. She further indicated Resident B was seen by the optometrist on 1/6/16. She indicated documentation was not available which indicated Resident B's daughter was informed of the appointment on 1/6/16 or of the optometrist's plan to not order glasses. She indicated nursing usually reviewed the optometrist progress notes to ensure recommendations were followed. She indicated she did not have an explanation as to why this had not occurred in regards to Resident B's optometrist visit on 1/6/16. She indicated in February 2016, Resident B's daughter was upset because			

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	<p>she still had not been provided glasses so she took her to an outside optometrist for an examination and prescription for new glasses. The Administrator indicated the facility did not have a policy regarding ensuring assistive devices for vision or ensuring physician's recommendations were reviewed and implemented.</p> <p>This Federal tag relates to Complaint IN00193619.</p> <p>3.1-39(a)</p>			